

**California-Based Single Streamline Application - Insurance Affordability Programs
Proposed Application Data Elements**

Application Section	Application Question
Getting Started	Do you want to apply for financial assistance?
	Is this your initial household application for this year?
	What is the life event causing you to apply/re-apply (e.g., specifically for Special Enrollment)?
	When did this life event occur (e.g., specifically for Special Enrollment)?
	Are you receiving assistance in filling out this Application?
	Select the Agent or Assister helping with this application
	Who are you applying for?
	How many members are in the household?
	How did you hear about the Exchange?
	Source of Application?
	Date of Application?
	Pre-populate the application with the latest household data available in the California Healthcare Eligibility, Enrollment & Retention System [CalHEERS]).
	I agree to consent for Verification
	Primary Contact Information
Middle Name	
Last Name	
Suffix	
Home Phone Number	
Work Phone Number	
Extension	
Cell Phone Number	
Email	
Home - Street Address	
Home - Apartment or Suite Number	
Home - City	
Home - State	
Home - County	
Home - Zip	
Is this person's mailing address the same as the home address?	

Note: Proposed data elements for California-based application guided by information provided on the federal single streamline application.

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Application Section	Application Question
Primary Contact (continued)	Mailing - Street Address
	Mailing - Apartment or Suite Number
	Mailing - City
	Mailing - State
	Mailing - County
	Mailing - Zip
	What is the preferred method of communication?
	What is the preferred written language of communication?
	What is the preferred spoken language of communication?
Additional Household Members	First Name
	Middle Name
	Last Name
	Suffix
	Is this person applying for health coverage at this time?
	Gender
	Date of Birth
	Does this person have a Social Security Number?
	Reason for no SSN
	Adoption Tax Payer Identification Number/Individual Tax Payer Identification Number
	Is this person a U.S. Citizen or National?
	Is this person a a naturalized Citizen?
	Document Type
	Naturalization Number
	Alien Number
	Citizenship Certificate Number
	Does this person have eligible immigration status?
	Document Type
	Alien Number
	First Name as Per Document
	Middle Name as Per Document

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Additional Household Members (continued)	Last Name as Per Document
	Suffix as Per Document
	Date of Entry
	Type of Relationship
Additional Household Members - Address and Contact	Is this person's residence address the same as the household primary contact's address?
	Home - Street Address
	Home - Apartment or Suite Number
	Home - City
	Home - State
	Home - Zip
	Home - County
	Is this person's mailing address the same as the household primary contact's address?
	Mailing - Street Address
	Mailing - Apartment or Suite Number
	Mailing - City
	Mailing - State
	Mailing - Zip
	Mailing - County
	Home Phone Number
	Work Phone Number
	Extension
	Cell Phone Number
	Email Address
	Business Name
Enrollment PIN	
Date of Hire	

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Application Section	Application Question
Additional Household Members - Demographic Data	What is this person's marital status?
	Is this person blind and/or disabled?
	Does this person have a medical expense in the last 3 months?
	Is this person pregnant?
	What is the expected date of delivery?
	Number of babies expected
	Is this person a member of a Federally-recognized Indian Tribe?
	Do you want to apply for the Indian-only Cost Sharing Reduction?
	Is this person attending school full time?
Additional Household Members- Personal Tax Information	Was this person in the Foster Care System on their 18th Birthday?
	Is this person the Primary Tax Filer?
	Did this person file taxes last year?
	What was this person's tax filing status last year?
	Is this person planning on filing taxes this year?
	What is this person's expected filing status for the benefit year?
	Who claims this person as a tax dependent?
	Is this person expected to be required to file taxes this year?
Applying Members- Other Health Coverage Information	Does this person currently have or been offered other health insurance?
	What is the name of the Employer?
	What is the enrollment status?
	How much does the person pay in monthly premiums?
	Does the health plan meet the "minimum standard value"?
	Does this person need help with Long Term Care or Home and Community Based Services (HCBS) Waiver Services?
	Does this person receive Medicare benefits?
Applying Members- Referrals	Would anyone in the household like a referral to the local Health and Human Services Agency for any of the following programs? CalWORKS or CalFresh

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Application Section	Application Question
Optional Information	What is this person's preferred written language of communication?
	What is this person's preferred spoken language of communication?
	Is this person of Hispanic, Latino, or Spanish Origin?
	Is this person Hispanic/Latino?
	What is this person's ethnicity?
	Is this person a member of a Federally-recognized Indian Tribe?
	To which State does the tribe belong to?
	What is the name of the Tribe?
Income Pages	Income Type/Income Source
	Amount
	Frequency
Income Summary	Enter the projected annual household income if different from above
E-Signature	Maintaining your verification
	Rights & Responsibilities Check boxes
	E-Signature Section

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