

**Rhode Island Health and Human Services  
Application for Assistance – Health Coverage/Medicaid Screen**

**Please read this sheet over if you are applying for health coverage, including Medicaid.** If this is the right application for you, answer the questions below and return this form with your completed application. Your answers will help us process your application more effectively.

**APPLICANT'S NAME** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**What is the right Health Care/Medicaid application for me?**

<p><b>This is the right health care/Medicaid application if you want:</b></p>	<p><b>Medicaid long-term services and supports (LTSS).</b> For people who need help with everyday activities and the tasks necessary to live on their own. May be provided in a nursing facility, hospital, assisted living residence, community residences for people with developmental disabilities or chronic conditions, or in someone's home. <b>OR</b></p>
	<p><b>Medicaid for elders and adults with disabilities (EAD).</b> For people who need health coverage EXCEPT for LTSS. Must be 65 or older or 19 to 65 and have a disability and Medicare. Includes Sherlock coverage if working and have a disability <b>OR</b></p>
	<p><b>Katie Beckett eligibility for children with serious disabilities/conditions (KB).</b> (KB)Coverage for children up to age 19 who have serious disabilities and are cared for at home and do not qualify for Medicaid in another way.</p>
<p><b>This MAY NOT be the right application if you want ONLY:</b></p>	<p><b>Medicaid or a private health plan with financial help to cover children, pregnant women, parents/caretakers or adults 19 to 64 who DO NOT have Medicare. You can APPLY ONLINE AT: <a href="http://www.healthyrhode.ri.gov">www.healthyrhode.ri.gov</a> or call HealthSource RI at 1-855-840-4774.</b></p>

**IF THIS IS THE RIGHT APPLICATION FOR YOU, check all that apply:**

- Working adult with disabilities seeking Sherlock Plan eligibility.**
- Medicaid or private health plan and other benefits like child care, food assistance or RI Works.**
- Applying for Medicaid LTSS and:**
  - Adult with intellectual/developmental disabilities working with Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
  - Living in a nursing home, assisted living residence, BHDDH group home or other supportive residence.  
Name of facility/residence \_\_\_\_\_ Date of Entry \_\_\_\_\_
  - Entering a nursing home, assisted living residence, BHDDH group home or other supportive residence.  
Name of facility/residence \_\_\_\_\_ Date of Entry \_\_\_\_\_
  - Living in own home or returning soon to own or someone else's home.
  - Already have Medicaid, but looking for LTSS
  - Katie Beckett eligibility for a child under age 19
  - Working with community agencies, including through the Division of Elderly Affairs (DEA) or BHDDH  
Name of agency \_\_\_\_\_ Contact Information \_\_\_\_\_
- Elder or adult with disability (age 19 to 64) eligible for or enrolled in Medicare**
  - I also need help paying my Medicare premiums costs

**RETURN THIS SHEET WITH THE COMPLETED APPLICATION FOR ASSISTANCE**