

STEP 5

(New) Medicaid Work Requirements

! Skip Step 5 for people under 19, over 64, receiving SSI/SSDI or Medicare, or who are AI/AN.

Household details and work barriers (exemptions)

Check all that apply. Are you or anyone applying for Medicaid...

Pregnant now or within the past 12 months?	If yes, who? _____	No
A parent of a child aged 14-18, whose income is below 30% of the Federal Poverty Level (FPL)? For a family of 2: \$6,492/year. For a family of 4: \$9,900/year.	If yes, who? _____	No
A parent or caregiver of a child under 14 (caregivers include relatives, household members of the child, or anyone else who provides at least 80 hours of care per month)?	If yes, who? _____	No
A caregiver of someone who needs help with daily activities, such as a disabled person or older adult (caregivers include relatives, household members of the individual, or anyone else who provides at least 80 hours of care per month)?	If yes, who? _____	No
Already required to complete work requirements for food (SNAP) or cash benefits (TANF) ?	If yes, who? _____	No
In a treatment program for a drug or alcohol disorder?	If yes, who? _____	No
Living with a drug or alcohol disorder that makes it hard to work (including people who have been in recovery for less than 5 years)?	If yes, who? _____	No
Living with a physical, intellectual, or developmental disability that makes it hard to work and do daily activities (such as eating, walking, or getting out of a bed/chair)?	If yes, who? _____	No
Living with a mental health disorder that makes it hard to work (such as schizophrenia, major depression, bipolar disorder, panic disorder, etc.)?	If yes, who? _____	No
Living with a serious health condition that makes it hard to work (such as cancer, multiple sclerosis, HIV/AIDS, viral hepatitis, etc.)?	If yes, who? _____	No

? **NEED HELP WITH YOUR APPLICATION?** Visit the Medicaid website at [medicaid.org](https://www.medicaid.org) or call us at 1-555-555-5555. Para obtener una copia de este formulario en Español, llame 1-555-555-5555. If you need help in a language other than English, call 1-555-555-5555 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-555-555-5555.

Household details and work barriers continued

Check all that apply. Are you or anyone applying for Medicaid...

A **disabled veteran** with a 100% disability rating?

If yes, who? _____

No

In **foster care** at age 18 and younger than 26?

If yes, who? _____

No

In **jail or prison** now or were in the past 4 months?

If yes, who? _____

No

If any of the situations or work barriers (above and on the last page) applied last month, but don't apply now, they can still count as an exemption.

Did any of the situations or work barriers apply **last month but not this month**?

If yes, who? _____

No

Which situation(s)? _____

Other situations and income

If these situations apply, let us know which months. Are you or anyone applying for Medicaid...

Traveling an hour or more to get medical care for themselves or a dependent with a serious health condition (including doing travel coordination that makes it hard to work)?

If yes, who? _____

No

This month

Last month

Both

Receiving care in a hospital for more than 24 hours, or getting a similar level of care at another location (such as a nursing facility, psychiatric hospital, clinic, the VA, at-home, etc.)?

If yes, who? _____

No

This month

Last month

Both

Enrolled as a student (college, vocational, or GED program) full-time or at least half-time?
Part-time students can report hours under work activities.

If yes, who? _____

No

This month

Last month

Both

Does your household make **at least \$580 in monthly income** (includes all jobs, gig work, seasonal work, and unearned income such as unemployment)?

If yes, who? _____

No

Income from seasonal work can be averaged across 6 months.

This month

Last month

Both



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Skip this section for people you listed on the last two pages.

You do not need to report work activities for anyone you checked “yes” for in Step 5 (including yourself).

Report work activities

Report work activities for required household members who completed **at least 80 hours last month**. Total hours can be a combination of the types of activities listed.

Who?	Type(s) of work (job/internship, self-employment, work program, community service or unpaid work, part-time student hours, caregiving)	# of hours last month

Community service and unpaid work includes volunteering with a non-profit, school, or other organization, or other unpaid service such as work in exchange for housing, meals, or other goods instead of money (sometimes called work “in-kind”).

For part-time students, 1 credit hour equals 13 work activity hours per month. For programs that do not use credit hours, hours spent in class or doing educational activities count (such as training, lab work, etc.).

We will use data from state systems to verify what you reported. We will follow up if needed. Submitting documents now may help us process your application faster.



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