paper application insert and policy guidance

updated to reflect the CMS interim final rule (IFR) released on June 1st, 2026

This package of Medicaid paper application materials was originally released by Civilla in March, 2026. It was then updated to reflect the IFR and re-released in August, 2026.

What this updated package includes:

1. Application Insert - Version 1* (PDF):
Adaptable application template designed to be inserted in a state's existing Medicaid or integrated application.

2. Application Insert - Version 2* (PDF):
Adaptable application template designed to be inserted in a state's existing Medicaid or integrated application.

3. Full Medicaid Application Example - Version 1* (PDF):
Complete CMS Medicaid application (Virginia's version) with the Civilla-designed Version 1 insert incorporated.

4. Full Medicaid Application Example - Version 2* (PDF):
Complete CMS Medicaid application (Virginia's version) with the Civilla-designed Version 2 insert incorporated.

5. Content Document with Paper Application Questions - Versions 1 & 2 (Word Document):
Plain-language content for all versions of the application insert, including versions 1 and 2.

6. Application Insert - Version 1* (InDesign):
Design files for the application insert.

7. Application Insert - Version 2 (InDesign):
Design files for the application insert.

8. Policy and question guidance (PDF):
A policy guide that maps template questions to applicable policy groups and provides relevant details.

Click to download the full package

Continue scrolling to preview the Application Insert - Version 1*

*Version 1 of the application is for states with a Section 1931 %FPL above 32%. Version 2 of the application is for states with a Section 1931 %FPL below 32%. For more on Section 1931 state %FPL levels, see the policy and question guidance provided.

Disclaimer: Civilla's research and recommendations can inform state implementation, but each state's policy landscape and population differ. These materials are not legal advice, and all designs should be reviewed by state policy teams prior to implementation.

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** under 18?	☐	If yes, who?		☐ No
A non-parent **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** or call us at **1-555-555-555**. 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 **1-555-555-555** 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? ☐ If yes, who? _____ ☐ No

Part-time students can report hours under work activities.

☐ 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

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.