



W-1PE  
(Rev 6/14)

State of Connecticut  
Department of Social Services

**Application for HUSKY Presumptive  
Eligibility**

DSS Use Only	
CLID: _____	
App. Date: _____	

Name: \_\_\_\_\_  
                    First                                      Middle Initial                                      Last

Residential Address: \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_

Do you need a translator to help you fill out your application? No \_\_\_\_\_ Yes \_\_\_\_\_  
If "yes," what language? \_\_\_\_\_

Were you in Connecticut Foster Care at the age of 18 and receiving Medicaid at that time?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Are you pregnant? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what is your due date? \_\_\_\_\_

How many babies are you expecting with this pregnancy? \_\_\_\_\_

Section 1. Household Composition				
Please list all family members (spouse, children, parents, siblings) living in your household.				
Name	Relationship to Applicant	Date of Birth	Social Security # (optional)	Gender
	Yourself			<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

Section 2. Income		
Please list Taxable Gross Income for you and anyone else in your household. Please include any gross taxable wages from employment, <u>gross</u> Social Security (including your Medicare Part B premium), pensions, annuities, disability benefits, alimony, interest, Unemployment Compensation, dividends, rental property income, self-employment income.		
Name of Person Receiving Income	Source (List name of employer if working)	Taxable Gross Monthly Amount
Self		\$
		\$
		\$
		\$
Total Taxable Gross Monthly Income		\$

**Citizenship/Immigration Status**

**Please check the applicable status:**

Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.

Yes, I am a U.S. Citizen. **OR,**  No, I am **not** a U.S. Citizen.

If not a U.S. Citizen, provide status below:

Most green card holders must live in the U.S. for five (5) years before they can get Medicaid/CHIP. **The five (5) year rule does not apply to pregnant women or children under 21 years of age.**

Lawful Permanent Resident (Green Card Holder). Date of U.S. Entry \_\_\_\_\_ (if available)

Immigration # (if available) \_\_\_\_\_

Asylee, Refugee, Cuban/Haitian Entrant Immigration # (if available) \_\_\_\_\_

Other Immigration status not listed above  
Please specify type \_\_\_\_\_

If you are not lawfully present in the U.S. and do not have any eligible immigration status, you may only be eligible for coverage of emergency services. You cannot use this application. You may apply on-line at our website [www.connect.ct.gov](http://www.connect.ct.gov) or by application, which can be obtained by calling 1-877-284-8759.

**Notice to Presumptive Eligibility applicant:** Presumptive Eligibility provides HUSKY coverage for a limited period of time: coverage will expire at the end of the month which follows the month of application approval. **You must submit another application for ongoing Medicaid/CHIP coverage.**

**I certify I have read and understand this form.** I declare that the information I have provided is true, correct and complete. I may be required to document my Citizenship/Immigration status when I submit a full application for Medicaid/CHIP.

\_\_\_\_\_  
Applicant or Authorized Representative's Signature

\_\_\_\_\_  
Date

**To be completed by the Presumptive Eligibility site**

PE Site Name: \_\_\_\_\_

PE Site Representative: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notice: Applications for on-going Medicaid/CHIP may be submitted on-line at **AccessHealthCT.com** or by calling 1-855-805-4325.

Department of Social Services **strongly** encourages use of the Presumptive Eligibility On-line application available on the DSS **ConneCT site: <https://connect.ct.gov/access/>.**

**Fax To:** Department of Social Services, Scanning Center Fax Number: 860-812-0006

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## DO YOU WANT TO REGISTER TO VOTE?

Federal and state laws require the Department of Social Services (DSS) to give you the chance to register to vote. Please answer the questions below and print and sign your name in the space provided.

- Are you registered to vote?  Yes, I am already registered  No
- If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

You can register online at <https://voterregistration.ct.gov/OLVR>, or you can complete a paper voter registration application form and leave it at DSS or mail it in. The form is included with DSS applications and renewals that we mail to you, and you can also get one at all DSS offices. You can mail your completed form to DSS in the enclosed envelope or send it directly to your Town Hall. If you need help, please call **1-855-626-6632**.

Print Your Name	Sign Here	Date	
Your Address (#, Street, Apt #)	City	State	Zip Code

### For Worker's Use Only

Date \_\_\_\_\_  No boxes checked  Voter Registration Card Sent

Worker Name \_\_\_\_\_ DMC Number \_\_\_\_\_

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(Tear Here and Keep)

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preferences, you may file a complaint with: State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106; 860-256-2940, toll-free 866-733-2463, TDD: 1-800-842-9710; [SEEC@ct.gov](mailto:SEEC@ct.gov).

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