OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS (OCSHCN)
APPLICATION FOR SERVICE

OCSHCN-10a (01 2019)
C-8 LG (Legal Guardian)

RETURN COMPLETED APPLICATION TO OCSHCN:

WHEN COMPLETING THIS APPLICATION FORM PLEASE PRINT.

THIS APPLICATION FORM:

MUST be completed in INK, and

MUST be signed and dated by the legal guardian of the child for whom service is being requested.

Only forms with original signatures can be processed. Copies, including faxes, are not acceptable.

SECTION 1 Required Information on the Child for whom service is being requested

Child's Name: _____ _____ _____
First Middle Last

Child's Date of Birth ____/____/_____
xx xx xxxx

Child's Sex ☐ Male ☐ Female

Child's Social Security No. ____/____/_____
xxx xx xxxx

Street address where Child resides: _____ _____
Street number and name APT #

P.O. Box Mailing Address is not acceptable

_____ _____ _____ _____
City State Zip Code County

Primary language of Child:

☐ English ☐ Spanish ☐ Sign Language-ASL
☐ Sign Language-SEE ☐ Bosnian ☐ Korean
☐ German ☐ Chinese ☐ Russian
☐ French ☐ Vietnamese ☐ Arabic

☐ Other _____ (Specify)

Does Child need an Interpreter? ☐ Yes ☐ No

Who referred Child to OCSHCN for Service?

☐ Primary Care Physician ☐ Specialist (M.D.) _____ ☐ Hospital ☐ School ☐ Self-Referral ☐ Health Department
Name of Doctor or Practice

☐ Other _____ (Specify)

Child's Primary Care Doctor _____ **Office phone number :** (_____) _____
Name of Doctor or Practice

Address of Primary Care Doctor's Office _____ _____ _____ _____ _____
Street number and name City State Zip Code County

What is/are the medical condition(s) for which you are requesting your Child to be evaluated/treated through OCSHCN?

Does Child have transportation to Medical Appointments? ☐ Yes ☐ No

How did you learn/hear about the OCSHCN? From: ☐ a family member ☐ a friend ☐ the Internet ☐ the newspaper/brochure/mailing ☐ TV ☐ Radio

SECTION 2 Required Information on the Legal Guardian(s) of the Child for whom service is being requested

Are the biological/adoptive parents of the Child currently ☐Married to each other ☐Divorced from each other ☐Legally separated from each other ☐Never married to each other
☐Other, Specify_____
If divorced from each other, is biological/adoptive mother of Child remarried? ☐Yes ☐No ☐Unknown Is biological/adoptive father of Child remarried? ☐Yes ☐No ☐Unknown

Who is/are the Legal Guardian(s) of the Child for whom service is being requested? If more than one guardian, MARK all applicable boxes. When a Child is in the joint custody of divorced parents, both parents must be identified as Legal Guardians.
☐ Mother (biological/adoptive) ☐ Father (biological/adoptive) ☐ Commonwealth of Kentucky (Ward of the State) ☐ Other, Specify _____

A complete copy of an executed (signed and dated) legal court document that specifies custodial placement (e.g., a finalized divorce decree, a custody order, adoption papers, etc.) *MUST* be submitted with this application when:

- The biological/adoptive parents/Legal Guardians of the Child were married and then divorced,
- The Child is adopted, is in the custody of the Commonwealth (i.e., in foster care) or has been assigned a guardian by the Court, and/or
- There is any question regarding who is the legal guardian of the Child.

1. Child's Legal Guardian's Name _____ _____ _____
First Middle Last

Relationship to Child: ☐ Mother (Biological/Adoptive) ☐ Father (Biological/Adoptive) ☐ State Social Worker ☐Other _____(Specify)

Legal Guardian's *Street address.* _____ _____ _____ _____ _____ _____
Only enter if different from Child's address listed in Section 1. Street number and name | Apt # | City | State | Zip code | County
P.O. Box Address not acceptable

Legal Guardian's *mailing address.* Enter only if different from street address. _____ _____ _____ _____ _____ _____
P.O .Box # or Street number and name | Apt # | City | State | Zip code | County

Legal Guardian's Home phone (_____)_____ Cell phone (_____)_____ Work phone (_____)_____ Fax #(_____)_____ E-mail _____

Primary language of Legal Guardian: ☐English ☐Spanish ☐ Sign Language-ASL ☐ Sign Language-SEE ☐Bosnian ☐ Korean ☐ German ☐Chinese ☐Russian ☐French ☐ Vietnamese
☐ Arabic ☐Other_____(Specify) Does Legal Guardian need an interpreter? ☐ YES ☐ NO

COMPLETE ONLY IF MORE THAN ONE GUARDIAN

2. Child's Legal Guardian's Name _____ _____ _____
First Middle Last

Relationship to Child: ☐ Mother (Biological/Adoptive) ☐ Father (Biological/Adoptive) ☐ State Social Worker ☐Other _____(Specify

Legal Guardian's *Street address.* _____ _____ _____ _____ _____ _____
Only enter if different from Child's address listed in Section 1. Street number and name | Apt # | City | State | Zip code | County
P.O. Box Address not acceptable

Legal Guardian's *mailing address.* Enter only if different from street address. _____ _____ _____ _____ _____ _____
P.O. Box # or Street number and name | Apt # | City | State | Zip code | County

Legal Guardian's Home phone (_____)_____ Cell phone (_____)_____ Work phone (_____)_____ Fax #(_____)_____ E-mail _____

Primary language of Legal Guardian: ☐English ☐Spanish ☐ Sign Language-ASL ☐ Sign Language-SEE ☐Bosnian ☐ Korean ☐ German ☐Chinese ☐Russian ☐French ☐ Vietnamese
☐ Arabic ☐Other_____(Specify) Does Legal Guardian need an interpreter? ☐ YES ☐ NO

SECTION 3 Required Information if the Child for whom service is being requested does not live with his/her Legal Guardian(s)

Adult with whom Child lives ______ First ______ Middle ______ Last	☐ Foster Parent ☐ Residential Facility Staff ☐ Grandparent ☐ Step-Parent ☐ Relative ______(Specify) ☐ Other ______(Specify)
Adult's mailing address. Enter only if different from Child's Street address listed in Section 1. ______ P.O. Box # or Street number and name ______ Apt # ______ City ______ State ______ Zip Code ______ County	
Adult's Home Phone (____)______ Cell phone (____)______ Work phone (____)______ Fax #(____)______ E-mail______	
Primary language of Adult with whom Child resides ☐English ☐Spanish ☐ Sign Language-ASL ☐ Sign Language-SEE ☐Bosnian ☐ Korean ☐ German ☐Chinese ☐Russian ☐French ☐ Vietnamese ☐ Arabic ☐Other______(Specify) Does adult with whom Child lives need an interpreter? ☐ YES ☐ NO	

SECTION 4 Required Insurance Information on the Child for whom service is being requested

1. Does Child for whom service is being requested currently have Medicaid Coverage? ☐ Yes ☐ No

If Yes, check the Medicaid plan under which he/she has coverage. **A COPY OF THE INSURANCE CARD (front and back) MUST BE SUBMITTED WITH THIS APPLICATION**

☐ Aetna Better Health ☐ Humana CareSource ☐ Anthem Health Plan ☐ Passport Health Plan ☐ WellCare Health Plan ☐ Medicaid ☐ Other ______(Specify)

What is Plan ID number?______

2. Does Child for whom service is being requested currently have private insurance coverage? ☐ Yes ☐ No

If yes, list ***each*** Medical, RX, Dental and/or Vision plan/policy under which Child is covered. **A COPY OF THE INSURANCE CARD(S) (front and back) MUST BE SUBMITTED WITH THIS APPLICATION**

Name of Insurance Carrier	Type of Insurance Coverage	Policy/Plan ID Number	Policy Holder's Name	Policy Holder's Date of birth	Policy Holder's Social Security No.
	☐ Medical ☐ RX ☐ Dental ☐ Vision		______ First ______ Middle ______ Last	___/___/_____ xx xx xxxx	___/___/_____ xxx xx xxxx
Name of Insurance Carrier	Type of Insurance Coverage ☐ Medical ☐ RX ☐ Dental ☐ Vision	Policy/Plan ID Number	Policy Holder's Name ______ First ______ Middle ______ Last	Policy Holder's Date of birth ___/___/_____ xx xx xxxx	Policy Holder's Social Security No. ___/___/_____ xxx xx xxxx
Name of Insurance Carrier	Type of Insurance Coverage ☐ Medical ☐ RX ☐ Dental ☐ Vision	Policy/Plan ID Number	Policy Holder's Name ______ First ______ Middle ______ Last	Policy Holder's Date of birth ___/___/_____ xx xx xxxx	Policy Holder's Social Security No. ___/___/_____ xxx xx xxxx
Name of Insurance Carrier	Type of Insurance Coverage ☐ Medical ☐ RX ☐ Dental ☐ Vision	Policy/Plan ID Number	Policy Holder's Name ______ First ______ Middle ______ Last	Policy Holder's Date of birth ___/___/_____ xx xx xxxx	Policy Holder's Social Security No. ___/___/_____ xxx xx xxxx

NOTE: *If additional insurance, list on separate piece of paper and submit with this form. Copy of card(s) must be submitted.*

3. If Child for whom service is being requested is uninsured, is he/she exempt from the requirement to have insurance coverage under the Affordable Care Act (ACA/Obamacare)? ☐ Yes ☐ No

If yes, check reason: ☐ Non U.S. Citizen-undocumented ☐Religious exemption ☐Household income below threshold for filing tax return ☐The cost of coverage more than 8% of household income
☐ Without coverage for < 3 months ☐Member of Health care sharing ministry ☐Determined by Health Benefit Exchange to have hardship in obtaining coverage
☐ Member of exempt Indian Tribe ☐Incarcerated

If the Child for whom service is being requested currently has Medicaid coverage, skip sections 5 and section 6. COMPLETE SECTIONS 5 AND 6 ONLY IF CHILD FOR WHOM SERVICE IS BEING REQUESTED DOES NOT HAVE MEDICAID COVERAGE. (Note: Application must be signed and dated at bottom of page 7.)

SECTION 5 Required Household Family Member Information

Family Members who live with the Child for whom service is being requested must be listed below. A Household Family Member only includes: The Child's biological/adoptive parent(s), step-parent, sibling(s), half/step-brother(s)/sister(s) and any other person eligible to be claimed as a *dependent child* by the parent/step-parent on a Federal tax return.

Do not list the Child for whom service is being requested in this section.

Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________
Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________
Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________
Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________
Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________
Family Member's Name: ____________ First ____________ Middle ____________ Last	Date of Birth __/__/____ XX /xx /xxxx	Check one: Child's ☐mother ☐father ☐step-parent ☐sibling ☐half/step-brother/sister or ☐other person eligible to be claimed as a dependent child. SPECIFY relationship to parent/step-parent ____________

NOTE: *If additional family members, list on separate piece of paper and submit with this application*

SECTION 6 **Required Household Family Income information.. Required Proof of Income MUST be submitted with this application. (Refer to the Instruction sheet for further details)**

The income of the Child, the Child's parent(s) and the Child's Stepparent living in the household must be provided. Complete only the columns that are applicable.
For each person, mark *all* income received currently and during the previous 12 months. If no income was/is received, you MUST mark "NONE".

Child's Income	**Non Taxable Income** ☐ Child Support ☐ Supplemental Security Income Benefit (SSI) ☐ Workers Compensation Award(s) ☐ Veterans Disability Benefits ☐ Minister/Military Cash Allowance(s) ☐ Retirement Survivors Disability Insurance (RSDI) ☐ Damages for Physical Injury or Sickness (Excluding Black Lung) ☐ NONE	**Federal Taxable Income** ☐ Wages, Salaries, Tips, Commissions ☐ Social Security Benefits ☐ Railroad Retirement Benefits ☐ Pension(s) ☐ Unemployment Compensation ☐ Real Estate Rentals ☐ Business/Farm Income ☐ Partnerships ☐ S. Corporations ☐ Interest(s)/Dividend(s) ☐ Annuity Distribution(s) ☐ Estates & Trusts ☐ IRA Distributions ☐ Capital and Other Gains/Losses ☐ State & Local Tax Refunds ☐ Royalties ☐ Alimony ☐ Other (prizes, awards, jury duty, gambling winnings, etc.) ☐ NONE
Income of Child's Mother (Legal Guardian) living in household	**Non Taxable Income** ☐ Child Support ☐ Supplemental Security Income Benefit (SSI) ☐ Workers Compensation Award(s) ☐ Veterans Disability Benefits ☐ Minister/Military Cash Allowance(s) ☐ Retirement Survivors Disability Insurance (RSDI) ☐ Damages for Physical Injury or Sickness (Excluding Black Lung) ☐ NONE	**Federal Taxable Income** ☐ Wages, Salaries, Tips, Commissions ☐ Social Security Benefits ☐ Railroad Retirement Benefits ☐ Pension(s) ☐ Unemployment Compensation ☐ Real Estate Rentals ☐ Business/Farm Income ☐ Partnerships ☐ S. Corporations ☐ Interest(s)/Dividend(s) ☐ Annuity Distribution(s) ☐ Estates & Trusts ☐ IRA Distributions ☐ Capital and Other Gains/Losses ☐ State & Local Tax Refunds ☐ Royalties ☐ Alimony ☐ Other (prizes, awards, jury duty, gambling winnings, etc. ☐ NONE
Income of Child's Father (Legal Guardian) living in household	**Non Taxable Income** ☐ Child Support ☐ Supplemental Security Income Benefit (SSI) ☐ Workers Compensation Award(s) ☐ Veterans Disability Benefits ☐ Minister/Military Cash Allowance(s) ☐ Retirement Survivors Disability Insurance (RSDI) ☐ Damages for Physical Injury or Sickness (Excluding Black Lung) ☐ NONE	**Federal Taxable Income** ☐ Wages, Salaries, Tips, Commissions ☐ Social Security Benefits ☐ Railroad Retirement Benefits ☐ Pension(s) ☐ Unemployment Compensation ☐ Real Estate Rentals ☐ Business/Farm Income ☐ Partnerships ☐ S. Corporations ☐ Interest(s)/Dividend(s) ☐ Annuity Distribution(s) ☐ Estates & Trusts ☐ IRA Distributions ☐ Capital and Other Gains/Losses ☐ State & Local Tax Refunds ☐ Royalties ☐ Alimony ☐ Other (prizes, awards, jury duty, gambling winnings, etc.) ☐ NONE
Income of Child's Step-parent living in household	**Non Taxable Income** ☐ Child Support ☐ Supplemental Security Income Benefit (SSI) ☐ Workers Compensation Award(s) ☐ Veterans Disability Benefits ☐ Minister/Military Cash Allowance(s) ☐ Retirement Survivors Disability Insurance (RSDI) ☐ Damages for Physical Injury or Sickness (Excluding Black Lung) ☐ NONE	**Federal Taxable Income** ☐ Wages, Salaries, Tips, Commissions ☐ Social Security Benefits ☐ Railroad Retirement Benefits ☐ Pension(s) ☐ Unemployment Compensation ☐ Real Estate Rentals ☐ Business/Farm Income ☐ Partnerships ☐ S. Corporations ☐ Interest(s)/Dividend(s) ☐ Annuity Distribution(s) ☐ Estates & Trusts ☐ IRA Distributions ☐ Capital and Other Gains/Losses ☐ State & Local Tax Refunds ☐ Royalties ☐ Alimony ☐ Other (prizes, awards, jury duty, gambling winnings, etc.) ☐ NONE

If you have indicated that there is no income coming into the household of the Child for whom service is being requested, specify how the Child is being supported.

I, the undersigned, hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that failure to provide complete and accurate information on this application form and/or failure to provide required proof of custody, income and/or insurance will result in this application being denied. I further understand that completion of this application does not guarantee receipt of OCSHCN service(s).

Signature _____ **Date**_____
Signature of Legal Guardian (required) **(required)**

Print Name_____

Please Note: W-2's and IRS e-file Signature Authorization forms (Form 8879) are not acceptable as proof of income

REQUIRED INCOME DOCUMENTATION INSTRUCTIONS –Please read carefully.

The following income documentation must be provided for each household family member listed in Section 6 who currently receives or has received income during the previous 12 months:

FOR NON TAXABLE INCOME	DOCUMENTATION REQUIRED
Child Support	For each child [i.e., a*pplicant, applicant's sibling(s)/step-brother(s)/step-sister(s)*] living in the family household, for whom child support is received…….Copy of most recent executed court ordered Judgment for Child Support or statement issued by CHFS, Department of Income Support, showing child support received over last 12 months.
Supplemental Security Income Benefit (SSI)	A written statement issued by Social Security Administration specifying amount received and frequency of payment
Worker's Compensation Award(s)	A written statement issued by payer of benefits (i.e., Insurance, Employer) specifying amount received and frequency of payment
Veteran's Disability Benefits	A written statement issued by the Department of Veterans Administration specifying amount received and frequency of payment
Minister/Military Cash Allowance(s)	Most recent paycheck/leave earnings statement identifying allowances. If amount not identified on paycheck/leave earnings statement, a written, signed and dated statement from employer specifying amount of allowance and frequency paid (weekly/biweekly/semi-monthly/monthly)
Retirement/ Survivors Disability Insurance (RSDI)	A written statement issued by Social Security Administration specifying amount received and frequency of payment
Damages for Physical Injury/Sickness (Excluding Black Lung)	A written statement from payer specifying amount received and frequency of payment
FOR FEDERAL TAXABLE INCOME	**DOCUMENTATION REQUIRED**
Wages, Salaries, Tips, Commissions	Last filed Federal tax return **and** most recent paycheck statement with year-to-date gross earnings information for each currently held job. If you do not have a pay statement with year-to-date gross earnings, you must provide two consecutive pay statements that specify gross amount earned and the frequency of pay **or** a written statement from your employer specifying the gross amount earned and the frequency of pay (weekly/biweekly/semi-monthly/monthly). **Note**: a copy of an electronic pay statement is acceptable.
Social Security Benefits	Last filed Federal tax return if income was reported on tax filing **or** Form SSA-1099 or Form SSA-1042S **or** a written statement issued by Social Security Administration specifying amount received and frequency of payment
Railroad Retirement Benefits	Last filed Federal tax return if income was reported on tax filing **or** Form RRB-1099 or Form RRB-1042S **or** a written statement issued by US Railroad Retirement Board specifying amount received and frequency of payment
Pension(s)	Last filed Federal tax return if income was reported on tax filing **or** Form 1099-R **or** a written statement from payer of the pension specifying amount received and frequency of payment
Unemployment Compensation	Last filed Federal tax return if income was reported on tax filing **or** Form 1099-G **or** Unemployment Income Benefit statement from State Employment Office specifying amount received and the frequency of payment
Real Estate Rentals	Last filed Federal income tax return. If income not reported on last filed income tax return or income tax return not filed: Income and Expense Report maintained by property owner for rental property for the past fiscal year
Business/Farm Income	Last filed Federal income tax return. If income not reported on last filed income tax return or income tax return not filed: Profit and Loss statement maintained by individual owning business/farm showing income and operating expenses for the past fiscal year
Partnerships	Last filed Federal income tax return. If income not reported on last filed income tax return or income tax return not filed: Profit and Loss statement maintained by partner showing income and operating expenses for the past fiscal year
S. Corporations	Last filed Federal income tax return. If income not reported on last filed income tax return or income tax return not filed: Profit and Loss statement maintained by owner showing income and operating expenses for the past fiscal year
Interest(s)/Dividend(s)	Last filed Federal income tax return. If income tax return not filed: Form 1099-DIV, Form 1099-INT or Form 1099-OID issued for the last tax year
Annuity Distribution(s)	Last filed Federal income tax return. If income tax return not filed: Form 1099-R issued for the last tax year
Estates & Trusts	Last filed Federal income tax return. If income tax return not filed: Written statement from payer specifying amount received and the frequency of payment for last tax year
IRA Distributions	Last filed Federal income tax return. If income tax return not filed: Form 1099-R issued for the last tax year
Capital & Other Gains/Losses	Last filed Federal income tax return. If income tax return not filed: Form 1099-B or Form 1099-DIV issued for the last tax year
State & Local Tax Refunds	Last filed Federal income tax return. N/A If income tax return not filed or if current household income is only from wages
Royalties	Last filed Federal income tax return. If income tax return not filed: Written statement from payer of the royalty income from oil, gas and/or mineral properties specifying amount received during the last tax year
Alimony	Last filed Federal income tax return. If income tax return not filed: Copy of most recent court executed (filed/numbered, dated and signed) divorce decree
Other (prizes, awards, jury duty, gambling winnings, etc.)	Last filed Federal income tax return. If income tax return not filed: Form 1099-MISC issued for the last tax year

Note: Submitted Tax Returns must include all schedules. Additional income documentation may be requested if needed to determine program eligibility