



OKLAHOMA
Health Care Authority

TRANSITIONAL MEDICAL ASSISTANCE REPORTING FORM

List the head of household below.

Your Name (first, middle, last) Case or Medicaid ID Number

Social Security Number Date of Birth (mm/dd/yyyy)

Home Address (check here if you are homeless)

City State ZIP Code

Phone Number Email Address

Residence History

Did you or the household member(s) on Medicaid coverage live in Oklahoma throughout the entire past three months? If no, please list the member(s) below.

Yes No

If no, please tell us which household member(s) did not live in Oklahoma, as well as the state in which they did live in and which month they left or returned to Oklahoma.

Name (first, middle, last) State (not Oklahoma) Month (mm/yyyy)

Name (first, middle, last) State (not Oklahoma) Month (mm/yyyy)

Change to Household Members

Did you have a change to your household member(s) in the last 3 months? If yes, please list the member(s) below.

Yes No

Name (first, middle, last) Social Security Number Date of Birth (mm/dd/yyyy)

Name (first, middle, last) Social Security Number Date of Birth (mm/dd/yyyy)

Were you or any of the household member(s) on Medicaid coverage NOT EMPLOYED any of the last three months? If YES, please list the member(s) below and months not employed.

Yes No

Name (first, middle, last) Month(s) not employed (mm/yyyy)

Name (first, middle, last) Month(s) not employed (mm/yyyy)

Name (first, middle, last) Month(s) not employed (mm/yyyy)



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysooner care.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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INCOME SOURCE - SELF EMPLOYMENT OR CONTRACTOR

If you are not self-employed, skip this section. What was income history during the past three months? Include all self-employment for any working adult or household member ages 16 or older. NOTE: For definition of income, please visit [MySoonerCare.org](https://oklahoma.gov/ohca/individuals/mysoonercore.html). [This will link to <https://oklahoma.gov/ohca/individuals/mysoonercore.html>.]

| | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|
| Self-employment or contractor income from the last month | Self-employment or contractor income from two months ago | Self-employment or contractor income from three months ago |
| Person: _____ | Person: _____ | Person: _____ |
| Month: _____ | Month: _____ | Month: _____ |
| Total gross receipts/income for this month: \$ _____ | Total gross receipts/income for this month” \$ _____ | Total gross receipts/income for this month: \$ _____ |
| Total monthly expenses for this month: \$ _____ | Total monthly expenses for this month: \$ _____ | Total monthly expenses for this month: \$ _____ |

INCOME SOURCE – EMPLOYER

What was your income history during the past three months? Include all jobs for any working adult or household member ages 16 or older. NOTE: For definition of income, please visit [MySoonerCare.org](https://oklahoma.gov/ohca/individuals/mysoonercore.html). [This will link to <https://oklahoma.gov/ohca/individuals/mysoonercore.html>.]

| | | |
|-------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| Person employed: | | List employer: |
| Last month’s taxable income: \$ _____ | Taxable income from two months ago: \$ _____ | Taxable income from three months ago: \$ _____ |
| Person employed: | | List employer: |
| Last month’s taxable income: \$ _____ | Taxable income from two months ago: \$ _____ | Taxable income from three months ago: \$ _____ |
| Person employed: | | List employer: |
| Last month’s taxable income: \$ _____ | Taxable income from two months ago: \$ _____ | Taxable income from three months ago: \$ _____ |
| Person employed: | | List employer: |
| Last month’s taxable income: \$ _____ | Taxable income from two months ago: \$ _____ | Taxable income from three months ago: \$ _____ |



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Unearned Income

What was your income history during the past three months for unearned income for any member in your household? Unearned income may include any payments you have not worked to receive such as Social Security, Social Security disability, unemployment, retirement, rental income, legal settlements, and lottery or casino winnings.

| Name (first, middle, last) | Type of Income | Month Received |
|----------------------------|----------------|----------------|
| Name (first, middle, last) | Type of Income | Month Received |

Third Party Insurance Household Information

If your third-party insurance has changed in the last three months, please list member(s) change below. If there has been no change to your household, skip this section.

| Name(s) of members | Name of Insurance Carrier | Type of Coverage (medical, dental, emergency) |
|-------------------------------------|------------------------------|-----------------------------------------------|
| List Policy Number and Group Number | List Month of Coverage Added | |

| Name(s) of members | Name of Insurance Carrier | Type of Coverage (medical, dental, emergency) |
|-------------------------------------|------------------------------|-----------------------------------------------|
| List Policy Number and Group Number | List Month of Coverage Added | |

Signature I am signing this application under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know I may be subject to penalties under federal law if I provide false information.

Signature _____ Date (mm/dd/yyyy) _____

Printed Name _____

OR

Authorized Representative _____

Name of Authorized Representative (print clearly) _____

Authorized Representative Signature _____ Date (mm/dd/yyyy) _____

**Upload this form to your member portal or return by mail to:
Oklahoma Health Care Authority, PO BOX 548804, Oklahoma City, OK 73154**



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