



Date: _____ Case#: _____

Tax Equity and Financial Responsibility Act (TEFRA) Application

(Includes a financial look at other SoonerCare programs first)

Purpose and What You Need to Get Started

The purpose of completing this application is to make a request for medical coverage to the TEFRA program. Once it is determined your family is not eligible in any other way, financially, for other SoonerCare programs, TEFRA can then be considered. To make your request for medical coverage, fill out this form or have someone else fill it out for you.

Health Care Coverage — SoonerCare, Medicaid, TEFRA

Helps pay for medical costs for individuals who are disabled

How Can We Contact You?

First name _____ M.I. ____ Last name _____

List guardian name & phone number where guardian, or authorized representative can be contacted:

Mailing address: _____

Email address: _____

Schedule Your Interview

Please put an **X** in the table below for your availability for a **phone interview**.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

What Happens After You Give Us the Form?

TEFRA will schedule your phone interview. During the phone interview, we will:

- Discuss the application, supporting documents you provided, and what else might be requested;
- Provide you with a form that shows what proof must be turned in, before a decision can be made on your application;
- Tell you the processing timeframe for your application.

Tell Us About Everyone Who Lives in the Home

TEFRA applicant's name: _____ M F Date of birth: _____

U.S. citizen? ___Yes ___ No Hispanic or Latino? ___Yes ___No

Race: Check **all** that apply

___ American Indian or Alaska Native; tribe _____

___ Asian ___ Black or African American

___ Native Hawaiian or other Pacific Islander ___ White

Social Security number: _____ Relation to applicant: _____

Name 1: _____ M F Date of birth: _____

U.S. citizen? ___Yes ___ No Hispanic or Latino? ___Yes ___No

Race: Check **all** that apply

___ American Indian or Alaska Native; tribe _____

___ Asian ___ Black or African American

___ Native Hawaiian or other Pacific Islander ___ White

Social Security number: _____ Relation to applicant: _____

Name 2: _____ M F Date of birth: _____

U.S. citizen? ___Yes ___ No Hispanic or Latino? ___Yes ___No

Race: Check **all** that apply

___ American Indian or Alaska Native; when checked, tribe _____

___ Asian ___ Black or African American

___ Native Hawaiian or other Pacific Islander. ___ White

Social Security number: _____ Relation to applicant: _____

Name 3: _____ M F Date of birth: _____

U.S. citizen? ____Yes ____ No Hispanic or Latino? ____Yes ____No

Race: Check **all** that apply

____ American Indian or Alaska Native; tribe_____

____ Asian ____ Black or African American

____ Native Hawaiian or other Pacific Islander. ____ White

Social Security number: _____ Relation to applicant:_____

Name 4: _____ M F Date of birth: _____

U.S. citizen? ____Yes ____ No Hispanic or Latino? ____Yes ____No

Race: Check **all** that apply

____ American Indian or Alaska Native; when checked, tribe_____

____ Asian ____ Black or African American

____ Native Hawaiian or other Pacific Islander. ____ White

Social Security number: _____ Relation to applicant:_____

Name 5: _____ M F Date of birth: _____

U.S. citizen? ____Yes ____ No Hispanic or Latino? ____Yes ____No

Race: Check **all** that apply

____ American Indian or Alaska Native; when checked, tribe_____

____ Asian ____ Black or African American

____ Native Hawaiian or other Pacific Islander. ____ White

Social Security number: _____ Relation to applicant:_____

Tell Us About Your Household's Income

Income is all the money you and the people living with you get in a month. Types of income include money earned from working for someone else, working for yourself and any unearned income. Types of unearned income could include: child support, Social Security, Supplemental Security Income (SSI), veteran's benefits, unemployment benefits, military allotments, alimony, gambling or lottery winnings, Worker's Compensation, contributions, student income, interest, dividends, pension, rental income, foster care or adoption subsidy payments, income from mineral rights or oil and gas leases.

1. Name of person getting income _____
How often received (pay frequency) _____ Amount before taxes _____
Type of Income _____ Employer _____
Employer Address and phone number _____
Self-Employed gross income last year _____
Self-employed business expenses _____

2. Name of person getting income _____
How often received (pay frequency) _____ Amount before taxes _____
Type of Income _____ Employer _____
Employer Address and phone number _____
Self-Employed gross income last year _____
Self-employed business expenses _____

3. Name of person getting income _____
How often received (pay frequency) _____ Amount before taxes _____
Type of Income _____ Employer _____
Employer Address and phone number _____
Self-Employed gross income last year _____
Self-employed business expenses _____

4. Name of person getting income _____
How often received (pay frequency) _____ Amount before taxes _____
Type of Income _____ Employer _____
Employer Address and phone number _____
Self-Employed gross income last year _____
Self-employed business expenses _____

Tell Us About Your Resources

A resource is anything anyone owns, owns jointly with someone else, or is buying that can be sold, traded, or changed into cash. Do not report personal property such as jewelry, furniture, household appliances, or clothing.

Check the boxes for the resources that all immediate household members have.

- | | |
|---|--|
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Savings account |
| <input type="checkbox"/> Stocks/bonds | <input type="checkbox"/> Prepaid burial policy |
| <input type="checkbox"/> Life insurance | <input type="checkbox"/> Mineral rights |

- Trust fund or CD (certificate of deposit)
- IRA (Individual Retirement Account), 401(k)
- Property other than your home
- Stable account
- Other _____
- Land
- Livestock
- Special needs trust
- 529 Plan

Report Vehicles here. List all cars, trucks, boats, vans, campers, motorcycles or other vehicles owned by household members.

Year	Make	Model	Loan Balance

Voter Registration Information

Name: _____

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. TEFRA Staff will not give or mail you the Oklahoma Voter Registration Application.

1. Applying or declining to apply to register to vote will not affect the amount of assistance you will be provided by this agency.
2. If you want help filling out the voter registration application form, we will help you. The decision to seek help is yours. You may fill out the form here in private, or you may take it with you to fill out later.
3. If you decline to apply to register to vote, the fact that you have declined will remain confidential and will be used only for voter registration purposes.
4. If you apply to register to vote, the location at which you submit your application form will remain confidential and will be used only for voter registration purposes.
5. If you do not check a box on this form and/or refuse to sign this form, you will be given a copy of the voter registration application only if applying in-person.
6. If you believe that someone has interfered with your right to register or to decline to register to vote, with your right to privacy in deciding whether to register or in applying to register, or with your right to choose your own political party or other political preference, you may make a complaint to the Oklahoma State Election Board.

Mailing address: Oklahoma State Election Board, PO Box 53156, Oklahoma City, OK 73152

E-mail address: info@elections.ok.gov **Telephone:** 405-521-2391

7. If you fill out the application form here today, we will accept it and submit it to election officials for you. If you take the form with you to fill out later, you can return it here. We will accept and submit it for you, or you can mail it to the State Election Board yourself at the above address.

General Rights and Responsibilities of Medical Programs

You have the right to:

- Apply for benefits at any time;
- Receive help from TEFRA in completing the application;
- Have your application processed timely;
- Have the information you give to TEFRA kept confidential;
- Receive equal treatment; regardless of race, color, age, sex, disability, religious creed, political belief, or nation origin, and to file a civil rights complaint if you think you were discriminated against; and
- Ask for a fair hearing, either orally or in writing, if you disagree with any action taken on your case.

You have the responsibility and agree to:

- Provide the documents necessary to establish eligibility;
- Notify TEFRA of changes in income or assets; such as vehicles, bank accounts; and
- Notify TEFRA of changes to property, people moving into or out of your household, and your address.

Signature

By signing this application, I:

- Declare under penalty of perjury that all of the information I give to TEFRA is complete and this application is true and correct;
- Authorize the release of information, documents, or forms to TEFRA from persons, businesses, banking institutions, public or private organizations, federal or state agencies, including personal or business income tax returns, to determine my eligibility for TEFRA;
- Understand that the name and Social Security number I provided will be used to obtain information from other state and federal agencies;
- Give TEFRA permission to share my information with other agencies in order to get help for me;

- Understand the Oklahoma Health Care Authority (OHCA) has the right to make payments from SoonerCare (Medicaid) directly to doctors or other medical providers for health services I receive while on assistance; and
- Transfer, assign, and authorize payment to OHCA all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for me.

Signature of Legally Responsible Party or Individual _____ **Date** _____

When the individual is age 18 years of age and does not have a legal guardian:

Person Applying for Individual Signature, if Applicable _____ **Date** _____

SUBMIT YOUR COMPLETED AND SIGNED APPLICATION TO:
EMAIL: TEFRAFAX@OKHCA.ORG, FAX: 405-530-3312, PHONE: 405-522-7752

TEFRA Office Use Only Date application received: _____ Meets financial criteria: Yes <input type="checkbox"/> No <input type="checkbox"/>
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