

**PERSON 1 Information**

First name, middle name, last name & suffix (Jr., Sr., III, etc.)	Last 4 digits of your SSN _ _ _ _
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Complete this appendix if you or if anyone in your family is American Indian or Alaska Native or has received services from the Indian Health Service (IHS). Submit this with your Application for Health Coverage and Help Paying Costs.

Tell Us About Your American Indian or Alaska Native Family Member(s)

American Indians and Alaska Natives can get services from the Indian Health Service, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

If you need more space, attach a separate page. Be sure to write PERSON 1's name and date of birth at the top.

	PERSON 1	PERSON 2
1. Name	First Middle	First Middle
	Last	Last
2. Alaska Native?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Member of a federally recognized tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tribe name: _____ State where recognized: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tribe name: _____ State where recognized: _____
4. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certain money received may not be counted for Medicaid/Dr. Dynasaur. List any income (amount and how often) reported on your application that includes money from these sources: <ul style="list-style-type: none"> • Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties • Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) • Money from selling things that have cultural significance 	\$ _____ How often? _____	\$ _____ How often? _____