

LOUISIANA HEALTH ACCESS PROGRAM (LA HAP) APPLICATION

INSTRUCTIONS

[SECTION 1: ASSISTER INFORMATION](#)

[SECTION 2: CONTACT INFORMATION](#)

[SECTION 3: DEMOGRAPHIC INFORMATION](#)

[SECTION 4: HOUSEHOLD INFORMATION](#)

[SECTION 5: EMPLOYMENT INFORMATION](#)

[SECTION 6: HOUSEHOLD INCOME INFORMATION](#)

[SECTION 7: ASSISTANCE INFORMATION](#)

[SECTION 8: MEDICARE INSURANCE POLICY INFORMATION](#)

[SECTION 9: MEDICARE INSURANCE PREMIUM INFORMATION](#)

[SECTION 10: NON-MEDICARE HEALTH INSURANCE POLICY INFORMATION](#)

[SECTION 11: NON-MEDICARE HEALTH INSURANCE PREMIUM INFORMATION](#)

[SECTION 12: DENTAL/VISION INSURANCE POLICY INFORMATION](#)

[SECTION 13: DENTAL/VISION INSURANCE PREMIUM INFORMATION](#)

[SECTION 14: DIAGNOSIS & MEDICATION INFORMATION](#)

[SECTION 15: PROVIDER INFORMATION](#)

[SECTION 16: ADDITIONAL COMMENTS](#)

[SECTION 17: APPLICATION CHECKLIST](#)

[SECTION 18: CLIENT RESPONSIBILITIES AND RELEASE OF CONSENT](#)

SECTION 1: ASSISTER INFORMATION

- 1) Tell us if anyone is helping you fill out the application. If no one is helping you, you can skip question 2 and go on to SECTION 2.
- 2) If someone is helping you, tell us who. You can check more than one box to describe the person.

SECTION 2: CONTACT INFORMATION

1-6) Fill in your name and birthdate. You only need to fill in #6 if your name has changed in the last year (for example, because you got married or changed your gender).

- 8)** You can check the box marked “I do not have a SSN” if you don’t have a Social Security Number. You can still apply for LA HAP even without an SSN.
- 9)** If your language preference is English, you can leave this question blank.
- 10-15)** Tell us if you are homeless, and then fill in your residential address. This is the address where you actually live/sleep, even if you don’t get mail there. If you are homeless, you should still tell us where you sleep—for example, at a shelter or near a particular street. You should use a Louisiana address.
- 16)** Tell us if we can send mail to your residential address. If you don’t want us to send mail there, check “no.” If “no,” you MUST give us a different mailing address in 17-20 where we can send you mail.
- 17-21)** If you answered “yes” to 16, you can leave these blank. If you answered “no,” fill in the address where you want us to send you mail. This could be a friend’s house, a service agency, a P.O. box, etc. You should use a Louisiana address.
- 22-24)** Providing this contact information is optional. LA HAP will use your phone number to contact you if they have a question about your application. You can check “no phone” if you do not have a phone number.
- 25-28)** Let us know if there is someone else we can talk to you about your application if we can’t contact you, like a friend or relative. Only choose a person that we can talk to freely (i.e. that knows your health status; that you are a LA HAP client; etc). If there isn’t anyone we should talk to besides you, check “no” in 25 and skip to SECTION THREE.

SECTION 3: DEMOGRAPHIC INFORMATION

- 1)** Tell us your gender as you choose to identify.
- 2)** Tell us your race. You only need to answer 2a if you identify as “Asian,” and you only need to answer 2b if you identify as “Native Hawaiian or Pacific Islander.”
- 3)** Tell us your ethnicity. Make sure you’ve answered BOTH the “Race” and “Ethnicity” questions. Make sure that if you identify as “Hispanic or Latina/o,” you also answer 3a.
- 4)** You can choose more than one relationship status. If you are separated from your spouse but not yet divorced, you can select “Married and not living with spouse.”

SECTION 4: HOUSEHOLD INFORMATION

- 1) Tell us your federal tax filing status as you reported it on your most recent tax forms. If someone claims you as a dependent, tell us their relationship to you ("father," "grandparents," etc.). Or, if you do NOT file taxes and no one claims you as a dependent, check the box that describes your situation. For example, you may not be required to file taxes if your income is below the "filing threshold" (the minimum amount of money you make in a year that requires you to file taxes). If you are required to file taxes but you do not, tell us why in 1a. This will NOT affect your eligibility for LA HAP and it will NOT be reported to the IRS.
- 2) There are three definitions of "household." Read them carefully and pick the definition that applies to you. This may mean that some people who live with you aren't considered part of your "household," or that your "household" includes some people who don't live with you.
 - **If you file taxes as "Single," "Married filing jointly," "Married filing separately," or "Head of Household,"** you are a **TAX FILER**. Your household members are: your spouse IF they live with you and anyone you claim as a dependent on your tax return. If your spouse lives with you, they are part of your household even if you don't file taxes together.
 - **If someone else files taxes and claims you as a dependent,** you are a **TAX DEPENDENT**. Your household members are: your spouse IF they live with you, the person who claims you as a dependent, that person's spouse, and any other dependents they claim.
 - There are 3 EXCEPTIONS for tax dependents. If one of these situations describes you, you are a NON-FILER and you should follow non-filer rules for household:
 - *You are claimed as a dependent by a tax filer other than a parent or spouse*
 - *You are 18 or younger and living with two parents or stepparents who do not intend to file a joint tax return*
 - *You are 18 or younger and claimed as a dependent by a non-custodial parent*
 - **If you don't file taxes at all and no one claims you as a dependent,** you are a **NON-FILER**. Your household depends on your age. In this case, all members of your household must live in the same place as you.
 - If you are 19 or older, your household members are (if they live with you): your spouse and your children who are 18 and younger. "Children" includes natural, adopted, or stepchildren. Children who are 19 or older don't count as part of your household.
 - If you are 18 or younger, your household members are (if they live with you): your spouse, your children who are 18 and younger, your parents, and your siblings. This includes natural, adopted or stepchildren/parents/siblings.

Using the right definition, write down the relationship to you (for example: brother, daughter, etc.) of every person in your household, their age, and whether or not they have any income. You don't need to write their names. You can find more information about income in Section 6.

- 3) Use the comments field to tell us anything else you think we should know: for example, that someone in the house doesn't know your health status, etc.

SECTION 5: EMPLOYMENT INFORMATION

- 1) Choose the type of employment you have. If you do not work (You check that you are Unemployed, Retired, or Medically Unable to Work), you can skip questions 2 and 3.
- 2) We need to know the names of who you work for so that we will know what sort of income documentation to look for. We will NOT contact your employer.
- 3) We need to know how often you are paid so that when you give us income documentation, we can use it to calculate your yearly income.

SECTION 6: HOUSEHOLD INCOME INFORMATION

If you have any of these kinds of income, check the box marked "I receive this" next to the type of income you have. If someone else in your household BESIDES you has any of these kinds of income, check the box marked "Someone in my household receives this." Remember you are using the definition of "household" from Section 4.

Many of these types of income are very rare. Usually if you're not sure what one of the income types means, it means you don't have that type of income. If you have questions about any of these, you can call us at 504-568-7474.

If YOU do not have any income, check "No Income of Any Kind" under "I receive this." If NO ONE ELSE in your household has any income, check "No Income of any kind" under "Someone in my household receives this."

Also tell us if you or anyone else in your household has any DEDUCTIONS from income. Deductions are certain types of expenses you may have that lower your adjusted gross income. Many of these

deductions are very rare. Student loan interest paid and alimony paid are the most common kinds, but you should also declare these types of deductions if you have them:

- Educator expenses
- Reservists, Performers, and Fee-based government officials
- Health Savings Account
- Moving expenses
- Deductible part of self-employment tax
- Self-employed SEP, SIMPLE and qualified plans
- Self-employed health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- IRA deduction
- Student loan interest paid
- Tuition and fees
- Domestic production activities

Remember to attach income documentation to your application. We need proof of every type of income and deduction that you and any member of your household receives. The exceptions are: Supplemental Security Income (SSI), Child Support received, Veterans' payments, or Temporary Assistance to Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP). These types of income are not considered part of your income and you don't need to provide documentation of them.

Acceptable types of income include:

- Pay stubs indicating gross amount paid
- Bank statements
- W-2 tax forms
- 1040, 1040A, or 1040EZ forms
- 1099 tax forms
- Benefit award letters (Social Security, pension, unemployment etc.)
- Legal affidavit attesting to income/non-income

If you do not have any income AND neither does anyone in your household, we still need documentation of this. LA HAP has a "Certification of No Income" form you can print from www.lahap.org under "Forms and Applications" and attach to your application. You can also send a legal affidavit stating you have no income or a letter from the unemployment office. If you do not have income but another household member does, you do NOT need to send your own proof of no income—just send documentation of your household members' income.

SECTION 7: ASSISTANCE INFORMATION

- 1) If you do NOT have insurance RIGHT NOW, check the box marked “no” and skip to Section 14. (Please note: you can't use this application to sign up for insurance. Work with a case manager, a broker, or the Health Insurance Marketplace to sign up for insurance.) If you DO have insurance, check the box(es) that apply to you, for each type of policy you have.

For Sections 8-13:

- **You can skip any section or questions that ask about a type of insurance plan you don't have/aren't requesting LA HAP assistance for.**
- **You must select what type of assistance you want for each plan. Premiums are the monthly cost you pay to your insurer to keep your plan active. Copays and Deductibles are the costs you have when you go to a doctor, dentist, pharmacist, or other provider.**
- **If you are requesting premium assistance and: (1) signing up for a new health insurance plan, or (2) you are a new client, make sure you attach to your application a copy of the premium statement or invoice that shows how much your premium is.**
- **If you are signing up for a new insurance policy and don't have a Member ID, Policy Number, or Group yet, you can leave those boxes blank. But, make sure you send that information to LA HAP as soon as you have it. It should be listed on your insurance card.**

SECTION 8: MEDICARE INSURANCE POLICY INFORMATION

Complete this section ONLY if you have Medicare.

- 1) Check ALL that apply.
 - 2) LIS stands for Low Income Subsidy, a program that helps Medicare clients with the cost of their prescription drug premiums, copays and/or deductibles. ALL Medicare clients applying for LA HAP need to apply for LIS first, even if you don't have a Part D plan. You can apply for LIS at www.ssa.gov/medicare/prescriptionhelp.
- *If you already know that you are receiving LIS, you don't need to attach anything to your application. But, we may contact you if we aren't able to verify your LIS coverage using your Medicare A/B card information and ask for more documentation.*
 - *If you have applied for LIS but haven't heard back yet, attach a copy of the LIS application receipt to your LA HAP application (a printout of the screen that appears when you submit your application LIS online: "Successful Submission"). It should be dated in this year.*

➤ *If you were denied LIS, you should apply for it at least once every year to see if you may now be eligible. If you already got your denial letter, attach a copy of the denial letter to your LA HAP application. It should be dated in the last 12 months.*

3-5) If you have Medicare Part B, tell us what type of assistance you are requesting. Please note that LA HAP can ONLY pay for Medicare Part B premiums if they DO NOT come out of your Social Security check. Unfortunately, for most people the premium comes out of your check automatically.

6-10) Answer these questions only if you have Medicare Part C.

11) Most Part C plans include your Part D plan and cover your prescription drugs. If this is true for you, check "Yes" and skip questions 13-16.

13-21) Answer these questions only if you have these types of plans.

SECTION 9: MEDICARE INSURANCE PREMIUM INFORMATION

Complete this section ONLY if: (1) you have Medicare, AND (2) you are asking LA HAP to pay your premiums. Otherwise, check "Not applicable" in the gray box and skip this section.

1-9) Tell us all the information we need to make your premium payment: who the payment is sent to, when, and how often. In question 6, keep in mind that if you are on a group health plan with one or more other people, LA HAP can only pay for the part of the premium that applies to you. Your insurance company should be able to tell you how much of the premium applies to you.

10) If you have any past-due premiums (premiums from past months you haven't paid yet), we cannot process your application. Make sure any past-due premiums are before you turn in your LA HAP application. If you check that you have any past-due premiums, LA HAP will have to follow up with you to find out how they will be paid.

11-40) Complete these questions as you completed 1-9 above for each plan you have.

SECTION 10: NON-MEDICARE HEALTH INSURANCE POLICY INFORMATION

Complete this section if you have health insurance that's NOT Medicare. Use the same instructions from the box on Page 3 of this document.

SECTION 11: NON-MEDICARE HEALTH INSURANCE PREMIUM INFORMATION

Complete this section ONLY if: (1) you have health insurance that's NOT Medicare, AND (2) you're asking LA HAP to pay the premiums. Use the same instructions from the box on Page 3 of this document.

SECTION 12: DENTAL/VISION INSURANCE POLICY INFORMATION

Complete this section ONLY you have health insurance that's NOT Medicare. Use the same instructions from the box on Page 3 of this document.

1) If you have a "Combined Dental and Vision" plan, just enter the plan information in 1-6, not 8-12.

SECTION 13: DENTAL/VISION INSURANCE PREMIUM INFORMATION

Complete this section ONLY if: (1) you have health insurance that's NOT Medicare, AND (2) you're asking LA HAP to pay the premiums. Use the same instructions from the box on Page 3 of this document. If you have a "Combined Dental and Vision" plan, you only need to enter the information in 1-10, and not repeat it in 11-20.

SECTION 14: DIAGNOSIS & MEDICATION INFORMATION

- 1)** Running out of medication means you won't have any refills left on your prescription, and that you aren't able to ask the doctor for a new prescription because your LA HAP benefits are not active right now (i.e. your eligibility is expired, or you are a new client). If you still have a way to get medication 4 days from now, do NOT check this box.
- 2)** Tell us if you were only just diagnosed within the last few days or weeks, or if you are only just getting back into care after a long absence (about 6 months or more).
- 3)** Tell us if a doctor has ever diagnosed you with Hepatitis C, or if you have taken a Hepatitis C test that came back positive. LA HAP can help cover the cost of your HCV medication if you want to start treatment for Hepatitis. If you have been diagnosed, someone from LA HAP might reach out to you to talk about getting treatment.

SECTION 15: PROVIDER INFORMATION

1) Check "Yes" if there is someone, like a case manager or a nurse, who you want to be able to see your records and talk about your application with LA HAP. When you fill out this section, you are giving these people permission to access your records and discuss your file. If you don't want anyone to see your records but yourself, check "No" and leave the rest of this section blank.

2-7) Give the name, entity/agency name (where they work) and phone number of up to 2 providers. They can be at different agencies. The person you write down in boxes 2-4 is the primary person, besides you, that LA HAP will contact if they have a question about your application or need more information.

SECTION 16: ADDITIONAL COMMENTS

If there is anything else you want to tell us that may help us review your application or understand your situation, write it here. If not, you can leave this blank.

SECTION 17: APPLICATION CHECKLIST

This is for your own use to make sure you've included everything you needed.

--ALL applicants must include proof of income for themselves and their household, and to sign and date the application.

--Applicants applying for premium assistance for the first time with LA HAP must include a copy of the premium statement/invoice.

--Applicants with Medicare must include proof of LIS application or status.

SECTION 18: CLIENT RESPONSIBILITIES AND RELEASE OF CONSENT

Read this section carefully and make sure you understand everything you are agreeing to. Make sure you both SIGN and DATE the application.

Incomplete applications will require follow-up and be delayed in processing.

Please reach out to your case manager or LA HAP staff at 504-568-7474 if you have questions.