

Application for Assistance Guide

*****The easiest way to apply for benefits for your kin-child is to visit a Department of Health and Welfare office.** When you speak with an intake worker, they will enter your information into the system while you talk. This way, you will not have to fill out an application for assistance. (It is important to remember that if you are requesting assistance for the child only [e.g. TAFI Relative Caregiver Grant and Medicaid] you do NOT have to divulge your financial information. Be prepared to insist that you do not have to state your income for the Relative Caregiver Grant.) **However, if you prefer to fill out an application, the following guide will assist you. *****

There is one standardized application for assistance through the Department of Health and Welfare. Some services are based on the income of the person applying, while some are based on the income of the entire family. Most children in kincare households will qualify for the TAFI Relative Caregiver Grant and Medicaid, as these programs are based on the income of the child. Food Stamps and Child-care assistance are based on the income of the family and the income level guidelines are more restrictive. If you are only applying for the TAFI Relative Caregiver Grant and Medicaid for your kin-child, you will fill out the application as if you were the child. However, as the child is under 18 years of old, your name will appear on the application as well as the child's.

Applications are available at any Department of Health and Welfare office throughout the state of Idaho or online at <http://healthandwelfare.idaho.gov/>. It is recommended to print the application and mail, fax, or deliver the application in person, as you will not be able to write on the application in non-designated areas if you submit the application online.

Instructions

PAGE 1:

At the top of the application, write "Relative Caregiver Grant."

In the boxes underneath "Application for Assistance," put an X through the programs you would like to apply for. For example, if you are applying for the TAFI Caregiver Grant and Medicaid, you would mark Health Coverage Assistance and Cash Assistance.

What is your preferred language? Write in your preferred spoken and written language. If you would like an interpreter when you are interviewed mark the "Yes" box. If not, mark "No."

Tell Us Who You Are. In this section, fill out the entire box using your information. This means use your name and address, etc.

If you are not applying for emergency food stamps, draw a line through the green box. You do not need to sign and date the on the green line below the green box.

Do you want telephone assistance for your household? Mark the “No” or “Yes” box if you would like to apply for the Idaho Telecommunications Service Assistance Program. Write in the name of your phone company only if you marked “Yes.”

Leave the blue box blank at the bottom of page 1.

PAGE 2:

Tell us what services you want. In the first green box on page 2, enter your information. If you are applying for services for yourself, mark the boxes that you are applying for. If you are only applying for assistance for your kin-child, do **NOT** select any boxes on the line with your name.

In the first white box on page 2, mark the services for which you are applying for your kin-child. If you are only applying for the TAFI Relative Caregiver Grant and Medicaid for your kin-child, only mark the Cash Assistance and Health Coverage boxes. Draw an X through the boxes you would like to apply for. Fill in all the information required in the white box using your kin-child’s information.

Repeat this procedure for all kin-children you will be seeking services for in subsequent boxes. If you have more people living in your home, you can enter their names and relationships to you, but you do not have to enter their social security numbers or resident status.

The majority of the remainder of the application asks questions about ‘your home’ and ‘your finances.’ You will answer these questions as if you were your kin-child.

Is anyone in your home already getting services of applying for services from one of the following programs? Mark the boxes if your kin-child is receiving or applying for any of the services listed. If a different member of your household is receiving these services (other than the kin-child you are filling out this application for), do not mark a box.

If applying for Health Coverage, would you like Healthy Connections to choose a doctor for you? Choose “Yes” or “No.”

Do you or anyone in your home: Fill out this section as if your kin-child was his or her own household. Mark “Yes” only if your kin-child personally answers the question in the affirmative. For example, if another member of your household has a disability, you will still mark “No” because your kin-child is his or her own household.

PAGE 3:

Has anyone in your home ever received assistance from another state? Mark “Yes” or “No” only if your kin-child has received assistance from another state. If “Yes,” fill in where the kin-child received assistance.

Do you have any students in your home? Fill in the name and information of your kin-child only.

If you have any children in your home, are they current on immunizations? Mark “Yes” or “No” for your kin-child only.

If you have any children in your home, do any of them have a parent NOT living with them? Mark “Yes.” Leave the Name of the Absent Parent(s) lines blank if you feel that the state of Idaho seeking child support from the absent parents would harm your kin-child. For example, in some situations, a parent will take their child back into their home, even if it is unsafe, to avoid paying child support. In the space above the blank lines provided to list Absent Parents, write “GOOD CAUSE.” This will signal that the state of Idaho should not seek child support from absent parents.

Tell us about the following expenses. Leave this section blank and skip to page 4.

PAGE 4:

Tell us about your household income. Fill out this section as if your kin-child was his or her own household. This means list only the kin-child’s income, NOT your income. Typically, the only income for kin-children is through child support payments and social security benefits.

The total TAFI Relative Caregiver Grant amount per month is \$309. This is per household, not per child. So, if you have three kin-children in your home, you will still receive \$309. However, if you are caring for several kin, in which there is not a common biological parent, then the \$309.00 will be per child.

The TAFI Relative Caregiver Grant is decreased when the child’s income level increases. So, if your kin-child receives \$100 in child support per month, they will only be able to receive \$209 from TAFI.

Is anyone in the household self-employed? Mark “No” unless the kin-child is self-employed. If the kin-child is self-employed, mark “Yes” and fill in the business name and years in business. (In most instances, the answer is “No.”)

Tell us about your current health coverage. Fill out this section as if your kin-child was his or her own household.

Does anyone applying for health coverage need help paying medical bills from the last three months? Mark “Yes” or “No” only if the kin-child has medical bills.

List gross income amount received by your family in each of the last three months.

Only list the income received by your kin-child.

List everyone in your household who currently has health insurance. Only list the health insurance of your kin-child. If the kin-child does not have health insurance, leave this section blank.

List everyone in your household who had health insurance end in the last six months.

Only list the health insurance of your kin-child. If the kin-child did not have health insurance end, leave this section blank.

Do you have access to any health insurance not listed above? Answer for the child only. As most children are not employed, they typically do not have other health insurance available to them.

Do you want to receive help paying for private or employer-sponsored health coverage for you children? Mark "No."

If you are only applying for Medicaid for your kin-child, go to page 7.

PAGE 5:

Tell us about your assets. Fill out this section as if your kin-child was his or her own household.

Does anyone in your household have cash? If your kin-child has cash, mark "Yes" and list how much. If your kin-child does not have cash, mark "No."

List everyone in your home who has a checking or savings account: If your kin-child has a checking or savings account, list it here. If your kin-child does not have an account, write in "(NA)."

List everyone in your home who has assets such as stocks, bonds, mutual funds, 401K's, IRA's trusts, etc.: If your kin-child has any assets, list them here. If your kin-child does not have any assets, write in "(NA)."

List everyone in your home who has Life Insurance Policies or Burial Funds or Policies:

If your kin-child has any policies, list them here. If your kin-child does not have any policies, write in "(NA)."

List each car, truck, motorcycle, trailer, boat, snowmobile, and other recreational vehicles owned by anyone in your home: If your kin-child has any vehicles, list them here. If your kin-child does not have any vehicles, write in "(NA)."

What is the total value of other assets such as land or property, excluding the home you live in? If your kin-child has any other assets, list them and their value here. If your kin-child does not have any other assets, write in “(NA).”

List everyone in your home who has sold, transferred or given away any cash, property, or other assets in the past 5 years: If your kin-child has sold, transferred, or given away assets in the past 5 years, list them here. If you kin-child has not sold, transferred, or given away assets in the past 5 years, write in “(NA).”

If you are only applying for the TAFI Relative Caregiver Grant and Medicaid for your kin-child, go to page 7.

PAGE 6:

Tell us about your living situation and expenses. Fill out this section as if your kin-child was his or her own household.

List the monthly housing costs for your household: List the housing costs your kin-child pays with his or her own money. (In most cases, the kin-child does not pay housing costs.) If your kin-child does not pay housing costs, write “NA” next to the word “household.”

List your monthly medical costs: This section is only for applicants 60 years and older. Write “NA” next to the word “Costs.”

Does your spouse live with you? Leave this section blank.

Tell us some more about your household. Fill out this section as if your kin-child was his or her own household.

Has anyone in your household been convicted of a felony involving drugs? If your kin-child has been convicted, mark “Yes,” if not, mark “No.”

Is anyone fleeing to avoid felony prosecution or jail time? If your kin-child is fleeing, mark “Yes,” if not, mark “No.”

Is anyone currently on probation or parole? If your kin-child is on probation or parole, mark “Yes,” if not, mark “No.”

Has anyone been disqualified from public assistance due to an intentional program violation? If your kin-child has been disqualified, mark “Yes,” if not, mark “No.”

Mark the utilities you pay that are NOT included in your rent or mortgage payments: If your kin-child pays utilities from his or her own money, mark the applicable utilities. If not, leave blank.

PAGE 7:

Rights and Responsibilities

Since your kin-child is under the age of 18, you will need to initial and sign the form in his or her place.

Initial (with your initials) each of the provisions.

Sign your name on the "Signature of Applicant" line and enter the date.

Leave the remainder of the application blank.