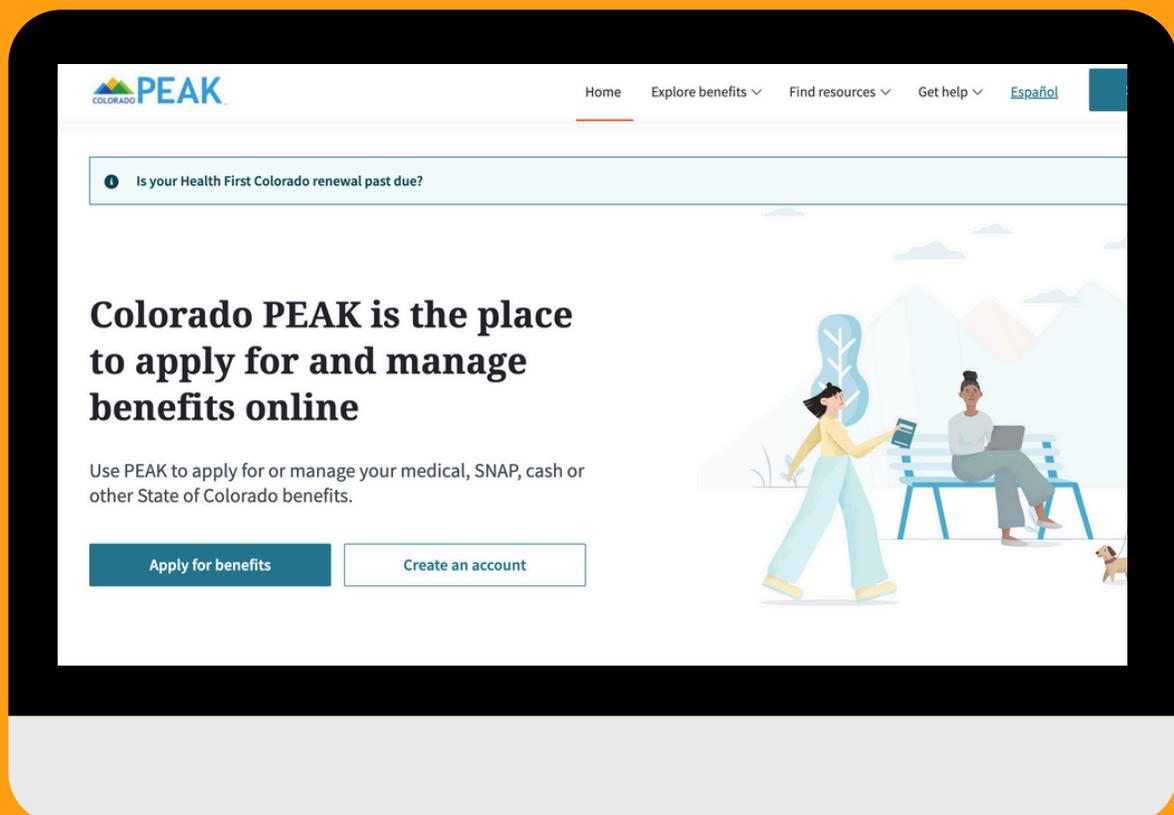


# HEALTH FIRST COLORADO'S Reproductive Health Care Program

## ENROLLMENT STEPS THROUGH PEAK



# What is the Reproductive Health Care Program (RHCP)?

In 2021, COLOR passed Senate Bill 9, or the Reproductive Healthcare program, provides (Colorado) Medicaid coverage for family planning and family planning related services to those who meet all other Medicaid requirements, except for immigration status.

Since then, we have identified some barriers to enrollment, including a difficult application process and a need for outreach for those who are eligible, but are unaware of this program. **This enrollment guide is a step by step guide for the application through PEAK.**

## ***What services are covered?***

- **FREE Family Planning Services, including:**
  - Contraceptive counseling office visits to talk about family planning, how to make healthy decisions about your reproductive health, and which method is best for you
  - Different kinds of birth control (including birth control pill, ring, IUD, implants, or the shot)
  - Device insertion,removal (IUDs, implant), and related services, including management of side effects
  - Emergency contraception, such as Plan B
  - Sterilization services for both biological sexes (tubal ligation and vasectomy)
  - Basic fertility assessments
- **FREE Family Planning Related Services, including:**
  - Sexually transmitted infection (STI) testing, diagnosis, treatment and prevention
  - Cervical cancer screenings and counseling
  - Tobacco cessation
  - Depression screenings

## **What is Cover All Coloradans?**

In 2022, House Bill 1289, or Cover All Coloradans, passed, expanding health coverage to children (< 19 y/o) and pregnant persons (including 12 months postpartum) regardless of immigration status.

Full Medicaid coverage through Cover All Coloradans **will begin on January 1st, 2025.** The PEAK and paper applications will be updated, and we will make a new enrollment guide.

## Apply for benefits

### Create a PEAK account

If you are just getting started, create a PEAK account to apply for benefits

With a PEAK account you can:

- Save your application and finish it later
- Track your application status
- Update your case online
- Check your balance and make payments
- Print medical ID cards

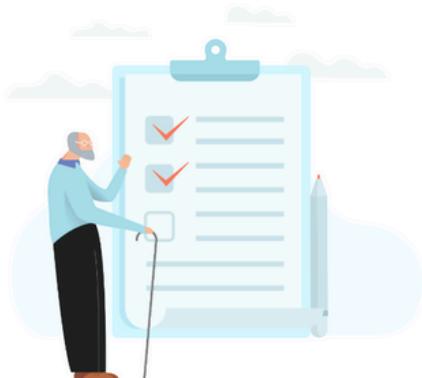
Create PEAK account

Or

Apply as a guest

### Continue your application

If you already have a PEAK account, sign in to finish your application



Sign in



**Create a PEAK Account, if you haven't already.**

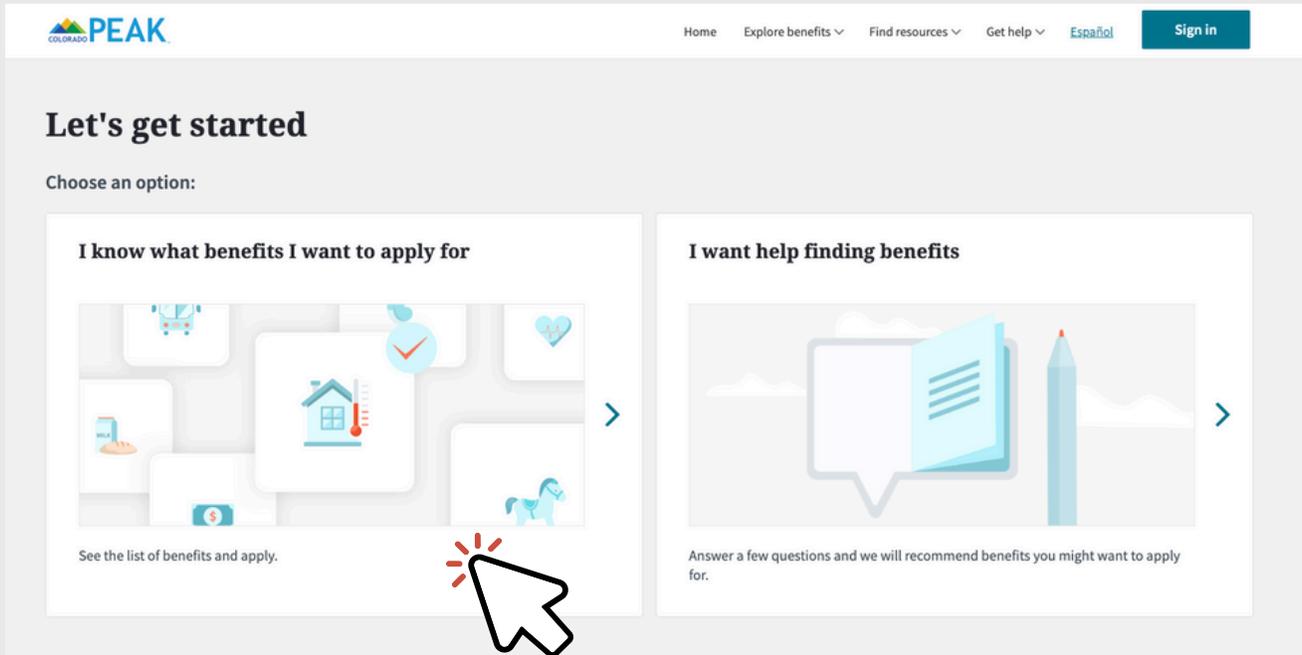
**If you apply as a guest, you'll have to complete your application in one sitting, and will not be able to save your progress. It is also possible the application times out after a period of inactivity, and all your progress will be lost**

X

### Are you sure you want to apply as a guest?

If you apply as a guest, you can't save your application to finish later. You will need to complete the whole application at once.

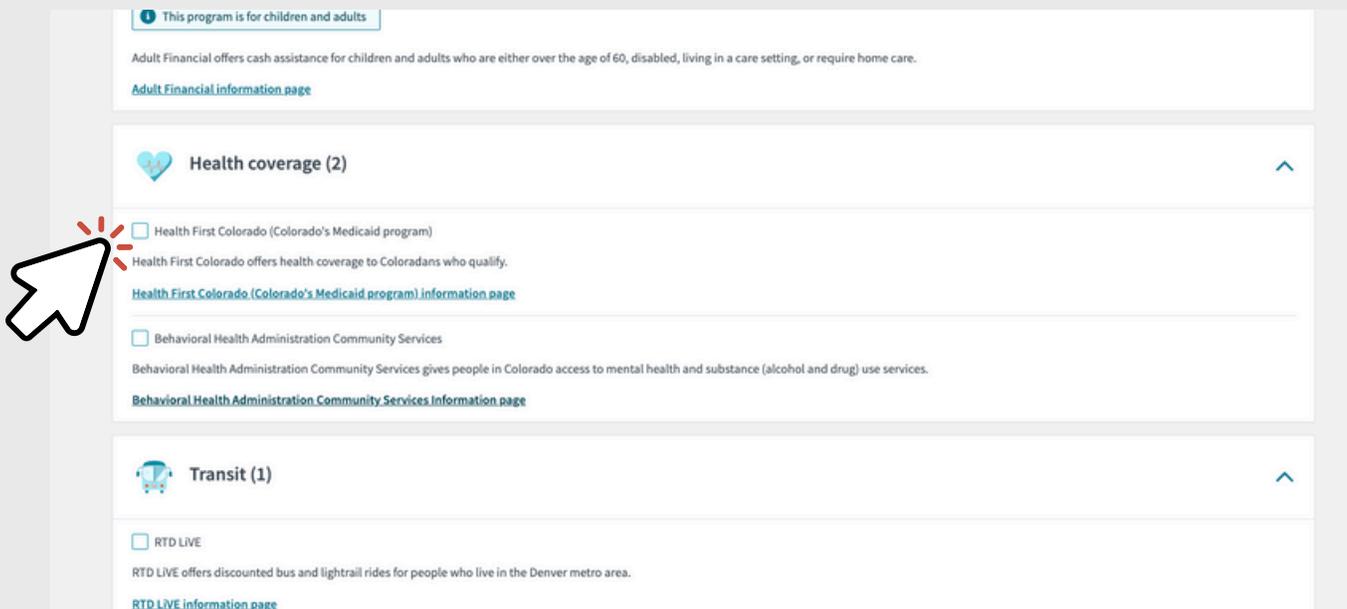
Cancel Continue as a guest



The screenshot shows the PEAK website's 'Let's get started' page. At the top, there is a navigation bar with 'Home', 'Explore benefits', 'Find resources', 'Get help', 'Español', and a 'Sign in' button. Below the navigation bar, the heading 'Let's get started' is followed by the instruction 'Choose an option:'. Two main options are presented in white boxes with rounded corners. The first option, 'I know what benefits I want to apply for', features a collage of icons representing various services like a shopping cart, a house, a heart, a horse, and a dollar sign. Below this collage is the text 'See the list of benefits and apply.' and a mouse cursor icon with red radiating lines, indicating a click. The second option, 'I want help finding benefits', features an icon of an open book and a pencil, with the text 'Answer a few questions and we will recommend benefits you might want to apply for.' and a right-pointing arrow.



## Choose the Health First Colorado (Colorado's) Medicaid Program Application



The screenshot shows the PEAK website's benefits selection page. At the top, a blue box contains the text 'This program is for children and adults'. Below this, there is a section for 'Adult Financial' with a description: 'Adult Financial offers cash assistance for children and adults who are either over the age of 60, disabled, living in a care setting, or require home care.' and a link to 'Adult Financial information page'. The next section is 'Health coverage (2)', which includes three options, each with a checkbox and a link to an information page. The first option is 'Health First Colorado (Colorado's Medicaid program)', which is selected. A mouse cursor icon with red radiating lines is positioned over the checkbox. The second option is 'Behavioral Health Administration Community Services'. The third option is 'Transit (1)', which includes the 'RTD LIVE' option.

## Apply for benefits

< Basic information | Contact information | Household members | Household member summary >

\*Legal first name  Middle name

\*Legal last name [Learn more](#)  Jr, Sr, etc.  ▼

Date of birth

Where are you applying from?  ▼



Fill out “Basic Information”; select the appropriate option for where you are filling out this application.

## Apply for benefits

< Basic information | Contact information | Household members | Household member summary >

\*Legal first name  Middle name

\*Legal last name [Learn more](#)  Jr, Sr, etc.  ▼

Date of birth

Where are you applying from?  
 ▼

- Community Organization
- County Offices
- Family Resource Center
- Food Bank
- Home
- Hospital/Doctor's Office



Fill out “Address” information; make sure to select the appropriate county if it doesn’t automatically recognize your address (applications are sent to county offices)

< Basic information  Address Contact information Review information >

Juan (33 yrs)

### Where Juan lives

Is Juan a participant in the Address Confidentiality Program (ACP)? [Learn more](#)

Yes  No

Juan doesn't have a home address or is currently experiencing homelessness [Learn more](#)

Yes  No

\*Home address line 1

123 Street Rd

Home address line 2

Enter home address line 2

\*City  \*State  \*Zip code

\*Juan's mailing address is different than their home address

Yes  No

### Household information

\*Does everyone in Juan's household use the same home address?

Yes  No



## Fill out "Contact Information"; it will ask you to verify your email address by sending a code to that email address

< Basic information ✓ Address ✓ Contact information Review information >

### Contact information [Learn more](#)

We want to make sure we can contact you with important updates about your case. Please let us know how we can reach you.

**Email address** [Learn more](#)

**Mobile number** [Learn more](#)

**\*Re-enter mobile number**

**Additional phone number (optional)**

---

### @ Communication preferences

How do you want us to let you know when there are new messages in your PEAK Mailbox? [Learn more](#)

 Sign up for electronic notifications

 Keep getting letters in the mail  
123 Street Rd, Denver, Colorado 80205

Please choose at least one option [Learn more](#)

Email address: juancruz@gmail.com

Text: (970)-027-3030

US mail: 123 Street Rd  
Denver, Colorado 80205

---

### 🔍 Get more information about benefits

Would you like to opt-in to get more information about your coverage, benefits, finding providers and how to get help? [Learn more](#)

Yes  No

---

### ⚙️ Language preferences

**Preferred written language**

**Preferred spoken language**



## Review information from this section and ensure that all the information is correct

< [Address](#)  [Contact information](#)  [Review information](#)  [Primary applicant details](#) >

Juan (33 yrs)

### Selected program(s)

You can update programs selected below.

 **Summary of selected program(s)** [Edit](#)

Health coverage  
Health First Colorado (Colorado's Medicaid program)

### Basic information

You can update Juan's information below.

 **Juan's basic information** [Edit](#)

Legal first name  
Juan

Legal last name  
Cruz

Date of birth  
12/13/1989

### Address

You can update Juan's address information below.

 **Juan's address** [Edit](#)

Juan doesn't have a home address or is currently experiencing homelessness  
No

Home address  
123 Street Rd, Denver, Colorado, 80205

Juan's mailing address is different than their home address  
No

Mailing address  
123 Street Rd, Denver, Colorado, 80205

### Contact information

You can update Juan's contact information below.

 **Contact information** [Edit](#)

Email address  
juancruz@gmail.com

Mobile number  
(970)-027-3030

Communication preferences  
Text

Preferred written language  
English

Preferred spoken language  
English

[Previous](#) [Next](#)



## Fill out "Primary Applicant Details";

< **Contact information** ✓ **Review information** ✓ **Primary applicant details** Household members >

Juan (33 yrs)

### Household member information

Please enter information for the new household member below.

**\*First name**  **Middle name**

**\*Last name**  **Jr, Sr, etc.**

**\*Date of birth**  
12 ▼ 13 ▼ 1989 ▼

**\*Gender on birth certificate**  
 Male  Female

**Social Security Number (if available)**

**you DO NOT need to have a social security number for this application and you can leave this blank**

**i** You will need to add relevant information to your case for the household member you are adding (examples: Programs requested, where you live, jobs and income). Please click "Add" for each of the sections to report any relevant information about your household member. Once you provide relevant information for each section, click the "Next" button to provide all information.

---

### Marital status

**\*What is Juan's marital status?**

**Marital status date**  
MM ▼ DD ▼ YYYY ▼

---

### Other information about Juan

**Has Juan ever used another name? (examples: maiden name, alias)**  
 Yes  No

**Is Juan a victim of domestic violence?** [Learn more](#)  
 Yes  No

**Where does Juan live?**

**When did this person join the household? (if you don't know the exact date, you can estimate.)**  
MM ▼ DD ▼ YYYY ▼

**\*Has this household member passed away in the coverage year?** [Learn more](#)  
 Yes  No



If multiple members of a family are applying to the program, you may add them here

< Review information  Primary applicant details  Household members  Household member summary >

### Household members

Add, edit or remove household members.

[See which household members](#) you should add to your application.

#### Household member summary

First name	Last name	Date of birth	Gender	
Juan	Cruz	12/13/1989	Male	<a href="#">Edit</a>

This will only pop up if you choose to add another household member

## Household member

### Household member information

Please enter information for the new household member below.

\*First name  Middle name

\*Last name  Jr, Sr, etc.

\*Date of birth  
MM  DD  YYYY

\*Gender on birth certificate  
 Male  Female

Social Security Number (if available)



## Fill out “Programs Requested” as “Health First Colorado (Colorado’s Medicaid Program)”

< Primary applicant details ✓ Household members ✓ Programs requested Citizenship and lawful presence >

Juan (33 yrs)

### Program selection

Please choose which benefits Juan wants to apply for.

Health First Colorado (Colorado's Medicaid program) [Learn more](#)

Previous Next



< Primary applicant details ✓ Household members ✓ Programs requested Citizenship and lawful presence >

Juan (33 yrs)

### Program selection

Please choose which benefits Juan wants to apply for.

Health First Colorado (Colorado's Medicaid program) [Learn more](#)

Does Juan need help paying medical bills from the last three (3) months? [Learn more](#)

Yes  No

Does Juan want to apply for Family Planning Benefits? [Learn more](#)

Yes  No

**Ensure you select “Yes” for Family Planning Benefits**

Previous Next



Fill out “Citizenship and Lawful Presence” section; YOU DO NOT need a social security number, or to be a citizen to qualify for this program.

Household members  Programs requested  Citizenship and lawful presence  Household member summary

Juan (33 yrs)

### Citizenship

**i** You do not have to answer these questions if this person is not asking for benefits.

\*Does Juan have a Social Security Number (SSN)? [Learn more](#)

Yes  No

\*Is this person a U.S. citizen? [Learn more](#)

Yes  No

Previous Next



Household members  Programs requested  Citizenship and lawful presence  Household member summary

Juan (33 yrs)

### Citizenship

**i** You do not have to answer these questions if this person is not asking for benefits.

\*Does Juan have a Social Security Number (SSN)? [Learn more](#)

Yes  No

Has Juan applied for a Social Security Number (SSN)?

Yes  No

Why doesn't Juan have a Social Security Number (SSN)?

Is not eligible to receive an SSN

Does Juan have a Taxpayer Identification Number (TIN)? [Learn more](#)

Yes  No

\*Is this person a U.S. citizen? [Learn more](#)

Yes  No

**You may select “is not eligible to receive a SSN”**



**\*Is this person a U.S. citizen?** [Learn more](#)  
 Yes  No

**\*Is Juan, or their spouse or parent, a veteran or an active-duty member of the U.S. military?**  
 Yes  No

**\*Non citizenship status** [Learn more](#)  
Undocumented Alien

**\*When did Juan enter the U.S.? (If you don't know the exact date, you can estimate.)**  
08 17 2000

**Did Juan experience a life or limb-threatening emergency in the past four months? If so, please tell us which month(s)**

June  
 July  
 August  
 September

**\*Does Juan have a non-citizen document?**  
 Yes  No

**Does Juan want to apply for Emergency Medicaid and/or Reproductive Benefits?**  
 Yes  No

**This is where you must select "Yes" for applying for reproductive benefits**



**On this screen, when you select "next" this will pop up**

Yes  No

**\*Non citizenship status** [Learn more](#)  
Undocumented Alien

**\*When did Juan enter the U.S.? (If you don't know the exact date, you can estimate.)**  
06 23 2000

**Did Juan experience a life or limb-threatening emergency in the past four months? If so, please tell us which month(s)**

June  
 July  
 August  
 September

**\*Does Juan have a non-citizen document?**  
 Yes  No

**Does Juan want to apply for Emergency Medicaid and/or Reproductive Benefits?**  
 Yes  No

**More information about Juan** X

Please give us more information about Juan, so we can make sure we don't mistake them for someone else in our records.

**\*What is Juan's Member ID? If Juan has ever applied for benefits (for example: SNAP, Medical, or Childcare assistance), their Member ID should be on any letter telling you if they qualify. If you receive SNAP or cash benefits, you may also know this as your State ID. You can get your State ID from the PEAK Virtual Chatbot.**

Juan does not have a Member ID  
 Juan does not know their Member ID

**\*What is Juan's case number? If Juan has ever applied for benefits (for example: SNAP, Medical, or Childcare Assistance), their case number should be on any letter telling you if they qualify .**

Juan does not have a case number  
 Juan does not know their case number

**Submit**

[Previous](#) [Next](#)



## Will this affect “Public Charge”?

Short answer,  
no

The federal government uses the term “public charge” when deciding who is eligible for admission into the US or who can become a permanent resident. A non-citizen application can be denied if they are found “likely at any time to be a public charge.”

During the Trump administration, additional public benefits were added to the list. However, those benefits were removed in 2021, and the most recent rules went into effect in December 2022.

Benefits your family members use will not be considered in the public charge test. The only benefits considered are those used by the applicant themselves.

If you need more help or have questions, it’s best to talk with an immigration lawyer. A list can be found at: <https://www.immigrationlawhelp.org/search?state=CO>

<b>What benefits negatively impact “public charge”?</b>	<b>What benefits do not impact “public charge”?</b>
<ul style="list-style-type: none"><li>✘ Supplemental Security Income (SSI)</li><li>✘ Cash assistance through TANF (Temporary Assistance for Needy Families)</li><li>✘ State and local cash assistance programs, often called “General Assistance” programs</li><li>✘ Long-term care at the government’s expense, such as nursing home or mental health facility</li></ul> 	<ul style="list-style-type: none"><li>✔ Generally, non-cash benefits are not counted.</li><li>✔ Nutrition programs - SNAP, WIC, school breakfast and lunch, TEFAP, CACFP, FDPIR</li><li>✔ Health programs - CHIP, CHP+, Medicaid, Emergency Medicaid, health insurance through the Affordable Care Act, anything related to COVID (including vaccines)</li><li>✔ Housing benefits and assistance</li><li>✔ Education and childcare programs - cash payments for childcare assistance, Head Start, public school, student or home loans, scholarships or grants</li><li>✔ Disaster relief programs</li><li>✔ Earned benefits - Social Security benefits, government pensions, veteran’s benefits, unemployment insurance</li><li>✔ Other public benefits - assistance from community organizations like food banks and short-term shelters, transportation vouchers, job training programs, energy assistance, tax credits like Child Tax Credit (CTC) or Earned Income Tax Credit (EITC)</li></ul>

More information about Juan X

What is Juan's case number? If Juan has ever applied for benefits (for example: SNAP, Medical, or Childcare Assistance), their case number should be on any letter telling you if they qualify .

Juan has never been included in a household that received benefits.

Juan does not know their case number.

**\*What is Juan's driver's license number?**

Juan does not have a driver's license number.

**\*What is the street number for Juan's current or recent home address? Example: Enter "29" for 29 Main Street.**

Juan does not have a home address.

**\*Who is Juan's current or recent employer?**

Juan is not employed.

[Submit](#)

**Fill out as much as you have information for; this is for identification purposes, since they are not using a SSN**



**Review information from this section and ensure that all the information is correct**

<
Programs requested ✔
Citizenship and lawful presence ✔
Household member summary ✔
Trusted representative ✔
>

**Household members**

Edit household members.

👤 **Household member summary**

First name	Last name	Date of birth	Gender	
Juan	Cruz	12/13/1989	Male	<a href="#" style="color: #00728f; font-size: small;">Edit</a>

**Programs requested by individuals**

Below is an overview of your programs requested summary.

📊 **Programs requested summary**

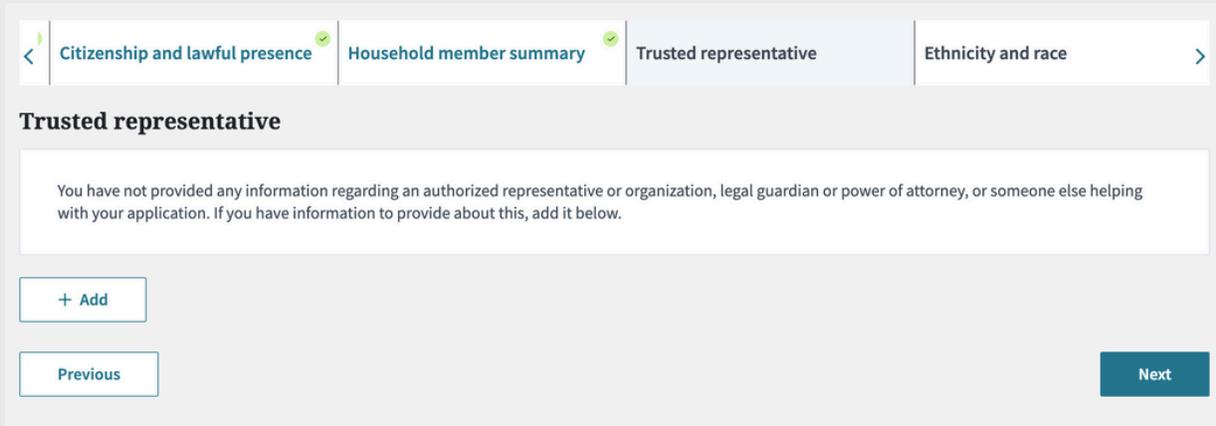
Individual(s)	Program(s) requested	
Juan (33 yrs)	Health First Colorado (Colorado's Medicaid program)	<a href="#" style="color: #00728f; font-size: small;">Edit</a>

Previous

Next

12

If someone is helping you with the application, add them as a “trusted representative”; otherwise, you may skip this



The screenshot shows a progress bar with four steps: 'Citizenship and lawful presence', 'Household member summary', 'Trusted representative', and 'Ethnicity and race'. The 'Trusted representative' step is currently active. Below the progress bar, the section is titled 'Trusted representative'. A message states: 'You have not provided any information regarding an authorized representative or organization, legal guardian or power of attorney, or someone else helping with your application. If you have information to provide about this, add it below.' There are three buttons: '+ Add' on the left, 'Previous' in the bottom left, and 'Next' in the bottom right.



## Add trusted representative

The person you add will need to be with you to sign this application.



### Representative type

If you'd like to authorize someone to act on your behalf to help you manage your benefits, select from the following options:

What type of representative would you like to add? (If you are a parent applying for a child, you don't need to answer this question) [Learn more](#)

- Authorized representative**  
Someone who can act on your behalf, like a family member or trusted person.
- Authorized organization**  
An organization or institution that can act on your behalf.
- Legal guardian or power of attorney**  
A court-appointed legal guardian or power of attorney. A biological parent does not count as a legal guardian.
- Help with your application**  
Someone who is helping you complete your benefits application.



Select the appropriate representative type, another page will pop up for information about the representative or organization

This is an example of the page for the information regarding the trusted representative (authorized organization)



## Add authorized organization



### More about your authorized organization

You told us that you want to add a trusted organization. A trusted organization can act on your behalf. For SNAP, you need to provide the name of someone who is a provider, staff member or volunteer for the trusted organization. [Learn more](#)

Do any of the following apply to your trusted representative? Choose all that apply.

- Conservator
- Emergency representative
- Legal guardian
- Trustee
- Financial power of attorney
- Medical durable power of attorney
- Group living representative



### Trusted representative role

For my health coverage benefits, my trusted representative can...

- Help me complete an application or renewal.
- Provide citizenship and identity verification.
- Receive health coverage communications.
- Respond to requests for information from an outside source.



### Contact information

\*Organization name

\*First name

Middle name

\*Last name

Jr, Sr, etc.



In care of [Learn more](#)

\*Address line 1

Address line 2

\*City

\*State



\*Zip code



**\*County**

**Phone number**

**Phone type**

**Email address**



**Signature**

I authorize:

**\*Full name of trusted representative**

to represent me in my application, changes, and renewals for SNAP, Cash, Child Care and/or health coverage. I authorize this person to provide information and documents that may be needed to complete my application for benefits. I will give this person information that is true and correct to the best of my knowledge.

My representative and I understand that there are penalties for giving information that we know is false. For SNAP, if we give false information about my identity or residence so that I can get multiple benefits at the same time, then I will be disqualified from receiving SNAP benefits for 10 years. For giving false information for SNAP and/or Cash Assistance, I will be disqualified from receiving benefits for 12 months for the first offense, 24 months for the second offense, and permanently for the 3rd offense. For SNAP and Cash Assistance, in addition to losing benefits, I can be fined up to \$250,000, jailed up to 20 years, or both depending upon the value of the benefits.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

**Applicant's signature**

**\*By selecting yes and typing my name below, I am electronically signing this form.**

Yes  No

**First name**

**Middle initial**

**Last name**

**It ends with a signature/ authorization from the applicant**



### Fill out "Ethnicity and Race information"

< Household member summary  Trusted representative  Ethnicity and race  Residency >

Juan (33 yrs)

#### Ethnicity and race

**Ethnicity**

Hispanic/Latino  Not Hispanic/Latino

**Race (please check all boxes that apply)** [Learn more](#)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other/Unknown

Previous Next



### Fill out "Residency"; this is about whether the applicant has lived in Colorado

< Trusted representative  Ethnicity and race  Residency  Tax filer information >

Juan (33 yrs)

#### Juan's Colorado residency

**\*Is Juan a Colorado resident?** [Learn more](#)

Yes  No

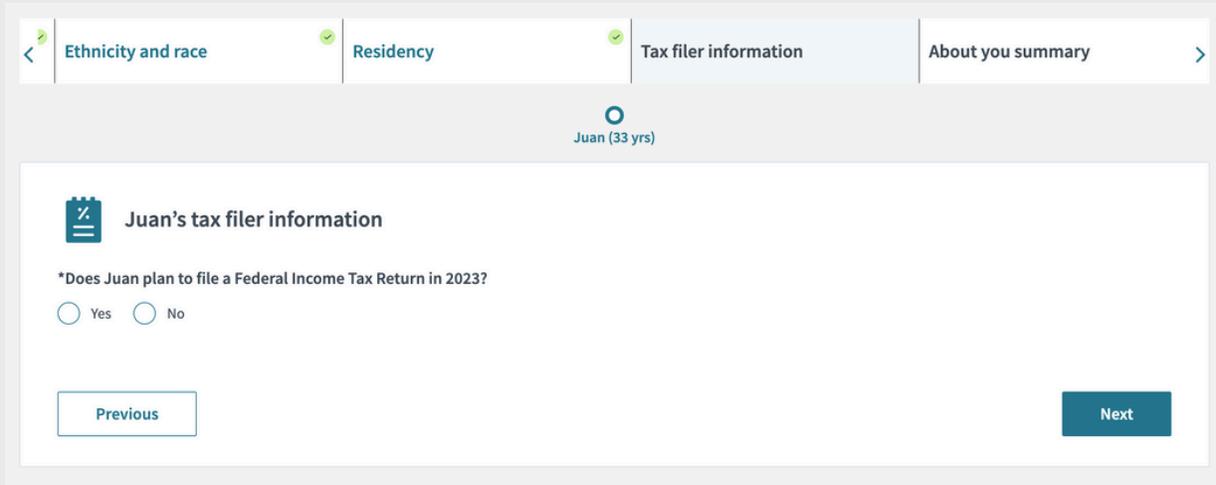
**Has Juan moved out of Colorado?**

Yes  No

Previous Next



## Fill out "Tax Filer Information" if applicable



< Ethnicity and race Residency Tax filer information About you summary >

Juan (33 yrs)

### Juan's tax filer information

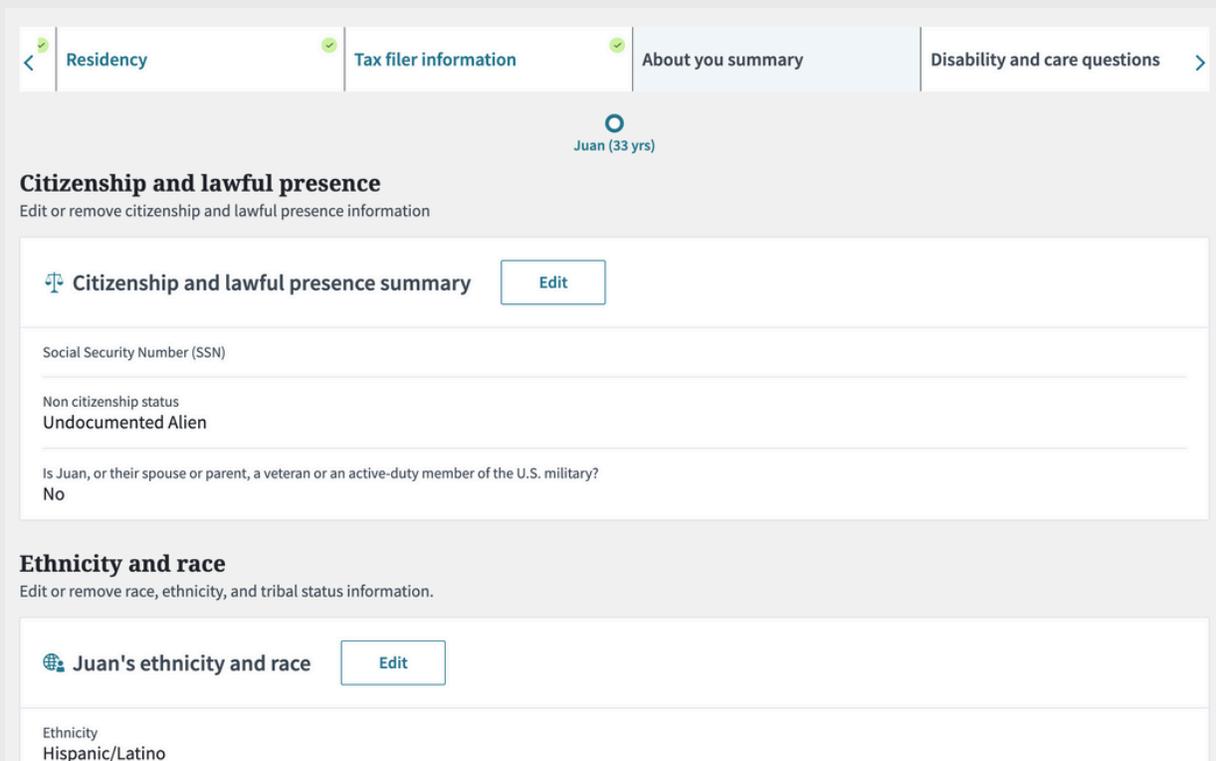
\*Does Juan plan to file a Federal Income Tax Return in 2023?

Yes  No

Previous Next



## Review information from this section and ensure that all the information is correct



< Residency Tax filer information About you summary Disability and care questions >

Juan (33 yrs)

### Citizenship and lawful presence

Edit or remove citizenship and lawful presence information

 Citizenship and lawful presence summary [Edit](#)

Social Security Number (SSN)

Non citizenship status  
Undocumented Alien

Is Juan, or their spouse or parent, a veteran or an active-duty member of the U.S. military?  
No

### Ethnicity and race

Edit or remove race, ethnicity, and tribal status information.

 Juan's ethnicity and race [Edit](#)

Ethnicity  
Hispanic/Latino



Race  
White/Caucasian

### Address

You can update Juan's address information below.

 Juan's address [Edit](#)

Juan doesn't have a home address or is currently experiencing homelessness  
No

Home address  
123 Street Rd, Denver, Colorado, 80205

Juan's mailing address is different than their home address  
No

Mailing address  
123 Street Rd, Denver, Colorado, 80205

### Residency

You can update Juan's residency information below.

 Juan's Residency [Edit](#)

Colorado resident status  
Yes

### Tax filer information

Edit Tax filer information.

 Tax filer information [Edit](#)

Does this person plan to file a Federal Income Tax Return?  
Yes

What is this person's tax filing status?  
Single

### Tax deductions

You have not provided any information regarding Juan's tax deductions. If you have information to provide about this, add it below.

[+ Add](#)

[Previous](#)

[Next](#)



## Fill out “Disability and Care” questions if applicable

 Tax filer information	 About you summary	 Disability and care questions	Medicare and SSI questions 
---	---	---	--

 If you have a complex medical condition or disability, even if you have been denied disability status by the Social Security Administration, please complete a [Health First Colorado](#) (Colorado's Medicaid program) Disability Determination Application. Available in English, Spanish and large print.

### Blindness or Disability

\*Is anyone in your household blind or disabled?

Yes  No

---

### Help with Self-Care

\*Does anyone in your household need help with self-care? [Learn more](#)

Yes  No

---

### Medical/nursing facility information

\*Has anyone moved into a nursing facility, acute care, hospital, or long term facility for 30 days within the last 90 days?

Yes  No

---

### Future medical/nursing facility information

\*Will anyone in your household need to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home?

Yes  No



## Fill out “Medicare and SSI” questions if applicable

< About you summary ✓ Disability and care questions ✓ Medicare and SSI questions Program overview >

 Medicare Part A, Part B, Part C or Part D

\*Is anyone in the household getting or able to get Medicare Part A, Part B, Part C or Part D, even if they aren't actually getting it?

Yes  No

 Supplemental Security Income (SSI)

\*Have you or anyone in the household applied for SSI or other Social Security benefits?

Yes  No

Previous Next



## Select other programs you want to apply for if applicable, you may skip this section

< Disability and care questions ✓ Medicare and SSI questions ✓ Program overview Medical summary >

 To edit the information you've given us, use the the progress tab above. You won't lose the information you've already entered.

 Other programs you might qualify for

 Supplemental Nutrition Assistance Program (SNAP)

 Since you applied for Health First Colorado (Colorado's Medicaid program), you might also qualify for SNAP. SNAP is a monthly benefit to help you buy groceries.

Would you like to apply for SNAP now? Your county will contact you to complete an interview after you submit your application.

Yes  No



Review information from this section and ensure that all the information is correct (for medical info)

Navigation: Medicare and SSI questions ✓ | Program overview ✓ | **Medical summary** | Medical coverage summary >

Juan (33 yrs)

### Medicare

You have not provided any information about Juan's medicare. If you have information to provide, add it below.

+ Add

### Long term services and supports

You have not provided any information regarding Juan's long term services and supports. If you have information to provide about this, add it below.

+ Add

### Disability, blindness, or inability to work

You have not provided any information regarding Juan's disability, blindness, or inability to work. If you have information to provide about this, add it below.

+ Add

### Supplemental Security Income (SSI) status

You have not added any information regarding Juan's Supplemental Security Income (SSI) status. If you have information to provide about this, please click on add below.

+ Add

Previous Next



**Review information from this section and ensure that all the information is correct (for medical coverage)**

<	Program overview	Medical summary	Medical coverage summary	Household changes	>
---	------------------	-----------------	--------------------------	-------------------	---

Juan (33 yrs)

### Medical costs

You have not provided any information regarding Juan's medical costs. If you have information to provide, add it below.

+ Add

### Access to health insurance

You have not added any information regarding Juan's access to health insurance. If you have information to provide about this, please click on add below.

+ Add

### Health insurance policy

You have not added any information regarding Juan's health insurance policy. If you have information to provide about this, add it below.

+ Add

Previous Next

## Fill out "Household Changes" questions if applicable

< Medical summary Medical coverage summary Household changes Uninsured members >

Juan (33 yrs)

**i** Selecting one of these may allow you to shop for a plan or make changes to your current plan outside of Open Enrollment or if you have already paid for your new plan during Open Enrollment. This applies if you qualify for Tax Credits or Cost Sharing Reductions, or to buy a commercial health insurance plan through Connect for Health Colorado.

**+** **\$** **Loss of Coverage**

\*Has Juan lost or will lose medical coverage? [Learn more](#)

Yes  No

**+** **\$** **Gain of Coverage**

\*Has Juan gained or will gain medical coverage?

Yes  No

**⚖** **Change in legal status**

\*Has Juan seen a change in their incarceration status?

Yes  No

**🏠** **Household Changes**

Choose all the changes that may apply to the household:

- Moved to Colorado
- Death of spouse
- Death of dependent child
- Birth, Adoption, or Placement for Adoption
- Change in permanent residence
- Child Support Order / Other Court Order
- Gain of other dependent (to tax household)
- Remove other dependent (from tax household)

**👤** **Individual Changes**

Choose all the changes that may apply to you:

- Marriage, Legally-Binding Civil Union or Domestic Partnership
- Divorce/Annulment/Legal Separation
- Change in income

Previous Next

23

## Fill out "Uninsured Members" information if applicable

Medical coverage summary Household changes Uninsured members Military status

**Uninsured members**

Has any member of your household been uninsured in the last six months?

Yes  No

**Private health insurance coverage**

Is anyone in the household losing or expecting to lose private health insurance coverage that has not yet been reported?

Yes  No

Previous Next

24

## Fill out "Military Status" information if applicable

Household changes Uninsured members Military status Jail or prison sentence

Is anyone in your household an active or retired member of the military?

Yes  No

Previous Next

25

## Fill out "Jail or Prison Sentence" information if applicable

Uninsured members Military status Jail or prison sentence Other information

Juan (33 yrs)

\*Is Juan currently in jail or prison, or were they recently in jail or prison in the last 90 days?

Yes  No

Previous Next



## Fill out "Other Information" if applicable

< Military status ✓ Jail or prison sentence ✓ Other information Jobs and income >

Juan (33 yrs)

### School enrollment

You have not provided any information regarding school enrollment. If you have information to provide about this, add it below.

+ Add

### Military status

You have not provided any information regarding military status. If you have information to provide about this, add it below.

+ Add

### Jail or prison sentence

**Jail or prison sentence**

Is Juan currently in jail or prison?	Date of jail or prison sentencing	Currently waiting for a decision on charges	Date of release	Department of corrections inmate number	
No					<a href="#">Edit</a> <a href="#">Remove</a>

+ Add

Previous Next



This will only pop up if you add School Enrollment

## School enrollment or training program

You've told us that All is attending school or has changes to their school enrollment.

 **Current and future schooling**

Is Juan going to school, including K-12, college or university, trade schools, or training programs? [Learn more](#)

Yes  No

Cancel Save



This will only pop up if you add Military Status

## Military status

Juan's military status [Learn more](#)

Select Juan's military status

Military service begin date

MM  DD  YYYY

Military service end date (if you don't know the exact date, you can estimate.)

MM  DD  YYYY



Fill out "Jobs and Income" if applicable

<  Jail or prison sentence  Other information  **Jobs and income**  Household bills >

Juan (33 yrs)

**Report all the ways Juan's earns or gets money, including gifts and one-time payments.**

**Income**

You have not provided any information regarding Juan's income. If you have information to provide about this, add it below.

**Past income, expenses and deductions**

You have not provided any information regarding Juan's past job, self employment, other sources of income, expenses and deductions. If you have information to provide about this, add it below.

This will only pop up if you  
add Income



## I make money from

**i** These are the most common income categories and types for children and teens:  
Adoption Assistance Program (Choose Adoption and refugee services first)  
Child Support Payments  
Foster Care Payments  
Kinship Care Payments  
Social Security Dependent benefits (Choose Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) first)  
Social Security Survivor Child benefits (Choose Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) first)  
Supplemental Security Income (SSI)  
Work and jobs

Report all of the ways Juan makes money: [Learn more](#)

**i** You can only report one source of income at a time.

### Work and jobs [Learn more](#)

- Wages, salaries or tips from a job including one-time payment, bonus and severance payment
- Self-employment (examples: if you get a 1099, babysit or farm)
- Working - Other

### Unemployment and other government payments [Learn more](#)

- Unemployment
- Kinship payment
- Adoption and refugee services

### Disability, worker's compensation, and legal settlements [Learn more](#)

- Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)
- Private disability
- Worker's compensation
- Legal claim or settlement

### Grants, scholarships, and work study [Learn more](#)

- Scholarship
- Educational grant
- Work study

### Child and spousal support [Learn more](#)

- Spousal support (examples: maintenance payments or alimony)
- Child support

### Retirement, pensions, and investments [Learn more](#)

- Retirement or pension plan (examples: 401K, traditional or Roth IRA)
- Investment (examples: interest and dividends)
- Social Security retirement

## Income continued



Renting out a room, property, or equipment [Learn more](#)

A room

Donations, gifts, loans, winnings, or goods and services in exchange for work [Learn more](#)

Gambling, lottery, or other winnings

Donations or gifts (examples: clothing, food, gifts)

Goods or services in exchange for work (examples: you work for someone who gives you room and board)

Income from a loan or mortgage

Other [Learn more](#)

Other money not reported

Previous

Next

This will only pop up if you  
add Past Income,  
Expenses, and Deductions



## Past income, expense and deduction

\*Did Juan receive any income from a past job, self-employment or any other source during 2023 that is needed to be included in the tax return? [Learn more](#)

Yes  No

\*Did Juan have any past expenses or deductions during 2023 that will be included on their tax return? [Learn more](#)

Yes  No

Cancel

Save

## Fill out "Housing and Utility Bills" if applicable

<  Other information  Jobs and income  Household bills  Medical assistance application summary >

### Housing and utility bills

You have not provided any information regarding housing and utility bills. If you have information to provide about this, add it below.

[+ Add](#)

### Child and adult care

You have not provided any information regarding child and adult care. If you have information to provide about this, add it below.

[+ Add](#)

[Previous](#) [Next](#)

This will only pop up if you add Housing and Utility Bills



## What does the household pay for?

Report all of the expenses or bills your household pays from the list below.

You can only report one bill at a time.

### Housing [Learn more](#)

- Rent
- Mortgage or mortgage interest
- Homeowner's or rental insurance
- Property taxes
- Homeowners Association (HOA) fees
- Other

### Utilities and phone [Learn more](#)

- Electricity, heating or cooling (examples: gas, propane and oil)
- Water, sewer and trash
- Phone (examples: cell phone and landline)
- Other

[Previous](#) [Next](#)

You can only add one at a time

This will only pop up if  
you add a Housing  
Expense



## Housing or shelter bills

Do your best to provide the information requested below. An eligibility worker will follow up with you, as needed.

\*Type of housing or shelter bills

Select type of housing or shelter bills ▼



Cost

\*Frequency of housing or shelter bills

Select frequency of housing or shelter bills ▼

\*The amount paid [Learn more](#)

Enter amount

**i** If your household splits this bill with someone (like a roommate), just tell us your share of the bill.

\*Billing date (if you don't know the exact date, you can estimate.)

MM ▼ DD ▼ YYYY ▼

Cancel

Save

This will only pop up if  
you add a Utility  
Expense



## Utilities or phone bills

Do your best to provide the information requested below. An eligibility worker will follow up with you, as needed.

\*Type of utilities or phone bills

Select type of utilities or phone bills ▼



Cost

\*Frequency of utilities or phone bills

Select frequency of utilities or phone bills ▼

\*The amount paid [Learn more](#)

Enter amount

**i** If your household splits this bill with someone (like a roommate), just tell us your share of the bill.

\*Billing date (if you don't know the exact date, you can estimate.)

MM ▼ DD ▼ YYYY ▼

Has any member of your household received Low-Income-Energy Assistance Program (LEAP) benefits of more than \$20 this month or in the last 12 months?

Yes  No

Cancel

Save

This will only pop up if  
you add a Child or Adult  
Care Expense



## Child and adult care

You have told us that someone in the household pays or recently paid to provide care for a child or adult in your home. Please answer the questions below to tell us more about this cost.



### Person's information

\*Who pays for this care?

Who is the care for?

Reason for care

\*Care begin date (if you don't know the exact date, you can estimate.)

### Cost

\*Frequency of care bill

\*The care bill [Learn more](#)

\*Did you pay the full bill?

 Yes  No

\*Amount paid [Learn more](#)



### Provider

Who gets paid for care?

 A person  An agency

Cancel

Save



Review information from this section and ensure that all the information is correct (for medical coverage)

< ✓ Jobs and income
✓ Household bills
✓ Medical assistance application summary
Voter registration >

### Household members

Add, edit or remove household members.

Household member summary
Edit

First name	Last name	Date of birth	Gender
Juan	Cruz	12/13/1989	Male

### Addresses

Address summary
Edit

Individual	Experiencing homelessness	Home address	State	Mailing address
Juan (33)	No	123 Street Rd, Denver, Colorado, 80205	Colorado	123 Street Rd, Denver, Colorado, 80205

### Contact information

Contact information summary

E-mail address	Mobile number
juancruz@gmail.com	(970)-027-3030 <span style="float: right; font-size: 0.8em;"><a href="#">Edit</a></span>

### Selected program(s)

You can update programs selected below.

Summary of selected program(s)
Edit

Individual(s)	Program(s) requested
Juan (33 yrs)	Health First Colorado (Colorado's Medicaid program)

### Tax filer information

Edit Tax filer information

Tax filer information summary
Edit

Individual	Does this person plan to file a Federal Income Tax Return?	What is this person's tax filing status?	Is this person living with both parents, but the parents do not expect to file a joint return?	Does this person expect to be claimed by a parent that they do not live with a majority of the time or not at all?
Juan (33)	Yes	Single		

## Section summary continued



### Jail or prison sentence

Edit jail or prison sentence information below.

Jail or prison sentence					
Individual	Are you currently in jail or prison?	Date of jail or prison sentencing	Date of release	Currently waiting for a decision on charges	Department of corrections inmate number
Juan (33)	No				

[Edit](#)

### Disability, blindness or inability to work

You have not provided information on disabilities, blindness or inability to work.

### Long term services and supports

You have not provided any information regarding long term services and supports.

### Supplemental Security Income (SSI) status

You have not provided supplemental security income (SSI) status information for any household members.

### Resources summary

You have not provided any information regarding resources.

### Housing and utility bills

You have not provided any information regarding housing and utility bills.

### Income

You have not provided any information regarding income.

### Past income, expenses and deductions

You have not provided any information regarding past job, self employment, other sources of income, expenses and deductions.

### Health insurance policy

You have not added any information regarding health insurance policy.

### Access to health insurance

You have not provided any information regarding access to health insurance.

[Previous](#)

[Next](#)



## Skip “Voter Registration” page (Select “No”)

<	✓ Household bills	✓ Medical assistance application summary ✓	Voter registration	Sign and Submit	>
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Would you like to register to vote or update your voter registration now?

Yes  No

You may also register to vote by filling out and mailing a paper voter registration form.

[Voter Registration Form](#)

Need help completing your voter registration?

- If you are in a Human Services Office, Social Services Office, Resource Center, or Community Service Office and need help, please contact the staff at these offices.
- If you are not in one of the above offices and need help, please contact your local County Clerk's office.



## Sign and Submit

<  Household bills  Medical assistance application summary  Voter registration  Sign and Submit >

To submit your new application, you will need to:

- [Click to read your rights and responsibilities](#)
- Sign your new application

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this new application. If anyone else is helping you fill out the new application, you should sign the new application yourself.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have agreed to submit this new application for myself and/or my family. By signing this new application electronically, I certify that I have reviewed this new application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the new application site to help me with getting benefits.

- I understand the questions and statements on this new application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the new application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

**\*By selecting yes and typing my name below, I am electronically signing this new application.**

Yes  No

**\*First name**  **Middle initial**

**\*Last name**

**You will hear back about your application within 45 days;  
you can go to your county's human services office if you  
don't hear back or if you have any questions**

**you can find your county office here:**

**<https://cdhs.colorado.gov/contact-your-county>**