

NorthSTAR Financial Form 12/06

Application date					
Enrolling Facility		Location			
Applicant Name	(First)	(Last)		Gender	
Birthday		Social Security Number			
NorthSTAR Number		New/ Update/ Emergency	(Circle appropriate description)		
Address			homeless/ living with friends	(Circle appropriate description)	
City		State		Zip	
Home Phone		Work Phone		Other	
Marital Status	Single/ Divorced/ Widowed/ Married	(Circle appropriate description)	If separated length of separation		
Race	White (non-Hispanic)	Black/African American	Asian		
	Hispanic-Cuban	Other Hispanic	American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	
	Hispanic/Mexican	Hispanic/Puerto Rican	Other		
	More that one race reported	unknown	(Circle appropriate description)		
Parent/Legal Guardian Name	(First)	(Last)			
Address					
City		State		Zip	
Katrina Evacuee? Y/N	Original Parrish name:				
Health Insurance	Medicare/ Medicaid/ Veteran/ Private	(Circle appropriate description)			
Employer					
Insurance company name		Phone number			
Policy number					
Policy Holder Name					
Policy holder relationship					

NorthSTAR Financial Form 12/06

Monthly Gross Household Income		(including applicant, spouse, and or guardians)		
Applicant Wages	(If applicant wages are zero, how are expenses being paid?)	\$		
Spouses wages		\$		
Guardian Wages	(for minor applicants only)	\$		
Other income	(ssl/dissability/child support/alimony/pension)	\$		
Total Monthly Income		\$		
Approximate balance in checking		\$		
Approximate balance in savings		\$		
Approximate balance in trust fund		\$	Monthly payment to member	\$
Approximate cash on hand		\$		
Total cash		\$		
Extraordinary Expenses		(documentation attached)		
	Major Medical or health related	\$		
	Major Casualty losses past year	\$		
	Child Support	\$		
	Child Care	\$		
	Total expenses	\$		
Number of family members living at your home address/ in household				
(applicant, spouse, dependent, and or guardians)				
Additional Explanation / Details (for staff use only)				
Rights, Responsibilities, Agreements				
I have the right to:				
<ul style="list-style-type: none"> • Appeal a denial of NorthSTAR enrollment to ValueOptions at 888-800-6799. • File a secondary appeal to the State NorthSTAR administration at 512-206-5470. 				
I have the responsibility to:				
<ul style="list-style-type: none"> • Not purposely withhold information, or give false facts on this application, or my NorthSTAR benefits may be denied. • Assure that the information on this financial application is true and correct to the best of my knowledge. • Submit an updated financial eligibility assessment form to my provider annually. • Promptly inform ValueOptions within 30 days from the date of this application. 				

NorthSTAR Financial Form 12/06

I understand that:			
<ul style="list-style-type: none"> • ValueOptions may use credit reporting resources to verify the information provided in this application, and that I may not qualify for benefits under NorthSTAR. 			
<ul style="list-style-type: none"> • ValueOptions is required to report any information that is deemed fraudulent in nature to the State of Texas HHS Fraud Hotline. 			
<ul style="list-style-type: none"> • The information contained in this application is used to determine eligibility for the NorthSTAR program. 			
<ul style="list-style-type: none"> • I have the right to appeal denied enrollment as described above. 			
Applicant Signature (or guardian if applicant is under age 16)			Date
<p>You have the right to ask us about this form. You also have the right to review the information you give us on the form. (There are a few exceptions.) If the information is wrong, you can ask us to correct it. The Health and Human Service Commission has a method for asking for corrections. You can find it in Title 1 of the Texas Administrative Code, sections 351.17 through 351.23. To talk to someone about this form or ask for corrections, please contact ValueOptions at 1199 South Beltline Road, Suite 100, Coppell, TX 75019 or by calling them at 1-888-800-6799.</p>			
<p>Tiene el derecho de preguntarnos sobre esta forma. También tiene el derecho de revisar la información que nos da en la forma (Con algunas excepciones). Si la información no esta correcta, puede pedir que la corrijamos. La Comisión de Salud y Servicios Humanos tiene un método para pedir correcciones. Se encuentra en el Título 1 del Código Administrativo de Texas, secciones 351.17 a 351.23. Para hablar con alguien tocante de esta forma, o para pedir que se corrija, favor de comunicarse ValueOptions. Puede escribir 1199 South Beltline Road, Suite 100, Coppell, Texas 75019. También puede llamar al 1-888-800-6799.</p>			