

Application date			
Enrolling Facility		Location	
Applicant Name	(First)	(Last)	Gender
Birthdate		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 American
	Hispanic-Cuban	Other Hispanic	Native Indian/Alaskan
	Hispanic/Mexican	Hispanic/Puerto Rican	Native Hawaiian/Pacific Islander
	More that one race reported	unknown	Other (Circle appropriate description)
Parent/Legal Guardian Name	(First)	(Last)	
Address			
City		State	Zip
Health Insurance	Medicare/ Medicaid/ Veteran/ Private (Circle appropriate description)		
Employer			
Insurance company name		Phone number	
Policy number			
Policy Holder Name			
Policy holder relationship			

Monthly Gross Household Income <small>(including applicant, spouse, and or guardians)</small>	
Applicant Wages <small>(If applicant wages are zero, how are expenses being paid?)</small>	\$
Spouses wages	\$
Guardian Wages <small>(for minor applicants only)</small>	\$
Other income <small>(ssl/dissability/child support/alimony/pension)</small>	\$
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 <small>(documentation attached)</small>	
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 <small>(applicant, spouse, dependent, and or guardians)</small>	
Additional Explanation / Details <small>(for staff use only)</small>	

Rights, Responsibilities, Agreements

I have the right to:

- 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:

- Not purposely withhold information, or give false facts on this application, or my
- Assure that the information on this financial application is true and correct to the
- Submit an updated financial eligibility assessment form to my provider annually.
- Promptly inform ValueOptions within 30 days from the date of this application.

I understand that:

- ValueOptions may use credit reporting resources to verify the information
- ValueOptions is required to report any information that is deemed fraudulent in
- The information contained in this application is used to determine eligibility for
- I have the right to appeal denied enrollment as described above.

Applicant Signature (or guardian if applicant is under age 16)	Date
---	-------------

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 some exceptions.) If the information is wrong, you can ask us to correct it. The Health and Human Service Commission has a method for corrections. You can find it in Title 1 of the Texas Administrative Code, sections 351.17 through 351.23. To talk to someone on the form or ask for corrections, please contact ValueOptions at 1199 South Beltline Road, Suite 100, Coppell, TX 75019 or by calling 888-800-6799.

Tiene el derecho de preguntarnos sobre esta forma. También tiene el derecho de revisar la información que nos da en la forma (algunas excepciones). Si la información no está 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 con ValueOptions. Puede escribir al 1-888-800-6799 o ir a 1199 South Beltline Road, Suite 100, Coppell, Texas 75019. También puede llamar al 1-888-800-6799.

--

--

--

--

--

--

--

There are a few
options for asking
about this
including them at 1-

--

1a (Con
sumers
\$ 351.23.
\$ 1199

--

--

