Ohio Department of Medicaid

OHIO BREAST & CERVICAL CANCER PROJECT (BCCP) MEDICAID APPLICATION

BCCP Medicaid offers free health care coverage to certain women who were screened through the Ohio Department of Health's (ODH) Breast & Cervical Cancer Project (BCCP) and need treatment for breast or cervical cancer or pre- cancerous conditions. If you were screened through ODH's BCCP and want to apply for BCCP Medicaid, follow these steps:

1. **Complete, sign, and date this Medicaid application.** If you do not understand a question, your BCCP case manager can help you. Use additional pages, if needed. Be sure to sign and date the application and attach copies of important documents.
2. **Return these completed forms** to your BCCP case manager. If you need treatment for breast or cervical cancer or pre-cancerous conditions, your BCCP case manager will submit this application to the Ohio Department of Medicaid (ODM). ODM will contact you about your eligibility for healthcare benefits.

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote today?

☐ **YES,** I want to register to vote. ☐ **NO,** I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

First Name of Person Applying	MI	Last name		
Street Address		**City**	**State**	**Zip Code**
			OH	
County	**Phone number**	**Date of Birth** (mm/dd/yyyy)	**Social Security Number** (SSN)	

Hispanic/ Latino?	Race (Optional – check all that apply)	Are you a U.S citizen?	Primary language
☐ Yes ☐ No	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White	☐ Yes ☐ No	☐ English ☐ Other *(please specify)* _____

Does anyone in your household pay for childcare?	Does anyone in your household pay child support?
If yes, how much per week (total)? $_____	If yes, how much per month (total)? $_____
For how many children? _____	For how many children? _____

Household: Please list everyone, including yourself, who lives in your household. (If anyone in your household is pregnant, additional information may be requested.)

Name (First, MI, Last)	Date of Birth	Relationship to You	Disabled?	Pregnant?
1.			☐ Yes ☐ No	☐ Yes ☐ No
2.			☐ Yes ☐ No	☐ Yes ☐ No
3.			☐ Yes ☐ No	☐ Yes ☐ No
4.			☐ Yes ☐ No	☐ Yes ☐ No

Income: Please provide information below for each person in your household who receives income from any source, including but not limited to annuities, wages, self-employment, Social Security, SSI, VA pension, Workers' Compensation, alimony, child support, or medical support.

Name of Person Receiving Income	Employer or Source of Income	Gross Income	Received How Often?
		$	
		$	
		$	
		$	

Health Coverage. Please indicate any health coverage you currently have. Check all that apply. (Note: This is health coverage for **you**, not other household members.)

☐ No health coverage ☐ Medicaid

☐ Medicare: ☐ Part A ☐ Part B ☐ Other. Please identify each policy below.

Insurance Company	Policy Number	Please CHECK the services the policy covers
		☐ Inpatient Hospital ☐ Doctor Visits ☐ Prescriptions ☐ Ambulance ☐ Dental ☐ Vision
		☐ Inpatient Hospital ☐ Doctor Visits ☐ Prescriptions ☐ Ambulance ☐ Dental ☐ Vision
		☐ Inpatient Hospital ☐ Doctor Visits ☐ Prescriptions ☐ Ambulance ☐ Dental ☐ Vision

Retroactive Coverage. Medicaid may be able to pay some or all of your medical expenses for up to three months before you submitted this application. If you have medical expenses in the past three months, would you like to explore your eligibility for this coverage? ☐ Yes ☐ No

If yes, please list any information or answers in this application that have changed in the last three months:

BY SIGNING THIS APPLICATION, I AGREE to give documentation and verification of information on this application. I understand this application for Medicaid will be considered only in the event that I am screened for breast and/or cervical cancer under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP), found to have breast or cervical cancer (or pre-cancerous conditions), and need treatment. I understand I may be asked to give consent to the Ohio Department of Medicaid (ODM) and the County Department of Job and Family Services (CDJFS) to make whatever contacts are necessary to determine my eligibility.

I authorize any person who furnishes health care or medical supplies to give ODM or the Ohio Department of Health (ODH) any information related to the extent, duration, and scope of services provided under the Breast and Cervical Cancer (BCCP) Medicaid Program and the BCCP screening program. I also authorize ODM and ODH to exchange any information I have provided on this form in order to enable the departments to determine my eligibility. I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

I understand that I must tell ODM if anything changes (and is different than) what I wrote on this application. I can call 1-844-640-6446 to report any changes within 10 days. I understand that a change in my information could affect my eligibility.

I understand that if I receive Medicaid after I turn 55 or while I am considered permanently institutionalized, after my death Medicaid will seek to be repaid from my estate for the cost of services provided to me and/or managed care premiums.

If I am eligible for medical assistance, I am giving ODM my rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving ODM my rights to pursue and get medical support from an ex-spouse or parent.

NOTE: Your Social Security Number (SSN) is needed in order to receive Medicaid.

By my signature below, I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand that the law provides a penalty of fines or imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for**. I state under penalty of perjury that all of the information on this application is true and complete to the best of my knowledge.**

Person Applying *(Please Print)*	Signature	Date
Authorized Representative or Person Who Completed Form	Signature	Date

A separate application is required for cash assistance, food assistance, or assistance for other family members. If you are interested in applying for any other form of assistance, please contact your local County Department of Job and Family Services.

Questions? Call your BCCP Case Manager or the Medicaid Consumer Hotline at 1-800-324-8680 or

TDD 1-800-292-3572.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: ☐ **Registering as an Ohio voter** ☐ **Updating my address** ☐ **Updating my name**

1. Are you a U.S. citizen? ☐ **Yes** ☐ **No**

2. Will you be at least 18 years of age on or before the next general election? ☐ **Yes** ☐ **No**

If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.

4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code

7. Additional Mailing Address (if necessary)	8. County (where you live)

9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)

12. **PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION** - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State

13. **CHANGE OF NAME ONLY** Former Legal Name	Former Signature

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓ **Date** (MM/DD/YYYY) _____

FOR BOARD USE ONLY
SEC4010 (rev. 4/15)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

TO ENSURE YOUR INFORMATION IS RECEIVED, PLEASE DO THE FOLLOWING:

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit *www.OhioSecretaryofState.gov/boards.htm*

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: *www.OhioSecretaryofState.gov* or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: *www.OhioSecretaryofState.gov* or call (877) 767-6446.

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