

**CAMDEN COUNTY SENATE BILL 40 BOARD  
APPLICATION FOR MEDICAID SPENDDOWN,  
TICKET-TO-WORK, AND OTHER MEDICAID  
PREMIUM ASSISTANCE**

Name(s) (Assistance for Payments on behalf of): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**HOUSEHOLD MEMBERS**

(List all household members who live in the home)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

(Use separate piece of paper if necessary to complete all information)

**INCOME INFORMATION**

What is the total annual income of all household members? (Include wages, salaries, tips, alimony, SSA, SSI, SSDI, and other income)

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

(Use separate piece of paper if necessary to complete all information)

**ASSET INFORMATION**

List the type and source of all current assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (bank accounts, investments, rental property, etc.)	Cash Value of Asset	Annual Income from Asset

(Use separate piece of paper if necessary to complete all information)

**APPLICATION CERTIFICATION:** I/we understand that the above information is being collected to determine if I/we are eligible to receive assistance. I/we authorize the Camden County Senate Bill 40 Board to verify all information provided on this application. The information I/we have provided is true and correct to the best of my/our knowledge. I/we understand any intentionally falsified or undisclosed information related to this application for assistance may result in disqualification of eligibility. I/we understand if our application is approved and assistance is paid on behalf of the individual(s), any falsified or undisclosed information may result in disqualification of program participation, repayment by the household for applicable assistance payments made on behalf of the individual(s), and/or civil/criminal prosecution.

**(All individuals 18 years-of-age or older residing in the household and/or guardian(s) must sign)**

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Household Member Signature

Date

Household Member Signature

Date

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Household Member Signature

Date

Household Member Signature

Date

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Household Member Signature

Date

Household Member Signature

Date

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Guardian/Power of Attorney Signature

Date

Guardian/Power of Attorney Signature

Date

**CASE MANAGER NOTES  
AND/OR  
ADDITIONAL INFORMATION**

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