How to Complete the
Employed Individuals with Disabilities (EID) Application - Form DHR/FIA CARES 9701

This form is used for more than one program. If you would like to apply for more benefits besides EID, you may do so. However, to apply for EID only, **you don't have to complete every section.** Here are the sections you should complete, and those you shouldn't, if you are only interested in EID:

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Complete top half.

For "What type of assistance do you need now?" – check "Medical Assistance"

"Do you have any of these problems?" – **DO NOT COMPLETE**

"What type of assistance do you or any household members receive now or in the past? Under what name?" – answer only for yourself (the applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

DO NOT SIGN or date on page 1.

DO NOT COMPLETE the bottom section (FOR AGENCY USE ONLY).

Page 2

A. Household Members – answer only for yourself (the applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

Check "APPLYING FOR" only for yourself (applicant) and your spouse, if he or she is also applying.

You may enter your Ethnicity or Race or leave them blank – they are optional.

DO NOT COMPLETE "In School" or "Last Grade Completed".

B. Citizenship/Immigration Status – complete only if you, your spouse or any dependent children aged 18 or under who live with you are NOT U.S. citizens. Complete only for the non-citizens.

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C. Authorized Representative – complete **only** if you want another person to help with your application. Check what you want that person to do: "Complete interview for you", "Sign your application", "Receive your notices [letters about your application]", or "Receive your Medical Assistance card". You can check more than one. DO NOT CHECK "Use your Independence Card (cash)", or "Use your Food Stamp benefits".

D. Students – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

E. Resources/Assets – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

F. Transfer of Assets – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

G. Earned Income – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

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H. Dependent Care – DO NOT COMPLETE

I. Child Support/Alimony Expense – DO NOT COMPLETE

J. Other Income and Benefits – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

"Do you agree to apply for all benefits you may be entitled to receive?" – check "Yes".

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K. Shelter Costs – DO NOT COMPLETE

L. Medical Expenses – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

Food Stamps – Do you or any household members pay medical expenses – **DO NOT CHECK**

M. Household's Declaration Inquiry – DO NOT COMPLETE

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N. Medical Insurance – complete only for yourself (applicant), your spouse (if you are married) and any dependent children aged 18 or under who live with you.

O. Life Insurance, Funeral Plans or Burial Funds – complete only for yourself (applicant), your spouse (if you are married), and any dependent children aged 18 or under who live with you.

For life insurance - Face Value – enter the amount the policy will pay if you die.

Cash Value – enter the amount you can withdraw or borrow while you are alive. Some life insurance (term) does not let you withdraw or borrow any money while you are alive. If you have this kind of insurance, enter "$0" for Cash Value.

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P. Child Support Information – DO NOT COMPLETE

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Sign and date bottom section

Page 12

DO NOT SIGN