



# Application for COVID-19 Coverage for Uninsured Individuals

## What is COVID-19 coverage?

This coverage provides limited services related to the testing and diagnosis of Coronavirus (COVID-19). It also includes vaccine administration and treatment for COVID-19.

## Who can qualify for COVID-19 coverage?

You may qualify for COVID-19 coverage if:

- You are a Maine resident;
- You are a U.S. citizen, U.S. national, or eligible immigrant; and
- You are uninsured
  - Not eligible for full MaineCare or CubCare;
  - Not enrolled in another health care program funded by the federal government, including: Medicare, TRICARE and Veterans Administration, and federal employee health plans; and
  - Not enrolled in a group health plan or other health insurance coverage.

There is no income or asset test.

## How can I apply for full MaineCare?

We will screen this application for full-benefit MaineCare if you answer the questions on Page 2. The information provide will be verified electronically with other federal and state agencies to determine eligibility. If additional information is needed to make a MaineCare determination, we will contact you.

If you do not qualify for MaineCare but meet the COVID-19 coverage requirements, you will be notified of the MaineCare denial reason and enrolled in Maine Rx, which will give you coverage for COVID-19 testing, treatment, and vaccination services. Maine Rx is a prescription assistance program to help with the cost of prescription medication.

MaineCare eligibility guidelines can be found at: [www.coverme.gov/coverage](http://www.coverme.gov/coverage)

### Important Information About Receiving MaineCare

If you are age 55 or older and receive MaineCare (Maine Medicaid) to pay for nursing facility services or home and community-based services, the State may make a claim on the assets of your estate (upon your death) to recover the money that MaineCare has paid for these services as well as for any hospital and prescription drug services related to these nursing facility or home and community-based services. No claim will be made if the only benefit you get is Medicare Savings Program (Buy-in). For more information about estate recovery call 1-800-977-6740.

## Where do I return the application?

You can bring it in to a local DHHS office, mail, fax, or email it to us at:

**Mail:** Office for Family Independence  
State of Maine – DHHS  
114 Corn Shop Lane  
Farmington, ME 04938

**Fax:** 1-207-778-8429

**Email:** [farmington.dhhs@maine.gov](mailto:farmington.dhhs@maine.gov)

# Application for COVID-19 Coverage and Maine Rx

## 1 Tell us about yourself

Name <i>(first, middle, last)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	Date of birth	Phone number
Home address		
City	State	ZIP code
Mailing address <i>(if different from home address)</i>		

## 2 Tell us about your family

List the members of your family (such as your spouse or children) who live with you.

Name <i>(first, middle, last)</i>	Gender	Date of Birth	Social Security Number	Relationship to you

Is everyone listed above applying for coverage? If no, who is not applying for coverage?

## 3 Other Information for Applicants

Does everyone live in Maine and intend to remain? If no, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is everyone a U.S. citizen? If no, who is not a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone pregnant? If yes, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many babies is she expecting?
Does anyone have other health insurance? If yes, who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need help with medical bills incurred within the past 3 months? If so, which month(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 4 Signature

By signing, you are swearing that everything written on this form is true. If anyone requesting is eligible for MaineCare or COVID-19 coverage, I am giving the agency the right to pursue and collect payments from other health insurance, legal settlements, or other third parties for services that were paid by Medicaid.

Your signature:	Date:
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**Answer the questions on this page if you are applying for full MaineCare**

**5 Family Income**

Tell us about the total income before taxes are taken out for all family members.

✔ Earnings: *For example, wages, salaries, and self-employment income.*

Name	Amount	How often? (check one)
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

✔ Other Income: *For example, unemployment, alimony, social security disability or retirement, pensions.*

Name	Amount	How often? (check one)
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**6 Tax Information**

Will you file Income Tax for the current tax year?  Yes  No

Will you file jointly with a spouse?  Yes  No

If yes, name of spouse:

Will you claim dependents on your tax return?  Yes  No

If yes, name of dependent(s):

**7 Assets - Complete this section only if you are applying for a person with a disability or over age 65**

Tell us about the assets you or members of household own or have interest in.

✔ Assets: *For example, checking/savings, stocks, annuities, CDs, IRA/401K, cash, insurance, etc.*

Name on Account	Name of Bank or Institution	Current Value
		\$
		\$
		\$

✔ Other Assets: *For example, land, camps, timeshares, buildings, cars/trucks, ATVs, Motorcycles, campers, etc.*

Name on Account	Property Type/Address or Vehicle Make/Model	Current Value
		\$
		\$