



Medicaid Renewal Questions

In the absence of your Medicaid renewal form, Job and Family Services may still be able to process your medical renewal if you answer the following questions to the best of your ability and submit this form with proof of income to Lucas County Job and Family Services, 3210 Monroe Street, Toledo, OH 43606.

Name: (First) _____ (M.I.) _____. (Last) _____

Ohio Benefits# _____ SSN: _____ - _____ - _____

1. What is your current home address and phone number?

Street: _____ City, ST ZIP: _____

Home: () - _____ Other: () - _____

2. Who is requesting Medicaid in your home?

3. What is your tax filing status?

Head of Household Single Married Non-Filer

If you selected Head of Household, list your dependents below.

Can anyone claim you their taxes? Yes No If yes, who? _____

Is there anyone who lives outside of the home, but is claimed on a household member's taxes?

Yes No If yes, who? _____

4. List all earned and/or unearned income for the household and how often received (for example: child support \$143 per week). Include paystubs for the past 30 days.

Please initial the box to the left if you have \$0.00 income at this time.

5. May Lucas County Job and Family Services electronically verify your income at this time? Yes No

6. Does anyone in your household have other medical coverage? Yes No

a. If yes, is this from the absent parent? Yes No

b. If yes, who is being covered? _____

c. Who is the insurance provider? _____

Signature: _____ Date: _____