
2. You can help by telling us your ethnic group and race, but you do not have to tell us.

(Mark all that apply.)

Are you of Hispanic or Latino origin? Yes No

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Unknown

3. Are you a U.S. citizen? Yes No

If yes, tell us where you were born: _____

City

State

★ If yes, provide one of the following documents:

- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)

If you do not have one of the above documents, you need to provide one document from EACH list below.

Papers that show place of birth:

- Certified copy of a birth certificate from the state or county where the person was born
- Final Adoption Decree
- Official military record that shows a place of birth
- Papers showing the person was employed by the U.S. government before 1976

ID card with photo or other information that identifies the person:

- Driver's license
- State issued ID card
- School ID
- U.S. military ID
- U.S. military dependent card
- Other government ID (city, county or U.S. state issued)

Read page 6 for more information on how to get your birth certificate.

If you are not a U.S. citizen, enter your Alien Registration Number: _____

★ Send a copy of one of the items listed below as proof of the Alien Registration Number.

- Alien Registration Receipt Card, Permanent Resident Card or Green Card
- Passport with the following stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688)
- A court-ordered notice for asylees
- Other proof of lawful immigration status

NOTE: Proof of U.S. citizenship and identity or legal immigration status is only needed for the woman who is applying for this program.

4. Are you pregnant now? Yes No

If yes, you are not eligible for Illinois Healthy Women. You may qualify for Moms & Babies.

Apply online at www.allkids.com or by calling 1-866-255-5437. If you use a TTY, call 1-877-204-1012. The call is free.

5. How many people live with you? _____ (Include only your husband and your children and stepchildren 18 years or younger, but not yourself.)

List their names, dates of birth and relationship to you. (Use a blank piece of paper if you need more room.)

Name:	Date of Birth (mm/dd/yyyy):	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. a. Are you employed? Yes No

If yes, what is your pay each pay period before taxes (including tips)? \$ _____

How often are you paid? weekly every 2 weeks twice a month monthly

b. If you are married, is your husband employed? Yes No Not married Not living together

If yes, what is your husband's pay each pay period before taxes (include tips)? \$ _____

How often is he paid? weekly every 2 weeks twice a month monthly

★ If the answer to 6a or 6b is "yes," send a copy of one pay stub (including tips) received in the last 30 days from each job for each person. If anyone is self-employed, provide 30 days of detailed business records that include income and expenses.

7. Do you or your husband (if you are married and he is living with you) receive money from any other source — such as Social Security, spousal support, rental property, unemployment benefits, pensions, trusts? Yes No

If yes, complete the following.

★ Send proof of one payment received in the last 30 days for each source of income you list.

Name: _____ Source: _____

Payment amount: \$ _____ How often paid: _____

If this is rental property income, does the person receiving the income manage the property? Yes No

.....

Name: _____ Source: _____

Payment amount: \$ _____ How often paid: _____

If this is rental property income, does the person receiving the income manage the property? Yes No

8. Do you or your husband (if you are married and he is living with you) pay child or spousal support?

Yes No If yes, how much is paid? \$ _____ How often? _____

★ Send proof of one payment made in the last 30 days.

9. Do you or your husband (if you are married and he is living with you) pay for child care in order to work? Yes No **If yes, complete the following for each child for whom child care is paid:**

Name of child in child care: _____ Name of care giver: _____
Payment amount: \$ _____ How often paid _____ Relationship of care giver to child (if any): _____

.....
Name of child in child care: _____ Name of care giver: _____
Payment amount: \$ _____ How often paid _____ Relationship of care giver to child (if any): _____

.....
(Use a blank piece of paper if you need more room.)

10. Do you have other health insurance coverage for birth control? Yes No

If yes, please provide the following:

Policyholder's Name _____ Policyholder's Social Security No. _____ - _____ - _____
(Optional)
Insurance Company _____ Policy No. _____

11. If you are married, please provide the following information even if your husband is not living with you. You can help us by answering, but you do not have to tell us.

Husband's Name _____ Social Security No. _____ - _____ - _____
Husband's Employer (if employed) _____ Full-time Part-time

Read and Sign

- We will keep what you tell us private as required by law.
- I know that this application is limited to family planning/birth control services for women ages 19 - 44.
- I need family planning services.
- I know that if I want full medical benefits, cash or food stamps, I must file a different application.
- I agree to report any change of my address within 10 days of the change.
- Be sure to answer the questions correctly. We may check all information on this form. You must help us if we ask you to prove that your information is right.
- I know that anyone who knowingly misuses the Illinois Healthy Women card may be committing a crime.
- I know that I could be penalized if I knowingly give false information.

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information.

Applicant's Signature _____ **Date** _____
(Make a mark and have another adult sign next to your mark if you cannot sign your name.)

If you completed this application on behalf of the applicant, sign and complete the following:

Signature _____ Date _____ Phone (____) _____

Name (print) _____ Relationship to Applicant _____



Application for Illinois Healthy Women Family Planning (Birth Control) Services

You can help us by giving us this information, but you do not have to tell us. We will keep this information private, just like all the other information you give on this application.

This information will help us know if Illinois Healthy Women is really helping to keep women and their babies healthier.

Thank you.

Have you ever been pregnant? Yes No

If yes, please provide the date that your last pregnancy ended: _____

Print Your Name: _____

Date of Birth: _____
mm/dd/yyyy

Social Security Number _____ - _____ - _____

U.S. Citizenship Documents

Because of a new federal law, we must ask people who are United States citizens to send us documents that prove they are citizens. This new law affects all children and adults who apply for medical benefits if they are U.S. citizens.

If you are a U.S. citizen and do not have these documents, you must try to get them.

You can get your birth certificate from the state or county where you were born. You may have to pay for an official copy of your birth certificate. You will need to give your name, date of birth, and your parents' names to order your birth certificate.

- If you were born in Illinois, you can get your birth certificate from the county where you were born. Here are a few county phone numbers and Web sites:

County:	Phone:	Web site:
Champaign	1-217-384-3720	www.champaigncountyclerk.com/vitals
Cook	1-312-603-7799	www.cookctyclerk.com
DuPage	1-630-682-7035	www.co.dupage.il.us
Jackson	1-618-687-7360	www.co.jackson.il.us/elected/co_clerk.htm
Kane	1-630-232-5950	www.co.kane.il.us/coc
Lake	1-847-377-2411	www.co.lake.il.us/cntyclk/vital
Peoria	1-309-672-6059	www.co.peoria.il.us (Select "Get Vital Records")
Rock Island	1-309-786-4451	www.co.rock-island.il.us
St. Clair	1-618-277-6600	www.co.st-clair.il.us (Select "B")
Will	1-815-740-4615	www.willclrk.com/vitalrecords.htm

You can get a complete list of where to go for a birth certificate for any county in Illinois on the Internet at www.idph.state.il.us/vitalrecords/countylisting.htm. The Illinois Department of Public Health can help you find a county office if you call **1-217-782-6553**. If you use a TTY, call **1-800-547-0466**. The call is free.

- If you were born in Illinois, you can also get your birth certificate from the Illinois Department of Public Health by calling **1-217-782-6553**. You can order your birth certificate over the Internet at www.idph.state.il.us/vitalrecords if you use a credit card.
- The National Center for Health Statistics can help you find out where to get your birth certificate if you were born in a state other than Illinois. Call **1-866-441-6247**. The call is free. If you can use a computer, visit www.cdc.gov/nchs.

If you cannot get these documents, call 1-800-266-0768 to tell us why. If you use a TTY, call 1-877-204-1012. The call is free. There may be other documents that you can use to show that you are a U.S. citizen.

Final Checklist

- ✓ Did you answer all the questions on the application?
- ✓ Did you sign and date the application?
- ✓ Did you include all the proofs we said you would need?
All the information that needs proof is marked with a ★.

Mail your completed and signed application with the proofs you need to:

**Illinois Healthy Women
P. O. Box 19137
Springfield, IL 62794-9137**

Next Steps

- If any information changes after you send the application, call 1-800-226-0768 to tell us what changed. If you use a TTY, call 1-877-204-1012. The call is free.
- We will review your application as quickly as possible.
- If we find something is missing, we will send you a letter telling you what else to send.
- Please allow 45 days for us to make a decision.
- We will send you a notice to tell you if you can get Illinois Healthy Women. If you do not qualify, we will also send a notice and tell you why.

Other Important Information

If you are not satisfied with the actions taken on this application, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-435-0774. If you use a TTY, call 1-877-734-7429 or 1-312-793-2697. Use these numbers only to file an appeal.

You can also ask for a fair hearing by writing to:
Department of Healthcare and Family Services
Bureau of Administrative Hearings
401 South Clinton Street, 6th Floor
Chicago, Illinois 60607

Other Benefit Programs Offered by the State of Illinois

Governor Blagojevich wants to make sure that all Illinois residents are able to live healthy and productive lives. Here are some other programs that might help one of your relatives or neighbors.

All Kids is a program for Illinois children 18 years and younger who need health insurance, regardless of family income, immigration status or health condition. For additional information and to find out how to apply, please visit www.allkids.com or call 1-866-All-Kids (1-866-255-5437). If you use a TTY, call 1-877-204-1012.

FamilyCare provides access to affordable healthcare for parents of children ages 18 and younger, as well as relatives who are caring for children in place of their parents, who reside in Illinois. Visit www.familycareillinois.com or call 1-866-All-Kids (1-866-255-5437) for answers to your questions. If you use a TTY, call 1-877-204-1012.

Moms & Babies is a program for pregnant women and their babies. Moms & Babies pays for both outpatient and inpatient hospital services for women while they are pregnant, and for 60 days after the baby is born. It also pays for services to babies for the first year of the baby's life, if the mother is covered by Moms & Babies when the baby is born. Visit www.allkids.com or call 1-866-ALL-KIDS (1-866-255-5437). If you use a TTY, call 1-877-204-1012.

The **Illinois Breast and Cervical Cancer Program** (IBCCP) provides free breast and cervical cancer screenings to uninsured women between the ages of 35 and 64. Women who meet eligibility for the program may qualify for free treatment through the Illinois Department of Healthcare and Family Services. For further information, call the Women's Health-Line at 1-888-522-1282 (TTY 1-800-547-0466) or visit www.cancerscreening.illinois.gov.

Veterans Care offers access to affordable, comprehensive healthcare to veterans across Illinois. Veterans pay an affordable monthly premium of \$40 or \$70 and receive medical, dental and vision coverage. For additional information, please visit www.illinoisveteranscare.com or call 1-877-4VETS-RX. If you use a TTY, call 1-877-204-1012.

The **Illinois Rx Buying Club** provides an average discount of 24% at many Illinois pharmacies. To get more information or to enroll, visit www.illinoisrxbuyingclub.com or call 1-866-215-3462. If you use a TTY, call 1-866-215-3479.

I-Save Rx is a program that helps ANY Illinois resident save 25-50% on prescription drug costs. For more information, visit www.i-saverx.net or call 1-866-ISAVE-33.

Illinois Cares Rx provides a safety net for seniors and persons with disabilities so they won't have to pay more out of pocket under the Medicare drug plan. To find out more, visit www.illinoiscaresrx.com or call the Illinois Health Benefits hotline at 1-800-226-0768. If you use a TTY, call 1-866-675-8440.

HFS Medical Benefits provides comprehensive healthcare for low-income seniors and persons of any age with disabilities. To apply, visit a local Department of Human Services office. To find an office nearby, call 1-800-843-6154. If you use a TTY, call 1-800-447-6404. You can download a mail-in application by visiting www.health.illinois.gov.

The **Low Income Home Energy Assistance Program** (LIHEAP) helps qualified households pay for winter energy services. The amount of the benefit depends on income, household size, fuel type and geographic location. Visit www.liheapillinois.com/community.html.

The **Illinois Department of Human Services' Child Care Program** provides low-income, working families with access to quality, affordable child care. Parents can learn about child care in their community and see if they qualify for a subsidy by contacting their local Child Care Resource and Referral agency (CCR&R). Visit www.ilchildcare.org or call 1-800-649-1884 to find your local CCR&R.

The **HFS Division of Child Support Enforcement** (DCSE) will help anyone who needs support for a child. DCSE helps parents and caretakers locate the parent who does not live with the child, legally establish the child's father, get child support or medical coverage, and change the amount a parent has to pay for child support. Services are free. You can apply for services by visiting www.ilchildsupport.com, by calling 1-800-447-4278 or by visiting a DCSE office. If you use a TTY, call 1-800-526-5812. The call is free.

Health Benefits for Workers with Disabilities is a comprehensive healthcare program for employed persons with disabilities. Working individuals between the ages of 16 and 64 may be eligible. To download an application, visit www.hbwidillinois.com or call 1-800-226-0768. If you use a TTY, call 1-866-675-8440.