

REVISED
APRIL '99

No-cost or low-cost
health care coverage

helps you
take care
of your kids.



hawk·i
HEALTHY AND WELL KIDS IN IOWA
**healthy
kids in iowa**

1-800-257-8563
www.hawk-i.org

Healthy kids are Iowa's future.



Healthy kids are happy kids. They do well in school, have fun with their friends, and they grow up well. Healthy and Well Kids in Iowa (HAWK-I) is a program that gives our kids that chance by making sure they have health care coverage. Thousands of Iowa's children will qualify for this coverage.

How do I know if my kids are eligible?

Look up your yearly gross income and number of family members in the yellow chart below. If your yearly gross income is the same or less than the amount listed in the far right column, your children could qualify for HAWK-I.

Family Size*		If your family's yearly gross income is in the blue area, and you don't qualify for Medicaid, the HAWK-I premium is free.	
*Family size includes parents, spouses, stepparents and children under 19 living in the home.	1	\$0	\$12,359
	2	\$0	\$16,589
	3	\$0	\$20,819
	4	\$0	\$25,049
	5	\$0	\$29,279
	6	\$0	\$33,509
	7	\$0	\$37,739
	8	\$0	\$41,969

Every kid should splash
in rain puddles.



Giggle through wet
puppy kisses.



Chase bubbles ... and their
dreams.



**REMOVE CENTER APPLICATION
AND MAIL IN ENCLOSED ENVELOPE**

It's easy to apply!

HAWK-I: HEALTHY AND WELL KIDS IN IOWA

Take a few minutes to fill out the information in this form, and mail it with **proof of income** to:

The Healthy And Well Kids in Iowa

(HAWK-I) Program

PO Box 71336

Des Moines, IA 50325-9958

To qualify for health care coverage with HAWK-I, the children in your household must meet some minimum requirements:

- Be under 19 years old;
- Be uninsured;
- Be ineligible for Medicaid;
- Meet the income guidelines;
- Be a citizen or lawfully admitted alien who meets specific criteria; and
- Be an Iowa resident.

You'll need to provide proof of your income.

- *Income from work:* Send in pay stubs for the past 30 days or provide a statement from your employer verifying how much you earn.

NOTE: Eligibility for the HAWK-I program is based on your yearly gross income (before taxes). We will average your last 30 days' income to establish an average monthly amount:

$$\begin{array}{ccccc} \text{Average} & & 12 & & \text{Average} \\ \text{Monthly Income} & \times & \text{Months} & = & \text{Yearly Income} \end{array}$$

- *Self-employment:* Send in your business records or your income tax statement from last year if your income is the same.
- *Unearned income:* If you have unearned income, like social security disability, child support, unemployment benefits, etc., send in a copy of the award letter, or other proof, telling us how much your benefits are.

SECTION 1: TELL US ABOUT THE HEAD OF THE HOUSEHOLD

Name: Last:		First:		Middle:
Birthdate:		Social Security No.: (Optional)		How is the head of household related to:
Street Address:		Apt. #		
City:	State:	Zip:	County:	Child #1
Mailing Address (if different):			Apt. #	Child #2
City:	State:	Zip:	County:	Child #3
Home Phone:			Work Phone:	Child #4
Employer Name:		Language Preference: English _____ Español _____ Other _____		

SECTION 2: TELL US ABOUT ALL CHILDREN UNDER 19 LIVING IN THE HOME

Child's Name	Birthdate	Sex	Social Security No.	US Citizen?*	Race **	Student?	Parent's Names:
1		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother: Father:
2		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother: Father:
3		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother: Father:
4		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother: Father:
5		<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Mother: Father:

* If no, please list name(s) and status here.

** Race:
W = White H = Hispanic
A = African American AI = Asian or
NA = Native Pacific Islander
 American Indian O = Other

SECTION 3: TELL US ABOUT ALL OTHER PEOPLE LIVING IN THE HOME

Name and Social Security No.	Employer (if working)	How is this person related to:				
		Child #1	Child #2	Child #3	Child #4	Child #5
1						
SSN (Optional)						
2						
SSN (Optional)						
3						
SSN (Optional)						

Did you remember ...

- to fill out the application completely?
- to include proof of income information?
- to sign the application?

Call 1-800-257-8563 if you have questions.

hawk•i

healthy
kids in iowa
1-800-257-8563

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470-3590



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FIRST-CLASS MAIL PERMIT NO. 781 DES MOINES, IOWA

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THE HEALTHY AND WELL KIDS IN IOWA
(HAWK-I) PROGRAM
PO BOX 71336
DES MOINES IA 50325-9958



SECTION 4: INCOME Be sure to include verification of all income.

List all gross income (before taxes) received by all household members (parents, spouses, stepparents and children under 19). Include all earned and unearned income, like wages from a job, unemployment benefits, child support, social security benefits, or other kinds of income.

Name of person with income	Source of income (Employment, child support, etc.)	How often received? (Weekly, bi-weekly, monthly, bi-monthly, etc.)	Amount Received
1			
2			
3			
4			

Is any child listed in Section 2 currently on the Supplemental Security Income (SSI) program? Yes ___ No ___

If yes, list the child's name. _____

SECTION 5: INSURANCE HISTORY

	Yes	No	If yes, list the child's name.
1. Is any child listed in Section 2 currently on the Medicaid program?			
2. Does any child listed in Section 2 currently have health insurance other than Medicaid?			
3. Has any child listed in Section 2 been covered by health insurance in the past 6 months?			
4. If you answered yes to number 3: a) What was the last date of coverage? _____			
b) Why was it dropped? _____			
c) How much were you paying? _____			

SECTION 6: PLEASE COMPLETE THE FOLLOWING INFORMATION

	Yes	No	If yes, list the child's name.
1. Is any child listed in Section 2 pregnant?			
2. Is any child listed in Section 2 in an institution?			
3. If yes, list the name of the institution and the expected date of release. _____			

SECTION 7: TELL US HOW YOU HEARD ABOUT HAWK-I

Check where you heard about the HAWK-I program:

Television ___ Radio ___ Newspaper ___ Billboard ___ Human Services ___ School Nurse or Teacher ___ Friend ___
 Doctor or Pharmacist ___ Social Agency ___ WIC ___ Clergy ___ Other (List) _____

OVER

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If it looks like your child may be eligible for Medicaid, this application will be sent to the Department of Human Services (DHS) office in the county in which you live for an eligibility determination. You may be required to provide some more information to the DHS office.

470-3526 (Revised 4/99)

RIGHTS AND RESPONSIBILITIES

- I agree to the release of personal and financial information from this application form and supporting documents to the agencies that run these programs so that they can evaluate and verify eligibility. I understand that the agencies that run the programs will determine confidentiality of this information according to federal laws: 42CFR 431.300-431.307.1, and any applicable federal and state laws and regulations.
- Officials from the programs that I, or members of my household, have applied for may verify all information on this form.
- I understand that I must report any changes in information on this form.
- I understand that I may be asked to provide additional information.
- I understand my eligibility will not be affected by my race, color, national origin, age, disability, or sex, except where this is required by law.
- I understand this application may be referred to the Department of Human Services for a Medicaid eligibility determination if it appears the children may be eligible.
- I have the right to appeal any decisions made. Information on the appeals process can be obtained from the department.
- I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under federal law, state law, or both. I understand that I may also be liable for repaying in cash the value of the benefits received and may be subject to civil penalties.
- I certify under penalty of perjury that everything on this application form is the truth as best I know.

Signature or mark of applicant

Date

Signature or mark of other parent
or stepparent in the home.

Date

Signature of person, if any,
who helped complete this form

Date

**REMOVE CENTER APPLICATION
AND MAIL IN ENCLOSED ENVELOPE**

What does it cost?

Look at the charts again. If your yearly gross income is in the blue chart, then HAWK-I is free. If your yearly gross income is in the yellow chart, there is a \$10/month premium per child. But, the most a HAWK-I premium will cost any family is \$20/month.

Does HAWK-I provide insurance for the whole family?

No. HAWK-I provides health coverage for children and teens, ages 0 to 19.

What does the insurance cover?

The benefits are listed on the back page of this brochure.

Do I have to fill out a lot of papers?

No. The HAWK-I application is short and easy to fill out. You will need proof of your income, along with the social security numbers of each of your children.

What if I have more questions?

Call HAWK-I at 1-800-257-8563 anytime, day or night. We'll be happy to help.

If your family's yearly gross income is in the yellow area, the HAWK-I premium is \$10/month per child**

Family Size*

MAXIMUM INCOME

\$12,360	—————→	\$15,244	1
\$16,590	—————→	\$20,461	2
\$20,820	—————→	\$25,678	3
\$25,050	—————→	\$30,895	4
\$29,280	—————→	\$36,112	5
\$33,510	—————→	\$41,329	6
\$37,740	—————→	\$46,546	7
\$41,970	—————→	\$51,763	8

**No matter how large your family, the most a HAWK-I premium will cost any family is \$20/month.

Like a typical insurance policy, the HAWK-I program covers the following services:

- Doctor visits
- Outpatient hospital services
- Inpatient hospital services
- Prescription medicines
- Well-child visits/Immunizations
- Vision care
- Dental care
- Hospice services
- Speech therapy
- Physical therapy
- Ambulance services
- Nursing care services
- Durable medical equipment
- Hearing services
- Home health care

STATE LIBRARY OF IOWA



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Call now
1-800-257-8563.
Or visit us online at
www.hawk-i.org

hawk·i
HEALTHY AND WELL KIDS IN IOWA
healthy
kids in iowa

8435 UNIVERSITY BOULEVARD
SUITES 5, 6 & 7
P.O. BOX 71336
DES MOINES, IA 50325-9958

IMPORTANT NOTICE!

New Income Guidelines Effective December 1, 1999

Beginning December 1, 1999, 20% of earned income (including self-employment income) will be exempt when determining family income for the HAWK-I program. The 20% deduction does not apply to unearned income such as child support, social security disability, or unemployment insurance benefits. Following are some examples of how the new exemption will apply.

Example #1

Family consists of Mom, Dad, and three children. Dad is employed as a construction worker and has an annual gross income of \$38,500. The children are uninsured and the family has no other income. When determining eligibility for the HAWK-I program, income is considered as follows:

$$\begin{array}{rcl} \$38,500 & \text{total gross annual earned income} & \\ - 7,700 & \text{20\% of earned income} & \\ \hline = \$30,800 & \text{countable income} & \end{array}$$

Since \$30,800 does not exceed 185% of poverty for a 5-member family (\$36,112), the children are eligible for HAWK-I if all other eligibility factors are met.

Example #2

Family consists of Mom and 2 children. Mom is employed in a florist's shop and earns \$24,000 annually. Additionally, she receives \$200 per month in child support payments. When determining eligibility for the HAWK-I program, income is considered as follows:

$$\begin{array}{rcl} \$24,000 & \text{total gross annual earned income} & \\ - 4,800 & \text{20\% of earned income} & \\ \hline = \$19,200 & \text{countable earned income} & \\ + 2,400 & \text{annual child support (unearned income)} & \\ \hline = \$21,600 & \text{countable income} & \end{array}$$

Since \$21,600 does not exceed 185% of poverty for a 3-member family (\$25,678), the children are eligible for HAWK-I if all other eligibility factors are met.

These new guidelines will be applied to all HAWK-I applications filed on or after November 1, 1999, for December 1, 1999, or later coverage.

Eligibility will not be affected by race, color, national origin, age, disability, or sex, except where it is required by law.

IMPORTANT NOTICE!

New Income Guidelines

Effective December 1, 1999

The new income guideline changes mean that the blue and yellow income charts in the brochure are outdated. Use the two charts below to determine your family's eligibility. The application for the HAWK-I program (Stapled in the center of the brochure) is unchanged.

How do I know if my kids are eligible?

Look up your family's yearly countable income (see examples on other side) and number of family members in the yellow chart below. If your yearly countable income is the same or less than the amount listed in the far right column, your children could qualify for HAWK-I.

What does it cost?

Look at the charts again. If your family's yearly countable income is in the blue chart, then HAWK-I is free. If your yearly countable income is in the yellow chart, there is a \$10/month premium per child. But, the most a HAWK-I premium will cost any family is \$20/month.

Family Size*	If your family's yearly countable income is between the numbers in the chart below, and you don't qualify for Medicaid, the HAWK-I premium is free.†	
1	\$10,960	\$12,359
2	\$14,710	\$16,589
3	\$18,461	\$20,819
4	\$22,212	\$25,049
5	\$25,962	\$29,279
6	\$29,713	\$33,509
7	\$33,463	\$37,739
8	\$37,214	\$41,969

* Family size includes parents, spouses, stepparents and children under 19 living in the home.

† If your income is less than the amount shown in the blue chart above, you may qualify for Medicaid.

Family Size*	If your family's yearly countable income is in the chart below, the HAWK-I premium is \$10/month per child.	
		MAXIMUM INCOME
1	\$12,360	\$15,244
2	\$16,590	\$20,461
3	\$20,820	\$25,678
4	\$25,050	\$30,895
5	\$29,280	\$36,112
6	\$33,510	\$41,329
7	\$37,740	\$46,546
8	\$41,970	\$51,763