

Check only one box

- New Application
- Renewal
- Reenrollment
- Modification

Medical Home: _____
 PID #: _____
 Application #: _____

REMOTE MHLA ENROLLMENT/RENEWAL FORM

This form must be uploaded into One-e-App for the application to be processed. Failure to upload will result in application denial.

Section 1: All Participants /Applicants

Telephone Enrollment/Renewal form must be completed by an authorized Enroller. Enroller must ensure all applications are completed accurately and all necessary documents are submitted in a timely manner.

Use ink and print the answers below:

Primary Informant / Applicant/ Participant Full Name				
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>DOB</i>	<i>Gender (F/M/O)</i>
Social Security Number , if applicable			Mother's Maiden Name	
<input type="checkbox"/> Check here if Applicant's name has legally changed. If the name has legally changed, please attach verification.				
Current Street Address			City/State	Zip Code
<i>Number</i>	<i>Street Name</i>	<i>Apt./Unit Number</i>		
Mailing Address (if different from above)			City/State	Zip Code
<i>Number</i>	<i>Street Name</i>	<i>Apt./Unit Number</i>		
Does Applicant/Participant have active Medi-Cal?			Applicant/Participant CIN #, if applicable	

Enroller must ensure that all demographic information is captured and entered into the One-e-App application system (such as place of birth, gender and mother's maiden name, household members' information and spouse's CIN #, etc.)

Family Member in Home Name	Birthdate MM/DD/YYYY	Birthplace	Employed Yes / No	Social Security No.	Active Medi-Cal? Yes / No	Applicant/Participant CIN #, If applicable:
2 (Adult)						
3						
4						
5						
6						

Section 2: New Enrollment/Re-Enrollment/ Renewals

For New Enrollment/Re-Enrollment with Restricted Medi-Cal: Enroller must complete the application in OEA and input all relevant information. Enroller also must upload Restricted Medi-Cal verification (screenshot of active eligibility) at time of application. That will serve as the verification of eligibility for MHLA. Enroller can then submit the application. No other documentation is

For New Enrollment/Re-Enrollment with no Restricted Medi-Cal: Enroller must complete the application in OEA and input all relevant information. Applicant must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the application. Applicant has 30 days to provide documentation by email, phone, fax, mail or in person.

For Modifications – Enroller must indicate the reason for the Modification:

- | | |
|--|--|
| <input type="checkbox"/> Add New Person(s) to the Household | <input type="checkbox"/> Person(s) from household now seeking coverage |
| <input type="checkbox"/> Remove Person(s) from the Household | <input type="checkbox"/> Change in Other Health Insurance |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Change in Income |

Applicants have 30 days to provide documentation by email, phone, fax, mail or in person.

For Renewals: Enroller must update any changes in circumstances since Participant's last application (household composition, income, residency and/or identity)

Enroller must input information into OEA and verify its accuracy. Examples: household members moving out or a change in income. Participants must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the renewal. Participant has 30 days to provide documentation by email, phone, fax, mail or in person.

Section 3: Declaration and Signature

Enroller completing this form must read and explain Rights and Declarations to the Applicant.

I will be signing on your behalf. At the end of this statement, please tell me if you agree with this statement.

You declare under penalty of perjury under the laws of California that you (MHLA Applicant/Participant) is not covered by Full-Scope Medi-Cal or any other public health insurance program. You certify under penalty of perjury that the information that has been provided is true and complete to the best of your knowledge and belief. The facts you provide will be reviewed by MHLA auditors and verified by other programs or agencies. If this information would cause us to deny your re-enrollment, you will have the chance to show that the electronic facts are wrong. You certify that during the next year, if family size, address or income changes, you promise to immediately report that to your medical home clinic.

Do you agree? (Enroller checks here after Applicant/Participant says yes)

Applicant's Name		Date
Cell Number:	Home Number:	
Signature of Enroller attesting in behalf of the Applicant/Participant:		

Please note: Enroller's signature is a requirement of the MHLA Enrollment/Renewal telephone application process.

Verification and Documentation:

___ Applicant/Participant is required to provide supporting documentation/verification within 30 days (see above for when documentation is required).

___ I advised the Applicant/Participant that the application may be denied if the documents are not provided.

CLEAR ALL