

Community Care *Kev Pab Nyiaj*

Tsab Cai thiab Cov Txheej Txheem

Nws yog Ministry Health Care thiab cov koom haum nws koom nrog tsab cai los muab cov kev pab kho mob uas tsim nyog yuav tau kho rau cov neeg hauv cov zej zos uas lawv muab kev pab, tsis hais seb tus neeg ntawd puas yuav them taus los sis them tsis taus. Community Care txoj kev pab nyiaj yog muab raws tus neeg mob txoj kev tsis muaj peev xwm them thiab rau cov neeg uas tsis muaj kev tuav pov hwm, muaj kev pab tuav pov hwm tsis txaus los sis txom nyem tsis muaj nyiaj yuav tshuaj noj. Kev pab nyiaj tsis muaj pab rau “cov txheej txheem kho mob uas tsis tsim nyog kho.”

Community Care ua hauj lwm koom ua ke nrog rau lwm cov kev pab nyiaj (los ntawm tsoom fww thiab tib neeg). Qhov no yog los xyuas kom peb cov neeg mob muaj kev kaj huv thoob plaws ib ce los ntawm kev qhia txog tag nrho cov kev pab thiab cov kev pab cuam uas muaj rau txoj kev noj qab haus huv, thiab siv lwm tus neeg cov nyiaj txiag yam zoo. Tus qauv uas siv los txiav txim seb puas tsim nyog rau kev pab nyiaj los ntawm Community Care muaj xws li seb muaj pes tsawg leej hauv tsev neeg, tsoom fww tus qauv qhia txog seb tau nyiaj npaum li cas thiaj li yog txom nyem (poverty income) thiab cov cuab tam (assets) uas muaj.

Raws li Ministry Health Care cov qauv coj, cov neeg ua hauj lwm yuav saib taus cov neeg mob thiab lawv tsev neeg yam uas muaj kev pab hlub tshua, muaj meej mom thiab muaj kev hwm txhua lub sij hawm thaum lub sij hawm thov kev pab los

ntawm Community Care. Tag nrho cov lus qhia txog cov neeg mob thiab cov tswv yog suav tias tsis pub lwm tus neeg paub thiab muaj kev tiv thaiv los ntawm txoj cai. Ministry Health Care yuav ceev txoj kev tsis pub lwm tus neeg paub thiab kev ceev txuag kom zoo cov lus qhia uas muaj kev tiv thaiv ntawm cov neeg mob. Kev yuav pom cov lus qhia txog tus neeg mob thiab/los sis tus tswv mas yuav txiav txim raws qhov “yuav-tsum-tau-paub” thiab yam tsawg li tsawg tau los ua txoj hauj lwm los sis cov dej num. Ministry Health Care lees tias cov kev pab thiab cov kev pab cuam nws muaj rau txhua leej txhua tus yam sib npaug; kev tuaj txawv teb chaws tuaj yuav tsis qhia rau tsoom fww cov chaw ua hauj lwm.

Community Care cov neeg mob yuav tsum tau teb daim ntawv thov thiab muab tag nrho cov lus qhia uas tsim nyog rau kev txiav txim seb puas tsim nyog tau kev pab nyiaj. Tag nrho Ministry Health Care cov koom haum yuav siv tib daim ntawv thov kev pab no. Daim ntawv thov kev pab yuav raug soj ntsuam ib sij ib zaug hais txog tus neeg ntawd los sis tsev neeg cov nyiaj tau tam sim no. Yog hais tias tus neeg mob ntseeg hais tias qhov kev txiav txim tias tsis tsim nyog tau kev pab los ntawm Community Care yog ib qho uas ua yuam kev lawm xwb, tus neeg mob yuav thov kom rov soj ntsuam tau yog tias sau ntawv tuaj.

Tus Neeg Thov Kev Pab Cov Dej Num

Tus neeg mob/tus neeg nta yuav tsum tau koom tes thiab muab tag nrho cov lus qhia uas tsim nyog los txiav txim seb puas yuav tau kev pab nyiaj los ntawm Community Care (yuav soj ntsuam tau cov ntawv thov kev pab txhua rau lub hlis twg).

Tsis muaj ib lub koom haum twg yuav pab tau tag nrho cov neeg mob uas them tsis taus cov nqi. Community Care ua hauj lwm ua ke nrog rau lwm cov kev pab nyiaj (los ntawm tsoom fww thiab tib neeg). Yuav kom cov neeg mob nrhiav tag nrho lwm cov kev pab nyiaj uas tej zaum lawv yuav tsim nyog rau ua ntej lawv tuaj thov seb lawv puas tsim nyog rau kev pab nyiaj los ntawm Community Care.

Nyob Zoo Txog Tus Neeg Mob:

Nrog nov yog ib daim ntawv thov kev pab (Daim Ntawv Qhia Txog Cov Nyiaj Tau) rau peb qhov kev pab cuam Community Care. Taw qhia los ntawm lub hom phiaj thiab cov qauv koj ntawm Ministry Health Care, Community Care mas muaj rau cov neeg mob uas tsim nyog uas them tsis taus tag nrho los sis ib feem ntawm cov nqi tim tsev kho mob thiab/los sis cov nqi kho mob raws li seb xav tau nyiaj pes tsawsg. Yuav kom xyuas seb koj puas tsim nyog tau Community Care, yuav tsum tau muab tag nrho cov ntaub ntawv nyob rau hauv Daim Ntawv Teev Cov Ntaub Ntawv (Documentation Checklist) nram qab no. Yog hais tias koj muab tsis tau cov ntaub ntawv uas thov ntawd, thov qhia tias yog vim li cas.

Peb xav kom koj xa daim ntawv qhia txog cov nyiaj tau nrog rau cov ntawv pov thawj rov qab tuaj li ntawm 14 hnuv. Peb yuav soj ntsuam koj cov lus qhia thiab hu rau koj li ntawm 30 hnuv. Yog hais tias koj muaj lus nug hais txog qhov kev pab nyiaj no los sis qhov uas yuav tsum tau muaj hauv daim ntawv thov kev pab, thov hu tuaj rau peb.

Tus Neeg Mob Lub Npe/Patient's Name

Hnub Tim/Date

**DAIM NTAWV QHIA TXOG COV NYIAJ
TAU/FINANCIAL STATEMENT** *(nyob rau
nplooj 31-35 hauv phau ntawv no)*

Thov sau tag nrho cov lus qhia kom meej thiab kom zoo zoo. Yog hais tias tsis siv ib kab twg, thov sau "NA" (tsis siv) los sis "0" (ntxaiv) rau ntawm txoj kab.

Yuav Tsum Tau Muab/Must Be Provided

**KEV PAB NYIAJ LOS NTAWM XEEV THIAB
NRAS/STATE AND COUNTY ASSISTANCE**

Cov ntaub ntawv los ntawm koj lub nras Social Services Department hais txog cov kev pab them nqi kho mob.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

**NYIAJ POOB HAUJ LWM/
UNEMPLOYMENT COMPENSATION**

Yog hais tias koj tau Nyiaj Poob Hauj Lwm li ntawm 12 lub hlis tas los no, thov muab pov thawj seb tau pes tsawg thiab seb pib hnub twg thiab xaus rau hnub twg.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

COV NTAWV UA SE/TAX STATEMENTS

Yog hais tias koj muaj vaj tse tsaib no, los sis yog hais tias koj yog tus los them cov se ntawm koj lub vaj tse, thov muab ib daim qauv ntawm daim se tsaib no los sis daim ntawv qhia tias seb tus se yog pes tsawg.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

**KEV UA SE HAUV TSOOM FWV/
FEDERAL INCOME TAX**

Muab cov ntawv ua se hauv Tsoom Fwv rau tsaib no nrog rau tag nrho cov ntawv teem (schedules) uas teev tseg thiab cov W2s.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

DAIM NTAWV TEEV COV NTAUB NTAWV *(txuas mus)*

POV THAWJ TXOG NYIAJ TAU/NYIAJ LAUS (SOCIAL SECURITY)/INCOME VERIFICATION/SOCIAL SECURITY BENEFITS

Muab pov thawj txog nyiaj tau 12 lub hlis tas los no nrog rau cov tw tshev uas tau tsis ntev los no thiab ob daim ntawv qhia nyiaj tom tuam txhab tso nyiaj.

Yog hais tias koj tau Nyiaj Laus (Social Security), thov muab ib daim qauv ntawm cov nram qab no:

- (a) daim ntawv qhia raws xyoo seb koj tau nyiaj ib hlis pes tsawg, *LOS SIS*
- (b) daim tshev los ntawm Qhov Chaw Them Nyiaj Laus (Social Security), *LOS SIS*
- (c) cov ntawv qhia nyiaj tom tuam txhab tso nyiaj uas qhia tias xa nyiaj pes tsawg tuaj ncaj qha rau tiv.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

NYIAJ THEM YUG ME NYUAM/NYIAJ THEM RAU TUS QUB TXIJ NKAWM (ALIMONY)/CHILD SUPPORT/ALIMONY

Yog hais tias koj them/tau txais nyiaj them yug me nyuam/nyiaj them rau tus qub txij nkawm, thov xa ib daim qauv ntawm cov tw tshev uas tau rau 12 lub hlis tas los no los sis ib daim ntawv qhia los ntawm Lub Nras Qhov Chaw Muab Kev Pab Neeg Lub Chav Fai Them Nyiaj Yug Me Nyuam (County Social Services Child Support Office).

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

COV NQI KHO MOB/HEALTH CARE EXPENSES

Yog hais tias koj yuav tsum tau noj tshuaj 12 lub hlis tas los no, muab cov ntawv pov thawj los ntawm qhov chaw nqa tshuaj uas qhia tias koj siv koj li nyiaj pes tsawg los them rau cov tshuaj. Ntxiv thiab, yog hais tias koj them cov nqi tuav pov hwm txhua hli tom qab rho se tas, thov muab ib daim ntawv qhia txog cov nqi tsis ntev los no.

Muab/Provided **Tsis muab/Not Provided**

Yog hais tias tsis muab, sau seb yog vim li cas: _____

Daim Ntawv Qhia Txog Cov Nyiaj Tau uas teb mee j lawm thiab cov ntawv pov thawj yuav tsum tau xa los sis nqa mus rau Community Care Cov Koom Haum Uas Yuav Nug Tau (nyob rau sab nraum qab ntawm lub hnab ntawv no) uas tus neeg mob mus muab kev pab kho mob.

Tus Neeg Mob Lub Npe/Patient's Name	Hnub Tim/Date
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Tus Zauv Cim Cov Ntaub Ntawv Kho Mob LOS SIS Hnub Yug/Medical Record # OR Date of Birth	Qhov Chaw Nyob/Address
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Koj puas tau thov kev pab los ntawm lwm lub koom haum hauv Ministry HealthCare tsis ntev los no li? Tau Tsis tau
 Have you applied at any other Ministry Health Care facility recently? Yes No

Yog tau, qhov twg?/If yes, where? _____

Tus Neeg Nta/Responsible Party	Hnub Yug/Date of Birth	Tus txij nkawm/Spouse	Hnub Yug/Date of Birth
Qhov Chaw Nyob/Address		Nyob ntawm qhov chaw nyob tam sim no tau hov ntev/Time at present address: _____ Xyoo/Years _____ Hli/Months	<input type="checkbox"/> Yuav/Own <input type="checkbox"/> Xauj/Rent
Nroog/City	Xeev/State	Zauv Cheeb Tsam/Zip Code	Muaj tsawg leej hauv tsev neeg/Number of household members
Tus xov tooj (nrog tus zauv cim nroog)/Telephone number (with area code)	Nras/County	Cov npe ntawm lwm cov neeg hauv tsev neeg/Names of other household members	Muaj tsawg xyoo/Ages
<p><i>Sau lwm cov npe thiab seb muaj tsawg xyoo rau hauv seem "Lwm Cov Lus Qhia" nyob rau nplooj 35. List additional names and ages under "Additional Information" on page 35.</i></p>			

Cov Lus Qhia Txog Tus Neeg

Tus Neeg Mob/Patient

Tus Zauv Pua Cev/Social Security Number		
Qhov Chaw Ua Hauj Lwm/Employer		
Lub Lag Luam Qhov Chaw Nyob & Tus Xov Tooj/Business Address & Phone		
Txoj Hauj Lwm/Occupation		
Ua Hauj Lwm Tau Hov Ntev Length of Employment	Nyiaj Tau Raws Teev Hourly Wage	Ua hauj lwm pes tsawg teev ib as thiv twg Hours worked per week
	\$	

Tus Txij Nkawm/Spouse

Tus Zauv Pua Cev/Social Security Number		
Qhov Chaw Ua Hauj Lwm/Employer		
Lub Lag Luam Qhov Chaw Nyob & Tus Xov Tooj/Business Address & Phone		
Txoj Hauj Lwm/Occupation		
Ua Hauj Lwm Tau Hov Ntev Length of Employment	Nyiaj Tau Raws Teev Hourly Wage	Ua hauj lwm pes tsawg teev ib as thiv twg Hours worked per week
	\$	

DAIM NTAWV QHIA TXOG COV NYIAJ TAU – *Nplooj 2*

Nyiaj Tau Los – Nyiaj Tau Txhua Hli (Ua Ntej Rho Se)

Tus Neeg Mob/Patient

Nyiaj Tau Txhua Hli (Ua Ntej Rho Se Monthly Gross (Before Taxes) Income	\$ _____
Nyiaj Laus/Social Security	\$ _____
Nyiaj Tsoom Fwv/Public Assistance	\$ _____
Nyiaj Tau Los Ntawm Tsev Xauj Tawm/ Rental Income	\$ _____
Nyiaj So Hauj Lwm Thaum Laus/ Retirement/Pension	\$ _____
Nyiaj Qub Tub Rog – Koj puas yog ib tug qub tub rog los sis tau nyiaj qub tub rog?/Veterans Benefits – Are you a veteran or entitled to veteran's benefits? <input type="checkbox"/> Tau/Yes <input type="checkbox"/> Tsis tau/No	\$ _____
Nyiaj Poob Hauj Lwm/Raug Mob Tom Hauj Lwm Unemployment/Workers Compensation <i>Pib thaum/From _____ txog/to _____</i>	\$ _____
Nyiaj Them Yug Me Nyuam/Nyiaj Pab Tu Me Nyuam/Nyiaj Them Rau Tus Qub Txij Nkawm/ Child Support/Foster Care/Alimony	\$ _____
Nyiaj Them Rau Qhov Ib Ce Ua Tsis Taus/Disability	\$ _____
Lwm yam/Other: _____	\$ _____
TAG NRHO/ TOTAL	\$ _____

Tus Txij Nkawm/Spouse

Nyiaj Tau Txhua Hli (Ua Ntej Rho Se Monthly Gross (Before Taxes) Income	\$ _____
Nyiaj Laus/Social Security	\$ _____
Nyiaj Tsoom Fwv/Public Assistance	\$ _____
Nyiaj Tau Los Ntawm Tsev Xauj Tawm/ Rental Income	\$ _____
Nyiaj So Hauj Lwm Thaum Laus/ Retirement/Pension	\$ _____
Nyiaj Qub Tub Rog – Koj puas yog ib tug qub tub rog los sis tau nyiaj qub tub rog?/Veterans Benefits – Are you a veteran or entitled to veteran's benefits? <input type="checkbox"/> Tau/Yes <input type="checkbox"/> Tsis tau/No	\$ _____
Nyiaj Poob Hauj Lwm/Raug Mob Tom Hauj Lwm Unemployment/Workers Compensation <i>Pib thaum/From _____ txog/to _____</i>	\$ _____
Nyiaj Them Yug Me Nyuam/Nyiaj Pab Tu Me Nyuam/Nyiaj Them Rau Tus Qub Txij Nkawm/ Child Support/Foster Care/Alimony	\$ _____
Nyiaj Them Rau Qhov Ib Ce Ua Tsis Taus/Disability	\$ _____
Lwm yam/Other: _____	\$ _____
TAG NRHO/ TOTAL	\$ _____

TAG NRHO Cov Nyiaj Sib Koom Ua Ke Uas Tau Txhua Hli Ua Ntej Rho Se/TOTAL Combined Monthly Gross Income \$ _____

Yog hais tias yog ntxaiv los sis tsis tau nyiaj, thov qhia seb koj them rau koj cov nqi noj nyob li cas/If zero or no income, please explain how you provide for your living expenses: _____

Kuv yog ib tug neeg tos lwm tus neeg yug (dependent) hav nws cov se ua hauj lwm./I am claimed as a dependent by another individual on their income tax filing. Yog/Yes Tsis yog/No

Yog tias yog, qhia lub npe thiab sib txheeb li cas/If yes, provide name and relationship: _____

COV CUAB TAM/NYIAJ TSO – TSO UA KE

Lub Tuam Txhab Tso Nyiaj & Qhov Chaw/Bank & Location

Pes Tsawg

Tus (Cov) As Khauj Sau Tshv Checking Account(s)	_____	\$ _____
Tus (Cov) As Khauj Tso Nyiaj Savings Account(s)	_____	\$ _____
Certificate of Deposit (CD) Certificate of Deposit (CD)	_____	\$ _____
Stocks/Bonds Stocks/Bonds	_____	\$ _____
Lwm yam (IRAs/Mutual Funds/401K)/Other (IRAs/ Mutual Funds/401K)	_____	\$ _____

DAIM NTAUV QHIA TXOG COV NYIAJ TAU – *Nplooj 3*

CUAB TAM/VAJ TSE

Qhov Chaw Nyob Uas Nyob/Homestead Address	Tus Nqi Yog Pes Tsawg/ Assessed Value \$ _____	Lub Tsev Tshuav Nqi Pes Tsawg/Mortgage Balance \$ _____
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Nroog, Nras/Township, County	Tus Tuav Cov Nqi/Lien Holder	Nqi Tsev/Mortgage Payment \$ _____
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Tsheb #1: Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Motor Vehicle #1: Year, Make and Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Tsheb #2: Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Motor Vehicle #2: Year, Make and Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Tsheb #3: Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Motor Vehicle #3: Year, Make and Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Tsheb #4: Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Motor Vehicle #4: Year, Make and Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Cov Twj Siv Ua Si #1 (<i>nkoj, tshab caij hauv cov daus, lwm yam zoo li no</i>): Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Recreational Equip. #1 (<i>boats, snowmobiles, etc.</i>): Year, Make & Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Cov Twj Siv Ua Si #2 (<i>nkoj, tshab caij hauv cov daus, lwm yam zoo li no</i>): Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Recreational Equip. #2 (<i>boats, snowmobiles, etc.</i>): Year, Make & Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Cov Twj Siv Ua Si #3 (<i>nkoj, tshab caij hauv cov daus, lwm yam zoo li no</i>): Xyoo, Leej Twg Ua thiab Hom Dab Tsi/ Recreational Equip. #3 (<i>boats, snowmobiles, etc.</i>): Year, Make & Model	Raug Nqi Pes Tsawg/Value \$ _____	Tshuav nqi pes tsawg/Loan Balance \$ _____	Tus Tuav Cov Nqi/Lien Holder	Them Pes Tsawg/Payment \$ _____
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Lwm Lub Vaj Tse #1: Qhov Chaw Nyob, Nroog & Nras/Other Property #1: Address, Township & County	Tshuav nqi pes tsawg/Loan Balance \$ _____	Raug Nqi Pes Tsawg/ Assessed Value \$ _____	Them Pes Tsawg/ Payment \$ _____
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Lwm Lub Vaj Tse #2: Qhov Chaw Nyob, Nroog & Nras/Other Property #2: Address, Township & County	Tshuav nqi pes tsawg/Loan Balance \$ _____	Raug Nqi Pes Tsawg/ Assessed Value \$ _____	Them Pes Tsawg/ Payment \$ _____
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Lwm Lub Vaj Tse #3: Qhov Chaw Nyob, Nroog & Nras/Other Property #3: Address, Township & County	Tshuav nqi pes tsawg/Loan Balance \$ _____	Raug Nqi Pes Tsawg/ Assessed Value \$ _____	Them Pes Tsawg/ Payment \$ _____
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Lwm Lub Vaj Tse #4: Qhov Chaw Nyob, Nroog & Nras/Other Property #4: Address, Township & County	Tshuav nqi pes tsawg/Loan Balance \$ _____	Raug Nqi Pes Tsawg/ Assessed Value \$ _____	Them Pes Tsawg/ Payment \$ _____
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DAIM NTAWV QHIA TXOG COV NYIAJ TAU – Nplooj 4

COV NQI txhua hli	Nqi Xauj/Rent \$ _____	Dej & Dej Yaug Yam Qias Neeg/Water & Sewer \$ _____	Khoom Noj/Food \$ _____	Tshuaj Noj/Medications \$ _____
	Hluav Taws Xob/Electric \$ _____	Tuav Pov Hwm Tsheb/Auto Insurance \$ _____	Se Rau Vaj Tse/Property Taxes \$ _____	Zov Me Nyuam/Child Care \$ _____
	Cua sov/Heat \$ _____	Tuav Pov Hwm Txoj Sia/Life Insurance \$ _____	Nyiaj Them Yug Menyuum/Child Support \$ _____	Lwm yam/Other: _____ _____ _____
	Xov Tooj/Xov Tooj Ntawm Duav/Phone/Cell Phone \$ _____	Kev Tuav Pov Hwm Tus Neeg Xaub Tsev/Tus Tswv Tsev/ Renter's/Home-owner's Insurance \$ _____	Nyiaj Them Tus Qub Txij Nkawm/Nyiaj Pab Rau Neeg Kom Nyob Taus/Alimony/Maintenance \$ _____	\$ _____
	Cable TV/Satellite/ Cable TV/Satellite \$ _____	Nqi Them Rau Kev Mus Los/ Transportation Cost \$ _____	Kev Them Nqi Kho Mob/ Health Insurance \$ _____	TAG NRHO/ TOTAL \$ _____

Cov As Khauij Tiv & Lwm COV NQI	Tiv Rau Leej Twg/Creditor Name	Qhov Chaw Nyob/Address	Tshuav Pes Tsawg/Balance	Them Pes Tsawg/Payment
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
			TAG NRHO/ TOTAL \$ _____	

COV NQI kho mob	Tiv Rau Leej Twg/Creditor Name	Qhov Chaw Nyob/Address	Tshuav Pes Tsawg/Balance	Them Pes Tsawg/Payment
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
			TAG NRHO/ TOTAL \$ _____	

**MUAB TAG NRHO COV NQI (txhua hli, cov as khauij uas sau nqi, nqi kho mob thiab lwm yam)
COMBINED TOTAL Expenses (monthly, charge accounts, medical and other) \$ _____**

Tus Neeg Mob Lub Npe/Patient's Name	Tus Zauv Cim Cov Ntaub Ntawv Kho Mob LOS SIS Hnub Yug/Medical Record # OR Date or Birth
Qhov Chaw Nyob (Txoj kev, Nroog, Xeev thiab Zauv Cheeb Tsam)/Address (Street, City, State and Zip)	Tus Xov Tooj (nrog tus zauv ntawm nroog)/Telephone Number (with area code)
Yog hais tias nyob tom tsev laus los sis qhov chaw uas kho tsis tau lawm, sau lub npe ntawm qhov chaw thiab qhov chaw nyob/If home care or hospice, list agency name and location	
Yog hais tias tsis kam muab kev pab tag nrho los sis ib nrab rau koj, koj puas xav thov kom rub lub sij hawm them rov qab ntaud kom ntev kom them tas koj cov nqi?/ If you have been denied for partial or full community care assistance, would you like to request an extended payment arrangement to pay off your account balances? <input type="checkbox"/> Xav/Yes <input type="checkbox"/> Tsis xav/No	

KEV (COV) HLOOV HAUV COV NYIAJ TAU

Thov qhia txog cov kev hloov hauv cov nyiaj tau uas tau tshwm sim txij li thaum uas koj teb koj daim ntawv thov kev pab los ntawm kev pab tu hauv zej zos meej. Koj cov nyiaj tau, cov cuab tam thiab/los sis cov nqi puas tau hloov? Koj puas muaj lwm cov nqi?/ Please describe any financial changes that have occurred since the completion of your community care application. How have your income, assets and/or expenses changed? Do you have additional expenses?

Qhia txog cov kev hloov/Describe changes:	Ua ntej/Previous	Tam sim no/Current
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

LWM COV LAJ THAWJ RAU KEV THOV KOM ROV SOJ NTSUAM DUA

Puas muaj lwm cov laj thawj los sis lwm yam teeb meem uas peb yuav tsum tau rov xav dua hais txog koj daim ntawv thov kev pab los ntawm Community Care Qhov Kev Pab Nyiaj? Thov muab cov ntaub ntawv qhia ntxiv los sis pov thawj txog cov kev hloov hauv cov nyiaj tau saud./Are there other reasons or circumstances that we should reconsider your Community Care Financial Assistance Program application? Please attach additional documentation or verification of financial changes noted above.

 Tus Neeg Mob (los sis tus nta)Kos npe/Patient's (or guarantor) Signature _____
 Hnub tim/Date

Hnub Tim Tau Txais: _____ **SOJ NTSUAM DUA:** TXO TAG NRHO TXO IB NRAB Tsis HLOOV

Community Care *Kev Pab Nyiaj*

Cov Lus Nquag Nug

Yuav ua li cas yog tias kuv them tsis taus kuv cov nqi kho mob?

Yog hais tias koj tau koj cov kev pab kho mob hauv Ministry Health Care ib qho chaw, tej zaum koj yuav tsim nyog rau Community Care Qhov Kev Pab Nyiaj. Tiam sis, xav thov kom cov neeg mob mus nrhiav tag nrho cov kev pab los ntawm lwm qhov ua ntej yuav thov kev pab nyiaj los ntawm Ministry Health Care.

Yog vim li cas kuv ho yuav tau nrhiav kev pab los ntawm lwm qhov ua ntej kuv yuav tau kev pab nyiaj?

Tsis muaj ib lub koom haum twg yuav pab tau tag nrho cov neeg mob uas them tsis taus cov nqi. Community Care ua hauj lwm koom tes nrog rau lwm cov kev pab nyiaj (los ntawm tsoom fwv thiab tib neeg). Qhov no xyuas tias kom Ministry Health Care cov kev pab muaj rau cov neeg mob uas tsis tsim nyog rau lwm cov kev pab nyiaj.

Kuv yuav nrhiav lwm cov kev pab nyiaj li cas?

Nws yeej yog ib qho nyuaj txog seb yuav pib qhov twg vim cov kev pab cuam mas nyuaj heev, tiam sis ib qho chaw zoo uas yuav pib tau yog hu rau lub nras Lub Caj Meem Fai Muab Kev Pab Neeg (Social Services Department). Yuav nrhiav tau ib co kev pab ntau ntxiv nyob online ntawm:

<http://covertheuninsured.org/stateguides>

Yuav siv dab tsi los txiav txim qhov nyiaj kuv yuav tau txais?

Koj yuav qhia txog koj cov nyiaj tau, cov cuab tam thiab seb muaj pes tsawg leej neeg hauv koj tsev neeg uas yuav txiav txim tau tias yuav pab pes tsawg.

Kuv puas tseem yuav thov tau kev pab nyiaj yog hais tias kuv twb tau txais kuv daim nqi kho mob lawm?

Tau. Xav kom cov neeg mob thov kev pab nyiaj ua ntej lawv tau txais kev pab kho mob. Tiam sis, koj yuav thov tau kev pab txawm tias koj daim nqi twb dhau lub sij hawm yuav them lawm.

Kuv yuav hu tau rau leej twg yog hais tias kuv muaj lus nug ntxiv?

Yog xav paub ntxiv txog Community Care, thov hu rau tus xov tooj uas nyob hauv koj daim (cov) nqi thiab nrog Ib Tug Neeg Tawm Tswv Yim Txog Fab Nyiaj tham tau. Yog hais tias koj tsis tau txais ib daim nqi, thov hu rau Qhov Chaw Muab Kev Pab Hais Txog Tus Neeg Mob Cov Nqi (Patient Account Services Department) (qhov chaw xa cov nqi tawm) thiab hais tias yuav nrog Ib Tug Neeg Tawm Tswv Yim Txog Fab Nyiaj Txiag tham.