

Apple Health for Kids Information Sheet

DSHS Children's Medical Programs Include:

Medicaid

Free below 200% of the Federal Poverty Level

- Free medical, vision, and dental coverage for a year.
- Can be used as secondary insurance. Medicaid may be used to pay co-pays, prescriptions, and costs that primary insurance doesn't cover.
- Can cover unpaid medical bills up to 3 months back, as long as the family was eligible at the time the bill was accrued.

CHIP

Low-cost between 200%-300% of the Federal Poverty Level

- Low-cost medical, vision, and dental coverage for a year.
- Cannot be used as secondary insurance coverage.
- Coverage is retroactive to the first of the month in which the State receives the application.
- Monthly payments for this coverage are:
 - Between **200%-250%** of the Federal Poverty Level:
\$20 per child, maximum \$40/month per family.
 - Between **250%-300%** of the Federal Poverty Level:
\$30 per child, maximum \$60/month per family.

Applying is Easy!

- Fill out the paper application or apply online at www.parenthelp123.org.
- Attach photocopies of proof of income. For example:
 - Pay stubs for the last 30 days, **or**
 - A current profit/loss statement **or** business tax return for the last year, **or**
 - A letter from your employer stating your gross monthly income.
- If the children applying for the program are US citizens, provide their social security numbers. If they are not US citizens, provide proof of alien or residency status.
- Mail to: **Department of Social and Health Services**
PO Box 45531
Olympia, WA 98504-5531
- After 4-6 weeks DSHS will send a letter telling you if you have been approved.

2009 Gross Monthly Income Guideline Table (effective April 1, 2009)

Number of People in the Household	Medicaid for children: Free for families below 200% of the Federal Poverty Level.	CHIP: \$20/child for families below 250% of the Federal Poverty Level.	CHIP Expansion: \$30/child for families below 300% of the Federal Poverty Level.
1	\$1,805	\$2,257	\$2,708
2	\$2,429	\$3,036	\$3,643
3	\$3,052	\$3,815	\$4,578
4	\$3,675	\$4,594	\$5,513
5	\$4,299	\$5,373	\$6,448
Add for each additional person:	\$624	\$780	\$935