

# INSTRUCTIONS for the Application for Rlte Care or Rlte Share

1. **Please complete each question on the application.** The Department of Human Services (DHS) will determine if you qualify for Rlte Care or Rlte Share. We will notify you to let you know what program you are in.
2. **Please read the Declaration of Applicant and your Rights and Responsibilities.**
3. **Sign the application** in the places indicated.
4. **Please send the following with your application:**
  - **Proof of income** (Please send copies only.)  
All applicants must send in the last **four (4) weeks of pay stubs** with the application OR a letter from your employer stating the amount of gross income earned per month. (The letter should be on your employer's letterhead and should include: the address and phone number of the company and the name and title of the person completing the wage information.) See page 3 for more details.
  - **Proof of pregnancy** (Please send an original only.)  
If pregnant, send in with this application a letter or other documentation signed by your doctor, physician's assistant, registered nurse practitioner or midwife.
  - **Proof of immigration status**, if you are not a U.S. citizen. (Please send copies only.)  
Please send copies only. See page 2 for more details.
5. **Proof of U.S. Citizenship and Identity-** U.S. citizens need to show proof of citizenship and identity. Do not send copies. You must show original documents in person at a local DHS Office or to an authorized representative. (A Family Resource Counselor is an authorized representative.) For more information, see the application.
6. **Mail your completed application and copies of documents** to the your local DHS office. See page 2. We will notify you if more information is needed to process your application. You will receive a notice about whether your application was approved or denied within 30 days from the date that we receive your completed application. If your family needs medical services before this time, you can get health care services at a community health center. For a list of community health centers, call the RI Health Center Association at (401) 274-1771 or check [www.rihca.org](http://www.rihca.org)
7. **If you need help completing this application**, Family Resource Counselors (FRCs) are available to help you. Call (401) 274-1771 x 201 for an FRC near you.

## DHS Offices

If you live in...	Mail your application to...	If you live in...	Mail your application to...
Central Falls Pawtucket E. Providence Barrington Bristol Warren	<b>Pawtucket DHS</b> 24 Commerce Street Pawtucket, RI 02860 729-5400 or 1-800-984-8989	Block Island Charlestown Coventry E. Greenwich Exeter Hopkinton Narragansett N. Kingstown Richmond S. Kingstown W. Greenwich Westerly	<b>North Kingstown DHS</b> 7734 Post Road N. Kingstown, RI 02852 267-1030
Jamestown Middletown Newport Portsmouth Little Compton Tiverton	<b>Newport DHS</b> 110 Enterprise Drive Middletown, RI 02842 849-6000 or 1-800-675-9397	Burrillville Glocester N. Smithfield Woonsocket Smithfield Cumberland Lincoln Foster N. Providence	<b>Woonsocket DHS</b> 450 Clinton Street Woonsocket, RI 02895 235-6300
Providence Cranston Scituate Johnston	<b>Providence DHS</b> 206 Elmwood Avenue Providence, RI 02907 222-7000	Warwick West Warwick	<b>Warwick DHS</b> 195 Buttonwoods Avenue Warwick, RI 02886 736-6511

## Questions on the Application

Information for some questions are listed below.

### Question 3. Your Household

Parents, children and pregnant women can apply for Rlte Care (or Rlte Share). If someone listed in “your household” is not applying for Rlte Care, they do not need to provide social security numbers or information about citizenship.

### Question 4. Non U.S. Citizens

If you are applying for Rlte Care and you are not a U.S. citizen, we will need information about your immigration status.

- If you (or a family member) receive Rlte Care, it will not affect your immigration papers. It will not affect your right to become a citizen or to become a legal permanent resident.
- We do not need information about the immigration status of people in your household who are not applying for Rlte Care, for example, when a parent is applying just for his or her children.
- If you have immigration papers (this includes a “green card”, work authorization card, arrival/departure record (I-94), court documents, or a passport), please copy both sides of the documents and include them with your application.

### **Question 7. Absent Parent Information**

Signing and submitting this application automatically gives DHS and the Office of Child Support Enforcement (CSE) the right to pursue medical support from a child's absent parent. This question provides the information to check to see if the absent parent could provide health insurance for his (or her) children. If you believe that you or your child would suffer physical or emotional harm if CSE contacted the absent parent, you can ask us not to do this. Please write "good cause" across the bottom of page 4 if you want us to review your situation.

A determination of whether you have "good cause" will be made by DHS. We will need to follow up with you to get information that proves this. We can also help in getting some of this information to make a determination. If you do not provide information about the absent parent, we will still process your child's eligibility for RItE Care. We cannot process a parent's eligibility without information about the absent parent, unless the parent shows "good cause" not to provide it.

### **Question 8. Income**

Every applicant must send in copies of proof of income with their application.

Proof of Income:

- Last four (4) weeks of pay stubs OR
- A letter from your employer stating the amount of gross income earned per month (The letter should be on your employer's letterhead and should include: the address and phone number of the company and the name and title of the person completing the wage information.)

### **Question 10. Self-Employment Income**

If you are self-employed, please send a copy of:

- Most recent Federal Tax Return (1040) if it reflects your current income. If you do not have this, send in copies of documents that show your business earnings and expenses for the most recent quarter. We may have to call you if we have questions about the information you send in.

If you have rental income, please send in copies of the following items:

- Tenant's rent receipt from the most recent month
- Proof of mortgage, taxes, and insurance expenses
- Water bill
- Sewer bill
- Utilities (if provided by owner)
- Number of rental units

If you have child care income, please send in:

- A copy of a receipt or a letter from the parents of the children you take care of. The receipt or letter should include the amount received, if it is paid weekly or monthly and the number of children you care for.

### **Question 11. Other Income**

For unearned income, such as Unemployment Insurance, Workers Compensation, Temporary Disability Insurance, etc., please send a copy of the award letter, including information about any applicable dependent allowances. For child support or alimony income, please send a copy of the most recent canceled check or court order or other document that shows the amount that is received. Please indicate how often you receive payments.

### **Question 12. Child Care or Adult Care**

This question is asked because some of the cost of child care or adult care is subtracted from gross monthly income and may help you qualify for RItE Care. If you receive a DHS subsidy for child care, indicate the amount you pay and also include the amount DHS pays (if you know it).

## Rlte Care Health Plans

There are three (3) Health Plans that participate in the Rlte Care program. Please call the member services number below for more information or to find out if your doctor is in the Health Plan that you want to enroll in.

UnitedHealthcare of New England <a href="http://www.uhcmedicaid.com">www.uhcmedicaid.com</a>	1-800-587-5187	TDD 587-5188
Neighborhood Health Plan of RI <a href="http://www.nhpri.org">www.nhpri.org</a>	1-800-459-6019	TDD 459-6105
Blue Cross & Blue Shield of RI <a href="http://www.bcbsri.com">www.bcbsri.com</a>	1-800-564-0888	TDD 459-5505

Please choose a health plan on page 10 of the application. If you are later notified by DHS that you will be enrolled in Rlte Share, you will not be enrolled in one of these plans. Instead, you will be instructed to enroll in your employer's health plan.

## After You Are Enrolled

### You Must Renew Your Coverage Every Year

All families need to renew their Medical Assistance coverage every year, or sooner for some families, to continue to receive health care services and benefits. This is true for both Rlte Care and Rlte Share. You will receive renewal information by mail, so it is important that we have your current address. Please fill it out and return the form as soon as you receive it. Failure to return the form will result in loss of health coverage for you and/or your family.

### Notify DHS of Changes

If you move, get a new phone number, or have a change in your income, employment, other insurance information or family size (including a pregnancy), you must let us know within 10 days. Contact your local DHS office to report any changes.

### Premium Payments

Families with income over 133 percent of the federal poverty level are required to pay a monthly premium. Pregnant women and infants up to 1 year of age are exempt. The amount of the premium depends on a family's income. Families can pay by check, credit/debit card or by cash at select locations throughout Rhode Island. Check [www.dhs.ri.gov](http://www.dhs.ri.gov) under 'Rlte Care' or 'Rlte Share' for more information on premium payments. Families who do not pay the premium for 2 months will lose their Medical Assistance (Rlte Care or Rlte Share) coverage for a period of 4 months. Families who lose their Medical Assistance coverage can apply again at the end of the 4-month period. If a family's income falls below 133% of the federal poverty level during this 4-month period, they can re-apply for Medical Assistance.

### Dental Services

Children enrolled in Rlte Care or Rlte Share who were born on or after May 1, 2000, are eligible and will be enrolled in United Healthcare Dental - Rlte Smiles. If your child is eligible, you will receive information in the mail from the Rlte Smiles dental plan. You will also receive a dental ID card for your child. For older children, born before May 1, 2000, use your child's white Medical Assistance ID card to get dental services from a dentist that accepts Medical Assistance.

## Transportation Services

If you are found eligible for RItE Care or RItE Share and you have no other way to get to your medical appointments, you may be eligible to receive a Rhody Ten ride pass. A Rhody Ten ride pass is good for 10 one-way rides. They expire at the end of the month. To get a ride pass, go to a customer service desk at any Stop & Shop or Shaw's in Rhode Island. Bring your white Medical Assistance ID card for each person requesting a ride pass. Rhody Ten ride passes will be available starting on the 25<sup>th</sup> day of each month for the next month's passes. Children under the age of five ride the bus for free.

## Interpreter Services

DHS will arrange for an interpreter or bilingual staff member to help you read English language notices, letters, or other written information from DHS. This service is also available for appointments at DHS offices. DHS also offers operator assistance through AT&T's Language Line. Let us know what language you speak and we can connect you to an operator who speaks your language.