



Affordable health coverage. Quality care.

How to apply online for NJ FamilyCare

April 2023



Navigating to the online application

- To get to the online application for NJ FamilyCare, go to www.njfamilycare.org and click on the “**Apply Here**” star shaped link.



Call 1-800-701-0710
TTY: 711

Hours of Operation:
Monday and Thursday
8:00 A.M. - 8:00 P.M.
Tuesday, Wednesday, Friday
8:00 A.M. - 5:00 P.M.



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| New Jersey Supplemental Prenatal |

Welcome to the NJ FamilyCare website.



Call 1-800-701-0710 (TTY: 711) to update your mailing address.
Get ready to receive your NJ FamilyCare renewal packet in the mail.
For more information visit the Stay Covered NJ website at:
www.nj.gov/StayCoveredNJ



Free COVID-19 Vaccines



Starting a new online application

- To file a new application, click on the “**Start New Application**” button.

NJ FAMILY CARE Español Help

Welcome, we're glad you are here!

| Invitation Code | Registered User | New Client |
|--|------------------|------------------------------|
| Enter code from the letter you received. | Email Address | Start New Application |
| Invitation Code | Password | ↑ |
| Next | Forgot Password? | |
| | Login | |

Click For additional information on the field.

Division of Medical Assistance and Health Services
New Jersey Department of Human Services (DHS)



Screening questions

- On the “Getting Started” screen, there are four screening questions that must be answered.
- Answer questions 1 through 4.
- Click on “Continue.”

Español Help

Before you can file an application, you must answer all the below questions and review the description of the NJ FamilyCare program.

Getting Started

NJ FamilyCare (Medicaid) can provide free or low cost health insurance for New Jersey residents who are citizens of the United States or Qualified Immigrants.

Before you apply, we have a few questions to help direct you to the program that is right for you.

1. Are you age 65 or older?
 Yes No
2. Do you already have Medicare? Medicare is not NJ FamilyCare (Medicaid). You would have a card like the one below. Click on the image to enlarge.

 Yes No
3. Has the Social Security Administration or the Division of Medical Assistance and Health Services (DMAHS) determined you disabled? **+**
 Yes No
4. Are you a resident of New Jersey?
 Yes No

Warning! This system contains U.S. Government information. By using this information system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized or improper use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties. At any time, the government may intercept, search, and seize any communication or data transiting or stored on this information system.





Where your application is going

- On the next screen, you will have a confirmation of **what type of application** you will fill out based on how the screening questions were answered.
- Click on the “**Continue to NJ FamilyCare application**” button.

NJ FAMILYCARE Español Help

Before you can file an application, you must answer all the below questions and review the description of the NJ FamilyCare program.

Based on the answers you provided, it looks like you should apply for the NJ FamilyCare program. This program generally covers people who are:

- Under age 65 and
- Not eligible for or enrolled in Medicare

Immigrant Information:

- Applicants age 18 and under and pregnant women must be a US Citizen or Qualified Immigrant whose documents allow them to remain here permanently, **regardless of date of entry.**
- Applicants age 19 and older must be a US Citizen or Qualified Immigrant. Most must be Legal Permanent Residents **for at least 5 years.**
- Visit the NJ FamilyCare website for [additional immigrant information.](#)

To learn more about the NJ FamilyCare program, visit the [NJ FamilyCare website.](#)

How to make sure you get the health coverage you need:

- The NJ FamilyCare Eligibility Determining Agency (EDA) will verify the information you put on your application. If the EDA cannot electronically verify your personal information, you may receive a letter asking you to provide proof. Failure to respond timely to these letters may delay the processing of your application or cause denial of your application.

It's easy to apply!

- Filling out this online application will take about 10 minutes. Answer all questions. Fields with an asterisk (*) are required.
- You will need to provide information about your household income.
- When you are done, click 'Submit' on the last page.

Please do not apply again if you have submitted an application and it is still being processed. Applications that have been saved but not submitted will be deleted after 90 days.

Continue to NJ FamilyCare application

NJ FAMILYCARE
Affordable health coverage. Quality care.



Privacy Policy

- All online applicants must agree to the Privacy Policy in order to continue with the online application. If they disagree, they will not be able to continue with the online application.
- Click on the “**Agree**” button to continue.



[Español](#) [Help](#)

Before you can file an application, You must review and agree to the below content.

Privacy Policy

Privacy & Use Of Information

We'll keep your information private as required by law. Your answers on this application will only be used to determine eligibility for health coverage. We'll check your answers using the information in our electronic databases and the databases of other states or federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

Important: As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

Learn more about the [NJ FamilyCare Privacy Policy](#) and [Notice of Privacy Practices](#).

Privacy Attestation

I have reviewed the above "NJ FamilyCare Privacy Policy" which describes how information about me and my family may be used and disclosed, and how to get access to this information. The Notice of Privacy Practices can be accessed at any time at the www.njfamilycare.org website under "Apply". You can request a paper copy of the Notice of Privacy Practices by calling 609-588-2102 and providing your mailing address.

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be disclosed as well as retrieved and used from data sources.

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility. If I don't provide true answers, I may face penalties including losing my eligibility for coverage.



Agree

Disagree



Estate Recovery

- All online applicants must agree to the Estate Recovery Acknowledgement in order to continue with the online application. If they disagree, they will not be able to continue with the online application.
- Click on the “**Agree**” button to continue.



[Español](#) [Help](#)

Before you can file an application, You must review and agree to the below content.

ESTATE RECOVERY ACKNOWLEDGEMENT

I acknowledge notice that the Division of Medical Assistance and Health Services (DMAHS) has the authority to file a claim and lien against the estate of a deceased Medicaid beneficiary, or former beneficiary, to recover all Medicaid payments for services received on or after age 55. The amount that DMAHS may recover includes, but is not limited to, all capitation payments to any managed care organization, transportation broker, PACE provider, or any other capitated provider, regardless of whether any services were received from an individual or entity that would have been reimbursed by the managed care organization, transportation broker, PACE provider, or other provider that is paid by capitation payments. DMAHS may recover these amounts when there is no surviving spouse, no surviving child(ren) under the age of 21, no surviving child(ren) of any age who are blind, and no surviving child(ren) of any age who are permanently and totally disabled as determined by the Social Security Administration.

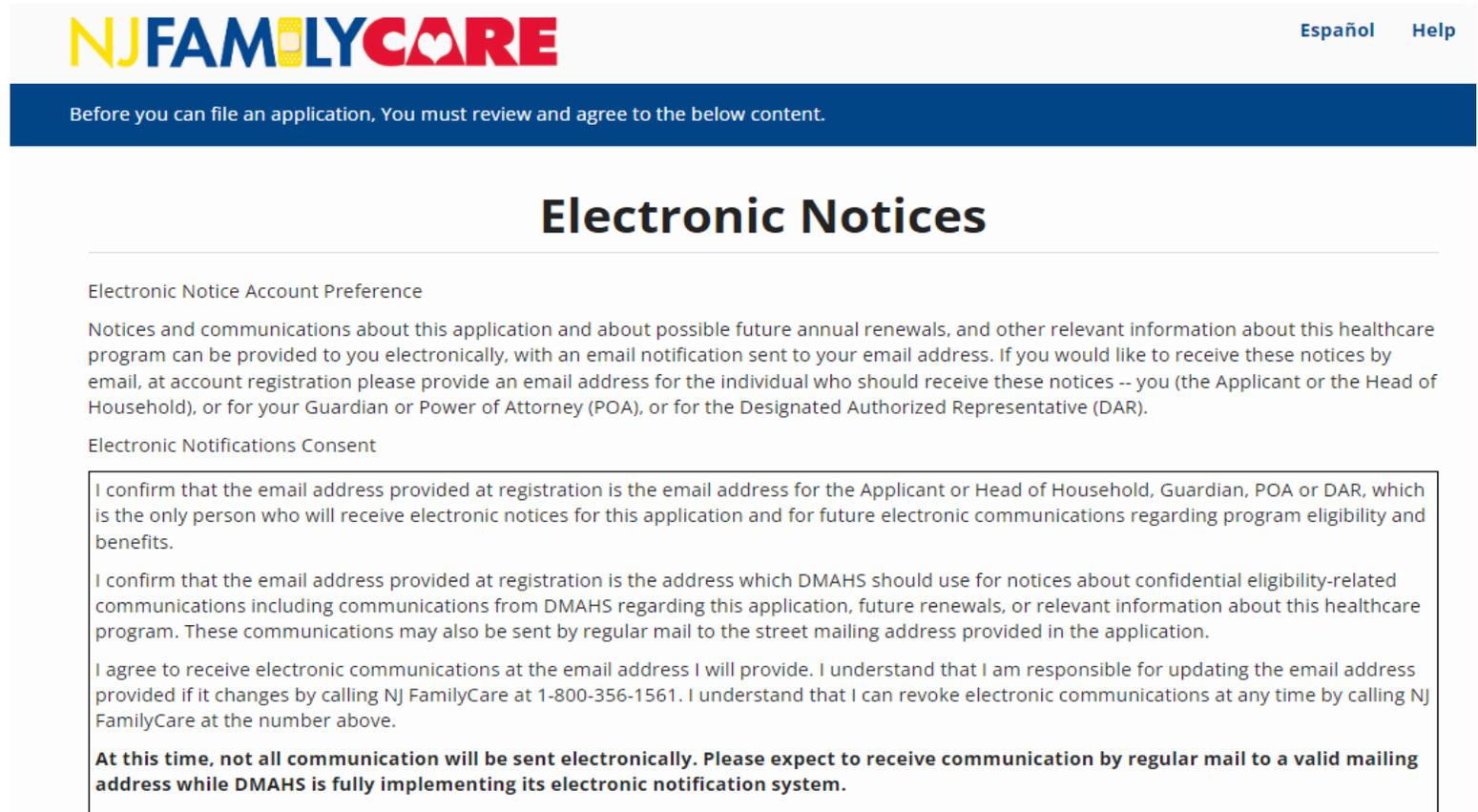
For more information about Estate Recovery, see [Estate Recovery – What You Should Know](#).

I acknowledge that my estate may be required to pay back DMAHS for those benefits received.



Electronic Notices

- Electronic notices are only available to people who create an account.
- However, many notices are still sent by mail.
- Click on the “**Agree**” button to continue.
- At this time, an online application does not require that you register online in order to submit.
- If you wish to file as a guest, click on “**Disagree**.”
- Registering online allows applicants to monitor the processing status of their case when they want and to submit documents online rather than mailing or faxing them.



The screenshot shows the NJ FamilyCare website interface. At the top left is the NJ FamilyCare logo. At the top right are links for 'Español' and 'Help'. Below the logo is a blue banner with the text: 'Before you can file an application, You must review and agree to the below content.' The main heading is 'Electronic Notices'. Underneath, there are sections for 'Electronic Notice Account Preference' and 'Electronic Notifications Consent'. The consent section contains three paragraphs of text and a bolded warning: 'At this time, not all communication will be sent electronically. Please expect to receive communication by regular mail to a valid mailing address while DMAHS is fully implementing its electronic notification system.' At the bottom of the consent section are two buttons: 'Agree' and 'Disagree', with a red arrow pointing to 'Agree' and a green arrow pointing to 'Disagree'.

NJ FAMILYCARE Español Help

Before you can file an application, You must review and agree to the below content.

Electronic Notices

Electronic Notice Account Preference

Notices and communications about this application and about possible future annual renewals, and other relevant information about this healthcare program can be provided to you electronically, with an email notification sent to your email address. If you would like to receive these notices by email, at account registration please provide an email address for the individual who should receive these notices -- you (the Applicant or the Head of Household), or for your Guardian or Power of Attorney (POA), or for the Designated Authorized Representative (DAR).

Electronic Notifications Consent

I confirm that the email address provided at registration is the email address for the Applicant or Head of Household, Guardian, POA or DAR, which is the only person who will receive electronic notices for this application and for future electronic communications regarding program eligibility and benefits.

I confirm that the email address provided at registration is the address which DMAHS should use for notices about confidential eligibility-related communications including communications from DMAHS regarding this application, future renewals, or relevant information about this healthcare program. These communications may also be sent by regular mail to the street mailing address provided in the application.

I agree to receive electronic communications at the email address I will provide. I understand that I am responsible for updating the email address provided if it changes by calling NJ FamilyCare at 1-800-356-1561. I understand that I can revoke electronic communications at any time by calling NJ FamilyCare at the number above.

At this time, not all communication will be sent electronically. Please expect to receive communication by regular mail to a valid mailing address while DMAHS is fully implementing its electronic notification system.

Agree **Disagree**



Registration Page

- This is the “Register” page where you can create an NJ FamilyCare account.
- A valid email address is required in order to register for an account.
- If someone does not have an email address, there are a number of free services such as Google and Yahoo where they can obtain a free email address.
- Applicants will want to put their email address, first name and last name in the corresponding fields.
- Click on the “**Send Confirmation Email**” button.

NJ FAMILYCARE Español Help

Register for NJHelps Account

A NJHelps account allows you to:

- * Check your application status online
- * Save application and finish later
- * Receive notices electronically
- * Upload documents from your smartphone, tablet or PC

To confirm your email address, we will send you a confirmation email with a link that you must click before you can continue.

Use Applicant or Head of Household email address for registration.
Your email and personal information will be kept confidential.

E-mail

First Name

Last Name

 **Send Confirmation Email**



Email registration confirmation

- This page appears saying the confirmation email has been sent.
- At this point, the applicant must access their email.
- This is an example of the confirmation email that will be sent to an applicant. Click the link to confirm the email address.
- Note: This email can sometimes be filtered into the spam or junk folder depending on the email used by the applicant.



Register for NJ FamilyCare Account

Preliminary Questions Claim Email Address Confirm Email Address Submit Application



You should get an email shortly to confirm your email address. You must confirm your email address before you can file an application.

From: New Jersey Family Care <no_reply@dhs.state.nj.us> Sent: Wed 6/24/2015 10:29 AM
To: Applicant's name or email address
Cc:
Subject: NJDMAHS: Please confirm your email address

Hello, Applicant's name

Please click this [https://njfc.force.com/familycare/ConfirmEmail?token=34337ef0163e01e8a5cefd09f0f351641a1a62ccfaf2b0d90352ff49e882e49&email=\[Applicant's email address\]](https://njfc.force.com/familycare/ConfirmEmail?token=34337ef0163e01e8a5cefd09f0f351641a1a62ccfaf2b0d90352ff49e882e49&email=[Applicant's email address]) to confirm your email address.

Thank you,
NJDMAHS



Password creation

- After clicking the link in the confirmation email, this page comes up in the web browser.
- Choose a password that is at least 10 characters long and includes at least one letter and one number. Type it in the Password and Confirm Password fields (type the same thing in both boxes).
- Click the box in front of “**I’m not a robot**” to proceed with the CAPTCHA task that verifies a human is completing this application.
- After completing the CAPTCHA, click on the “**Complete Registration**” button.



The screenshot shows the NJ FamilyCare registration page. At the top left is the NJ FamilyCare logo, and at the top right are links for "Español" and "Help". The main heading is "Register for a New NJ FamilyCare Account". Below this is a progress bar with four steps: "Preliminary Questions", "Claim Email Address", "Confirm Email Address", and "Submit Application". The first three steps are marked with checkmarks, and the fourth is marked with a circle. A blue banner below the progress bar reads "Almost there, Sample Name!" and provides instructions: "Please set a password for your family care account. This is an important step, because setting a password allows you to come back and work on your application. Your password should be at least 10 characters long and contain at least one letter and one number." Below the banner are three input fields: "Username" (containing "Sampleemail@sample.com"), "Password" (containing "Type Password"), and "Confirm Password" (containing "Type Password"). To the right of these fields is a CAPTCHA box with an unchecked checkbox and the text "I'm not a robot", and a "reCAPTCHA" logo with links for "Privacy" and "Terms". A blue button labeled "Complete Registration" is located below the CAPTCHA box. A green arrow points to the CAPTCHA checkbox, and a red arrow points to the "Complete Registration" button.



Filling out the application – Contact Details

- The application checks certain fields to see if they are entered correctly. Ex: It will check that the zip code has 5 digits, a phone number has 10 digits, and the email address is formatted correctly.
- Do not use a PO Box as a home address. The home address is where the applicant lives. The mailing address is where they receive their mail. A PO Box is where they get mail and will only be accepted as a mailing address if a home address is entered.
- Links on the left side of the page show which section of the application you are currently completing.

NJ FAMILYCARE Home Secure Messages(0)
Español Help Logout (👤 Sample Name)

You are filling in application as a Guest. Please do not refresh your browser or navigate away from this page until you are finished.

NAVIGATION:

- Address**
- Household
- Relationship
- Member Info
- Income
- Health Plan
- Review
- Rights and Responsibilities
- Confirmation

Contact Details

Home Address

Home Street *
8 Cedar Drive

Home Apt. #

Home City *
Trenton

County of Residence *
MERCER

Home Zip Code *
08619

Home State
NJ

Mailing Address

Same as Home Address

Phone Numbers and Email

Home Phone No
(609) 123-4567

Cell Phone No
(891) 011-1213

Email
EW90@gmail.com

Save and Next



Filling out the application – Contact Details

- Sometimes during address verification, you will be prompted to choose the correct address.
- The window shows addresses with various house numbers and zip codes. Scroll down to see more addresses if necessary.



Home Secure Messages(0)
Español Help Logout (👤 Sample Name)

NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Sign Off

Submit

Confirmation

Contact Details

Submit

Home Address entered cannot be verified. Select from the choices below. If the selection is a range, enter the house number or apartment unit in the text box.

| Select | Address | Enter House # / Apt Unit |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | 1 ... 9 Main St, Trenton NJ 08691-1408 | <input type="text"/> |
| <input type="checkbox"/> | 5 Main St, Trenton NJ 08691-1422 | <input type="text"/> |
| <input type="checkbox"/> | 12 ... 28 Main St, Trenton NJ 08691-1402 | <input type="text"/> |
| <input type="checkbox"/> | 13 ... 27 Main St, Trenton NJ 08691-1401 | <input type="text"/> |
| <input type="checkbox"/> | 13 Main St, Trenton NJ 08691-1420 | <input type="text"/> |
| <input type="checkbox"/> | Bank Plaza, 14 Main St, Trenton NJ 08691-1410 | <input type="text"/> |
| <input type="checkbox"/> | 19 Main St, Trenton NJ 08691-1409 | <input type="text"/> |
| <input type="checkbox"/> | 25 Main St, Trenton NJ 08691-1421 | <input type="text"/> |
| <input type="checkbox"/> | 40 Main St, Trenton NJ 08691-1402 | <input type="text"/> |
| <input type="checkbox"/> | 55 ... 57 Main St, Trenton NJ 08620-2309 | <input type="text"/> |
| <input type="checkbox"/> | 61 ... 65 Main St, Trenton NJ 08620-2309 | <input type="text"/> |
| <input type="checkbox"/> | 65 Main St, Trenton NJ 08620-2330 | <input type="text"/> |
| <input type="checkbox"/> | 78 ... 80 Main St, Trenton NJ 08620-2310 | <input type="text"/> |
| <input type="checkbox"/> | 96 ... 98 Main St, Trenton NJ 08620-2310 | <input type="text"/> |



Filling out the application – Contact Details

- If the applicant’s address is shown in the list, check the box next to it and click “Submit.”

- If their address falls in a range, check the box next to the range, enter the house number or apartment unit in the box on the right, then click “Submit.”

Home Address entered cannot be verified. Select from the choices below. If the selection is a range, enter the house number or apartment unit in the text box.

| Select | Address | Enter House # / Apt Unit |
|-------------------------------------|---|--------------------------|
| <input type="checkbox"/> | 1 ... 9 Main St, Trenton NJ 08691-1408 | <input type="text"/> |
| <input checked="" type="checkbox"/> | 5 Main St, Trenton NJ 08691-1422 | <input type="text"/> |
| <input type="checkbox"/> | 12 ... 28 Main St, Trenton NJ 08691-1402 | <input type="text"/> |
| <input type="checkbox"/> | 13 ... 27 Main St, Trenton NJ 08691-1401 | <input type="text"/> |
| <input type="checkbox"/> | 13 Main St, Trenton NJ 08691-1420 | <input type="text"/> |
| <input type="checkbox"/> | Bank Plaza, 14 Main St, Trenton NJ 08691-1410 | <input type="text"/> |
| <input type="checkbox"/> | 19 Main St, Trenton NJ 08691-1409 | <input type="text"/> |



Home Address entered cannot be verified. Select from the choices below. If the selection is a range, enter the house number or apartment unit in the text box.

| Select | Address | Enter House # / Apt Unit |
|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> | 1 ... 9 Main St, Trenton NJ 08691-1408 | <input type="text"/> |
| <input type="checkbox"/> | 5 Main St, Trenton NJ 08691-1422 | <input type="text"/> |
| <input type="checkbox"/> | 12 ... 28 Main St, Trenton NJ 08691-1402 | <input type="text"/> |
| <input type="checkbox"/> | 13 ... 27 Main St, Trenton NJ 08691-1401 | <input type="text"/> |
| <input type="checkbox"/> | 13 Main St, Trenton NJ 08691-1420 | <input type="text"/> |
| <input type="checkbox"/> | Bank Plaza, 14 Main St, Trenton NJ 08691-1410 | <input type="text"/> |
| <input type="checkbox"/> | 19 Main St, Trenton NJ 08691-1409 | <input type="text"/> |
| <input type="checkbox"/> | 25 Main St, Trenton NJ 08691-1421 | <input type="text"/> |
| <input type="checkbox"/> | 40 Main St, Trenton NJ 08691-1402 | <input type="text"/> |
| <input checked="" type="checkbox"/> | 55 ... 57 Main St, Trenton NJ 08620-2309 | <input type="text" value="56"/> |
| <input type="checkbox"/> | 61 ... 65 Main St, Trenton NJ 08620-2309 | <input type="text"/> |
| <input type="checkbox"/> | 65 Main St, Trenton NJ 08620-2330 | <input type="text"/> |



Filling out the application – Contact Details

- *If* you choose to file as a Guest rather than register an online account, you will need to click the box in front of “I’m not a robot” to proceed with the CAPTCHA task.
- Click “Save and Next” to continue with the application.

The screenshot shows the NJ FamilyCare application form for contact details. At the top left is the NJ FamilyCare logo, and at the top right are links for "Español" and "Help". A blue banner below the logo reads: "You are filling in application as a Guest. Please do not refresh your browser or navigate away from this page until you are finished." The form fields include:

- Confirmation: [Text input field]
- Home Apt. #: [Text input field]
- Home City *: [Text input field with "Trenton"]
- County of Residence *: [Dropdown menu with "MERCER"]
- Home Zip Code *: [Text input field with "08619" and "1253"]
- Home State: [Text input field with "NJ"]
- Mailing Address: [Section header]
- Same as Home Address
- Phone Numbers and Email: [Section header]
- Home Phone No: [Text input field with "(609) 123-4567"]
- Cell Phone No: [Text input field with "(891) 011-1213"]
- Email: [Text input field with "ew90@gmail.com"]
- I'm not a robot (with reCAPTCHA logo)
- Save and Next (button)

A green arrow points to the "I'm not a robot" checkbox, and a red arrow points to the "Save and Next" button.



Filling out the application – Household

- Enter the information for each member of the household even if they are not applying.
- To add additional members, click on the “+ Add to Household” button.
- If anyone wishes to be evaluated for the **Plan First Program**, click on the check box.
- When you are finished, click on the “**Save and Next**” button.

NJ FAMILYCARE Secure Messages(0)
[Español](#) [Help](#) [Logout \(👤 Sample Name \)](#)

NAVIGATION:
Address ✓
Household
Relationship
Member Info
Income
Health Plan
Review
Rights and Responsibilities
Confirmation

Household

Directions.
First, provide your birthdate, sex, and marital status. Once you do that, press the 'Add To Household' button. This will create a new row in the table below, so that you can describe another person living in your household. You'll need to do this for all the adults living in your household, as well as all the children under the age of 21.

If you plan on filing federal income taxes next year: Enter anyone who is filing jointly with you and anyone you intend to claim as your tax dependent, even if that person does not want health coverage or does not live with you. If you will be claimed as a tax dependent by someone else, enter the tax filer and any other dependents the tax filer intends to claim. This information is required to determine your correct household size.

If you DO NOT plan on filing federal income taxes next year: Enter all the adults who live in your household and all the children under 21 who live in your household or are away at school full-time.

| First Name * | Middle Name | Last Name * | DOB * | Gender * | Is Pregnant | Number of babies expected | Pregnant Due Date | Marital Status * |
|--------------|-------------|-------------|----------|----------|--------------------------|---------------------------|-------------------|------------------|
| Sample | | Name | 1/1/1986 | Male | <input type="checkbox"/> | | | Married |
| FSample | | Name | 2/2/1986 | Female | <input type="checkbox"/> | | | Married |
| Child | | Name | 3/3/2022 | Female | <input type="checkbox"/> | | | Single |

If there are other people in your household, press 'Add to Household' button; if not, press Save and Next, below. **+ Add to Household**

If any person on this application is **not eligible** for NJ FamilyCare, would you like them to be evaluated for family planning services (Plan First Program)?

Yes Check here for all applicants on this application to be evaluated for **family planning services.** +

Back Save Progress Save and Next



Filling out the application – Relationships

- In the Relationships section, you need to enter how people in the family are related.
- This section helps NJ FamilyCare determine who should be included in which household.
- NJ FamilyCare will determine the household size and eligibility based on what is entered.
- When you are done, click on the “**Save and Next**” button.

The screenshot shows the NJ FamilyCare website interface. At the top left is the NJ FamilyCare logo. At the top right are links for 'Secure Messages(0)', 'Español', 'Help', and 'Logout (Sample Name)'. On the left is a navigation menu with items: 'Address', 'Household', 'Relationship' (highlighted in blue), 'Member Info', 'Income', 'Health Plan', 'Review', 'Rights and Responsibilities', and 'Confirmation'. The main content area is titled 'Relationships' and contains a yellow box with 'Directions.' and the text 'Please fill in the blanks, so that we can know more about your family.' Below this is a 'Family Details *' section with three entries, each with a dropdown menu: 'Sample Name (01/01/1986) is a Spouse of FSample Name (02/02/1986)', 'Sample Name (01/01/1986) is a Parent/Legal Guardian of Child Name (03/03/2022)', and 'FSample Name (02/02/1986) is a Parent/Legal Guardian of Child Name (03/03/2022)'. At the bottom of this section are three buttons: 'Back', 'Save Progress', and 'Save and Next'. A red arrow points to the 'Save and Next' button. At the bottom right is the NJ FamilyCare logo with the tagline 'Affordable health coverage. Quality care.' and a speaker icon.

Filling out the application – Member Info

- Verify the member’s name at the top of the screen before continuing as this section must be filled out for EACH member on the application.
- At least one member has to answer “Yes” to Question 1. Does this person want NJ FamilyCare?



Secure Messages(0)

[Español](#) [Help](#) [Logout \(👤 Sample Name \)](#)

NAVIGATION:

Address ✓

Household ✓

Relationship ✓

Member Info -

Income

Health Plan

Review

Rights and
Responsibilities

Member Information - Sample Name (01/01/1986)

1. Does this person want NJ FamilyCare? *

2. Does this person have a Social Security Number? *

• If you do NOT have a SSN, have you applied for one? *

• If you have not applied for a Social Security Number, what is the reason? *

3. Does this person have Health Insurance? *

4. Is this person currently enrolled in NJ FamilyCare? *

Your answers to questions about race and ethnicity can help us serve the community better. They will not affect if



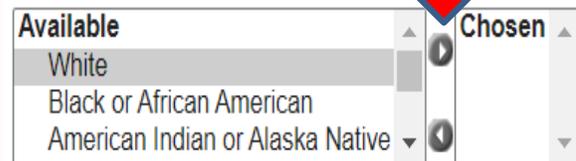
Filling out the application – Race & Ethnicity

- The Race and Ethnicity questions collect data for health equity initiatives.
- Select the appropriate option in the left box labeled “Available,” and **click on the arrow** to move the selection to the right box labeled “Chosen.” More than one option can be chosen.
- If the applicant **prefers not to answer**, select that option instead.

Your answers to questions about race and ethnicity can help us serve the community better. They will not affect if you qualify for coverage or what services you can receive.

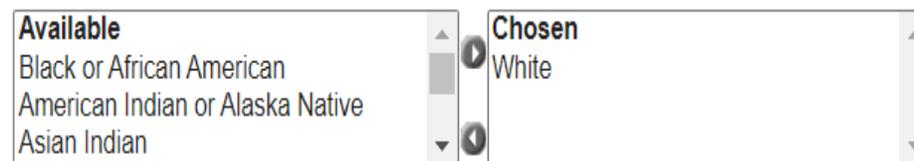
Your answers to questions about race and ethnicity can help us serve the community better. They will not affect if you qualify for coverage or what services you can receive.

5. Race (Choose all that apply) *



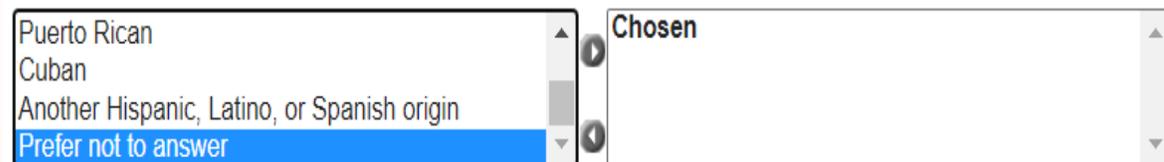
| Available | Chosen |
|----------------------------------|--------|
| White | |
| Black or African American | |
| American Indian or Alaska Native | |

5. Race (Choose all that apply) *



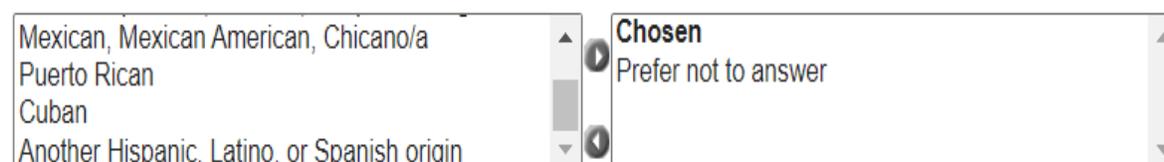
| Available | Chosen |
|----------------------------------|--------|
| Black or African American | White |
| American Indian or Alaska Native | |
| Asian Indian | |

6. Ethnicity (Choose all that apply) *



| Available | Chosen |
|---|--------|
| Puerto Rican | |
| Cuban | |
| Another Hispanic, Latino, or Spanish origin | |
| Prefer not to answer | |

6. Ethnicity (Choose all that apply) *



| Available | Chosen |
|---|----------------------|
| Mexican, Mexican American, Chicano/a | Prefer not to answer |
| Puerto Rican | |
| Cuban | |
| Another Hispanic, Latino, or Spanish origin | |



Filling out the application – U.S. Citizen

- U.S. Citizen: A person born in the United States.
- U.S. National: A person who was born in the outlying possessions of the United States.
- Naturalized Citizen: A person who was neither born in the U.S. nor of U.S. origin, but granted U.S. citizenship through the process of naturalization.
- Derived Citizen (born outside of the U.S.): Is granted to foreign-born individuals whose parents are born in the U.S., derivative citizenship is given to those whose parents themselves were naturalized citizens or those who were adopted by people born in the country.

7. Are you a U.S. Citizen or U.S. National? *

8. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.) *

• Citizenship Certificate Type *

• USCIS Number *

• Naturalization Certificate Number *



Filling out the application – Non-U.S. Citizen

- Immigration status and the information input is vital to the processing of an application. The next few slides outline different immigration statuses and document types along with where to find the most pertinent information to input.

7. Are you a U.S. Citizen or U.S. National? *

8. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.) *

• Do you have eligible immigration status? * ⓘ

• Immigration Document Type *

• Status Type

• Type your name as it appears on your immigration document *

• Have you lived in the U.S. since 1996? *

• Are you, or your spouse or parent, a veteran or an active-duty member of the U.S military *



Filling out the application – Eligible Immigration Status

- If the applicant is not a U.S. Citizen, they must answer if they have an **eligible immigration status**.

7. Are you a U.S. Citizen or U.S. National? *

8. Are you a naturalized or derived citizen? (This usually means you were born outside the U.S.) *

 • Do you have eligible immigration status? * 

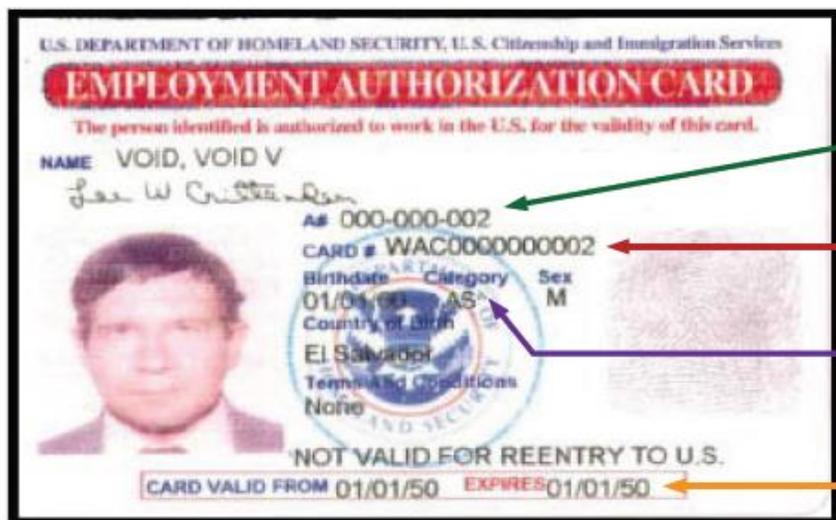
- The chart below shows some examples of how to answer that question.

| YES | NO |
|--|--|
| <ul style="list-style-type: none">➤ Child under age 21 or pregnant woman: Lawfully residing in U.S.➤ Adult: Lawful Permanent Resident for 5 years OR qualified non-citizen, such as refugee or asylee | <ul style="list-style-type: none">➤ Undocumented➤ Expired visa or work permit➤ Active C33 work permit➤ Etc. |

- Keep in mind that a person who does not have an eligible immigration status (answers “No”) may still qualify for coverage. One example is children under age 19, who can qualify because of the Cover All Kids initiative.



Example immigration documents – Employment Authorization Card (I-776)

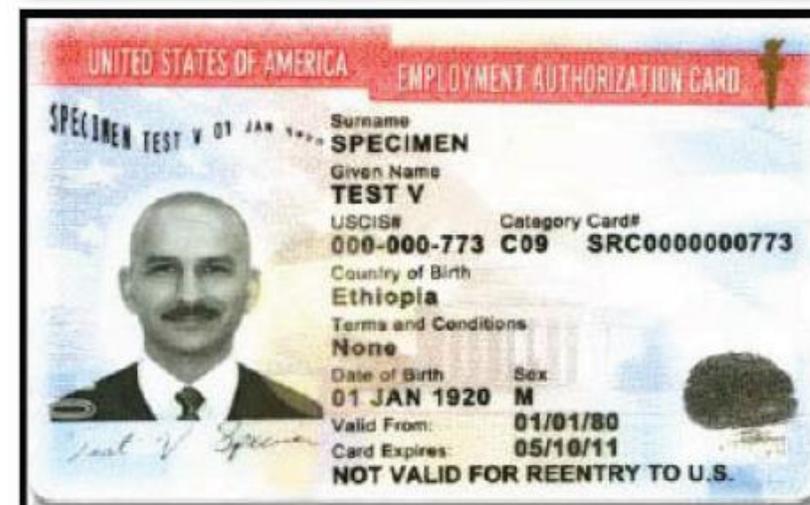


A#

Card number

Category code

Expiration date



Example immigration documents – Temporary I-551 Stamp (on passport or I-94, I-94A)



A#



Example immigration documents – Arrival/Departure Record (I-94)

Arrival / Departure Record (I-94)

Electronic I-94 Arrival/Departure Record Form

 **U.S. Customs and Border Protection**
Securing America's Borders

Get I-94 Number I-94 FAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 89000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

| | |
|-------------------------------|------------|
| Family Name: | LI |
| First (Given) Name: | LYDIA |
| Birth Date (MM/DD/YYYY): | 01/01/1990 |
| Passport Number: | P123123213 |
| Passport Country of Issuance: | Mexico |
| Date of Entry (MM/DD/YYYY): | 04/11/2012 |
| Class of Admission: | B1 |

I-94 number

Notes

- In 2013, a paperless I-94 record process began
 - » No longer need to fill out a paper I-94 form upon arrival in the U.S.
 - » People can access their electronic record online through the U.S. Customs and Border Protection (CBP) website
- For those with a paper I-94 arrival/departure record form, it may be stapled in a foreign passport
 - » Need to include passport information if it is within a passport



Example immigration documents – Arrival/Departure Record (I-94)

Form I-94 Record (paper)

DEPARTMENT OF HOMELAND SECURITY OMB No. 1620-0111
U.S. Customs and Border Protection

Passport Number: _____
Welcome to the United States

1. Arrival/Departure Record - Instructions

This form must be completed by all persons entering the U.S. through an authorized port of entry, either with a passport, visa, or other travel document, or without a passport or visa. It is required for all persons entering the U.S. through an authorized port of entry, whether by air, land, or sea.

1. Family Name
2. First (Given) Name
3. Country of Citizenship

4. Date of Birth (Day/Month/Year)
5. Sex
6. Height (Feet/Inches)
7. Weight (Pounds/Kilograms)
8. Hair Color
9. Eye Color
10. Place of Birth (Country/State/Province/City)

11. Date of Entry
12. Port of Entry
13. Class of Admission
14. Admitting Agency
15. Date of Departure
16. Port of Departure
17. Class of Departure
18. Admitting Agency

14. Family Name
SAMPLE

15. First (Given) Name
JANE

16. Birth Date (Day/Mo/Yr)
23, 03, 68

17. Country of Citizenship
NEW ZEALAND

See Other Side STAPLE HERE

Departure Number: **626633123 12** OMB No. 1620-0111

I-94
Departure Record

14. Family Name
SAMPLE

15. First (Given) Name
JANE

16. Birth Date (Day/Mo/Yr)
23, 03, 68

17. Country of Citizenship
NEW ZEALAND

See Other Side STAPLE HERE

DEPARTMENT OF HOMELAND SECURITY
ADMITTED
ATL
JUN 25 2006
ONE
Visit
April 23, 2009

I-94 number



Example immigration documents – Certificate of Eligibility for Exchange Visitor Status (DS2019)

U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL #1548-0047
EXPIRES: 03-28-2015
ESTIMATED BURDEN TIME: 45 min
*See Page 2

| | | | | |
|---|---|------------------------------------|---|--|
| I. Family Name: Wang | First Name: David | Middle Name: | Gender: MALE | N0001234567 |
| Date of Birth(mm/dd/yyyy): 04/01/1970 | City of Birth: Taipei | Country of Birth: TAIWAN | Citizenship Country Code: TW | Citizenship Country: TAIWAN |
| Legal Permanent Residence Country Code: TW | Legal Permanent Residence Country: TAIWAN | Position Code: 213 | Position: UNIVERSITY TEACHING STAFF INCLUDING | SEVIS ID J-1  |
| U.S. Address: College of Engineering 1111 Washington BLVD. New York, NY 12345 | | | | |
| I. Program Sponsor: Happy University | | | Exchange Visitor Program Number: P-1-12345 | |

SEVIS ID



Drop down selections for Immigration Document Type and Status Type

- On the application, select the document type from the drop-down list that corresponds with the most current documentation and status.

• Immigration Document Type *

• Status Type

• Type your name as it appears on

• Have you lived in the U.S. since

• Are you, or your spouse or parent

• Were you in foster care at age 18

0. Full-time Student? *

Select

Select

I-327 (Reentry Permit)

I-551 (Permanent Resident Card)

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa(with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor(J-1) Status)

USCIS Number

I-94 Number

• Status Type

• Type your name

• Have you lived



Documents Used to Show Immigration Status

| Document Type | What to List for Document ID |
|---|--|
| Permanent Resident Card (I-551) | <ul style="list-style-type: none"> • "Alien" registration number (A#) • Card number |
| Employment Authorization Card (I-766) | <ul style="list-style-type: none"> • A# • Card number • Expiration date • Category code |
| Refugee Travel Document (I-571) | <ul style="list-style-type: none"> • A# |
| Temporary I-551 stamp (on passport or I-94, I-94A) | <ul style="list-style-type: none"> • A# |
| Machine Readable Immigrant Visa (with temporary I-551 language) | <ul style="list-style-type: none"> • A# • Passport number • Country of issuance |
| Arrival/Departure Record (I-94/I-94A) | <ul style="list-style-type: none"> • I-94 number |
| Arrival/Departure Record in foreign passport (I-94) | <ul style="list-style-type: none"> • I-94 number • Passport number • Expiration date • Country of issuance |
| Foreign passport | <ul style="list-style-type: none"> • Passport number • Expiration date • Country of issuance |
| Reentry Permit (I-327) | <ul style="list-style-type: none"> • A# |
| Certificate of Eligibility for Nonimmigrant Student Status (I-20) | <ul style="list-style-type: none"> • Student and Exchange Visitor Information System (SEVIS) ID |
| Certificate of Eligibility for Exchange Visitor Status (DS2019) | <ul style="list-style-type: none"> • SEVIS ID |
| Notice of Action (I-797) | <ul style="list-style-type: none"> • A# or I-94 number • Description of the type or name of the document |
| Other documents | <ul style="list-style-type: none"> • A# or I-94 number • Description of the type or name of the document |



Filling out the application – Income

- This section is for Income information for each household member.
- The online application asks for the pay period and amount for that pay period. Be mindful when completing the income section that you enter the amount for the pay period you selected.
- For instance, do not enter the annual salary when the person said they are paid every two weeks.
- ***Note* gross income (income BEFORE taxes) must be reported.**
- Income must be reported for every job and each person, including working children age 16-20.
- Be sure to ask if this person had a change in employment status in the last 6 months. If they have, select a reason from the dropdown box.



NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ✓
- Income -**
- Health Plan
- Review
- Rights and Responsibilities
- Confirmation

Income Info - Sample Name (01/01/1986)

Check this box if ALL of the following statements are TRUE:-

- This person has neither 'Work' or 'Other' income -AND-
- This person did not change jobs within the last six months -AND-
- This person does not have any allowable deductions

Indicating no income will delay the processing of your application if a discrepancy is found during the electronic verification process. It is important that you explain how you are living with no income in the Additional Comments section on the next page.

WORK INCOME

Check if this person does not have Work Income

| Employment Type * | Employer Name * | Employer Provides Insurance * | Work Type * |
|-----------------------|-------------------------------|-------------------------------|---|
| Work for Employer | Employer Brand Inc | No | Part Time |
| Employer Address1 : * | Employer Address2/Building# : | City : * | Zip : * |
| 123 Made Up Way | | Trenton | 08619 |
| Work Phone Number | Job Start Date (mm/yyyy) * | Payment Period * | Work Income (before taxes per pay period) * |
| 609-123-4567 | 02/2010 | Every 2 Weeks | 500 |

+ Add Work Income



Filling out the application – Income

- This is the lower half of the Income section. Here you will report if anyone is planning on filing a tax return, if they are doing so jointly with a spouse, and if they are claiming any dependents.
- If one spouse says “Yes” to filing jointly, the other spouse listed on the application will automatically have the box stating they don’t plan to file a federal tax return next year checked off.
- Dependents being claimed by spouses filing jointly MUST be claimed by the spouse answering all of the tax questions.
- When you are done, click on the “**Save and Next**” button.

TAX DETAILS:-

Check this box if you don't plan to file a federal income tax return NEXT YEAR (You can still apply for health insurance even if you don't file income tax return)

Will you be claimed as a dependent on someone's tax return? *

If Yes, Please list the name of the tax filer: *

How are you related to tax filer: *

Will You File Jointly with spouse? *

If Yes, Name of spouse:

Will you claim any dependents on your tax return? *

If Yes, Add Dependents





Filling out the application – Health Plan

- Doctor Information is optional and can be left blank.
- You will want to select the following:
 - ✓ Select a Health Plan: Choose any of the available Health Plans.
 - ✓ Choose the Head of Household/Point of Contact.
 - ✓ Choose the language the family speaks at home if applicable.
- Income/Additional Comments is a free-form box that allows you to write any clarifying information you may want to add about income, family situation, etc.
- This box is a required field if the entire family reports NO INCOME. This box must be used to explain how the family is surviving with zero income.
- Verify the information, then click “**Save and Next.**”

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ✓
- Income ✓
- Health Plan**
- Review
- Rights and Responsibilities
- Confirmation

Health Plan

Doctor Information

Who is your child's Doctor? Address:

Who is your Doctor? Address:

Please answer these questions

Choose Health Plan * MERCER County:
For help in choosing a Health Plan, call 1-800-701-0710.
The NJ FamilyCare Plan selected only applies if you are eligible for NJ FamilyCare.

Other Information

Choose Head of the Household/Point of Contact: * Sample Name 01/01/86

What language you speak at home: * English

Income/Additional Comments:

Back Save Progress Save and Next



Filling out the application – Review

- On the Review page you can click the plus sign to expand the section to review that information and click the minus sign to close the section.
- If you need to change any information, you can click “**Edit**” next to that section heading and the application will take you to that page.
- Another way to go back to a previous page of the application is to **click on that section in the navigation menu on the left side of the page.**

NJ FAMILYCARE

Home Secure Messages(0)
Español Help Logout (👤 Sample Name)

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ✓
- Income ✓
- Health Plan ✓
- Review**
- Rights and Responsibilities
- Confirmation

Review

— Address Information Edit

Home Address

Home Addr1/Street 6 Quakerbridge Plz

Home Addr2/Apt#

Home City Trenton

County of Residence MERCER

Home State NJ

Home Zip 08619

Mailing Address

Same as Home address Yes

Phone Numbers and Email

Home Phone No



Filling out the application – Review

- Review all sections to be sure the information entered is correct.
- To continue, click on the “**Save and Next**” button.



Home Secure Messages(0)
Español Help Logout (👤 Sample Name)

Cell Phone No
Email

htowne@gmail.net

- + Household Information
- + Relationship Information
- + Member Information-Henry Towne
- + Member Information-Sandy Towne
- + Member Information-Johnny Jones
- + Income Information-Henry Towne
- + Income Information-Sandy Towne
- + Income Information-Johnny Jones
- + Health Plan Information

Back

Save and Next



Filling out the application – Rights and Responsibilities

- This is the top of the Rights and Responsibilities Page. It indicates where the application will be sent for processing.
- Applicants should read and review each statement on the page so they know what is being signed electronically.

Home Secure Messages(0)
Español Help Logout (👤 Sample Name)

NJ FAMILYCARE

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info - ✓
- Income - ✓
- Health Plan ✓
- Review ✓
- Rights and Responsibilities**
- Confirmation

Rights and Responsibilities

Receiving Agency - **State Vendor**

Based on your estimated monthly income, your NJ FamilyCare application will be submitted to the State Vendor for processing.

Applicant and Beneficiary Rights and Responsibilities

Before signing this document, please read the rights and responsibilities outlined below. If there is anything you do not understand or have questions about, please ask for clarification.

[Print Rights and Responsibilities](#)

- If I am a third party applying on behalf of another person, as evidenced by a completed Designation of Authorized Representative form, my signature below indicates that this application has been examined by or read to the applicant and, to the best of my knowledge, the facts are true and complete. I understand as a third party I may be criminally punished for knowingly providing false information.
- I understand that any information I give is subject to verification by the New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) for the Medicaid/NJ FamilyCare program, which is called “NJ FamilyCare” in this application. I understand that my medical benefits may be reduced, denied, or stopped because of information received through this verification.
- I understand that my situation is subject to verification from employers, financial sources and other third parties. I hereby give permission to NJ FamilyCare to contact any individual or other source that may have knowledge about my circumstances, or the circumstances of a person necessary for this application, for the purpose of verifying the statements I have made. I give third parties permission to share information about me with authorized State, State contractor, and county staff conducting investigations. Third parties include, but are not limited to, financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other governmental agencies and others as necessary. I further authorize taxing authorities to release my tax information and copies of my tax returns.

NJ FAMILYCARE
Affordable health coverage. Quality care.



Filling out the application – Rights and Responsibilities

- Continue to review each statement as you scroll through the Rights and Responsibilities Page.
- When you get to the Applicant Signature, carefully read and review each statement so you know what is being electronically signed.
- **Check the box labeled “Step 1” and fill in the box labeled “Step 2”.**
- To finalize and complete the application, click on the **“Submit Application”** button.

Applicant Signature:

By signing this application electronically, I certify under penalty of perjury and false swearing that my answers on this application are true, correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements on this application.
- I understand that I may be subject to penalties under federal and state law if I provide false or untrue information.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By signing below I also certify that I have read and understand the Applicant and Beneficiary Rights and Responsibilities included.

*** Step 1. Check box**

* By checking this box and typing my name below, I am electronically signing my application.

*** Step 2. Type in your name**

If you are not registered to vote where you live now, would you like to apply to register to vote ? *

Select

If you have selected "yes" and would like to apply to vote please click below

Voter Registration Application (English) [click here](#)

Voter Registration Application (Spanish) [click here](#)

If you would like help in filling out the voter registration application form, we will help you, call 1-800-356-1561. The decision whether to seek or accept help is yours. You may fill out the application form in private.

FOR HBC USE ONLY

Please tell us which NJ FamilyCare Assisting Agency helped you with this application:

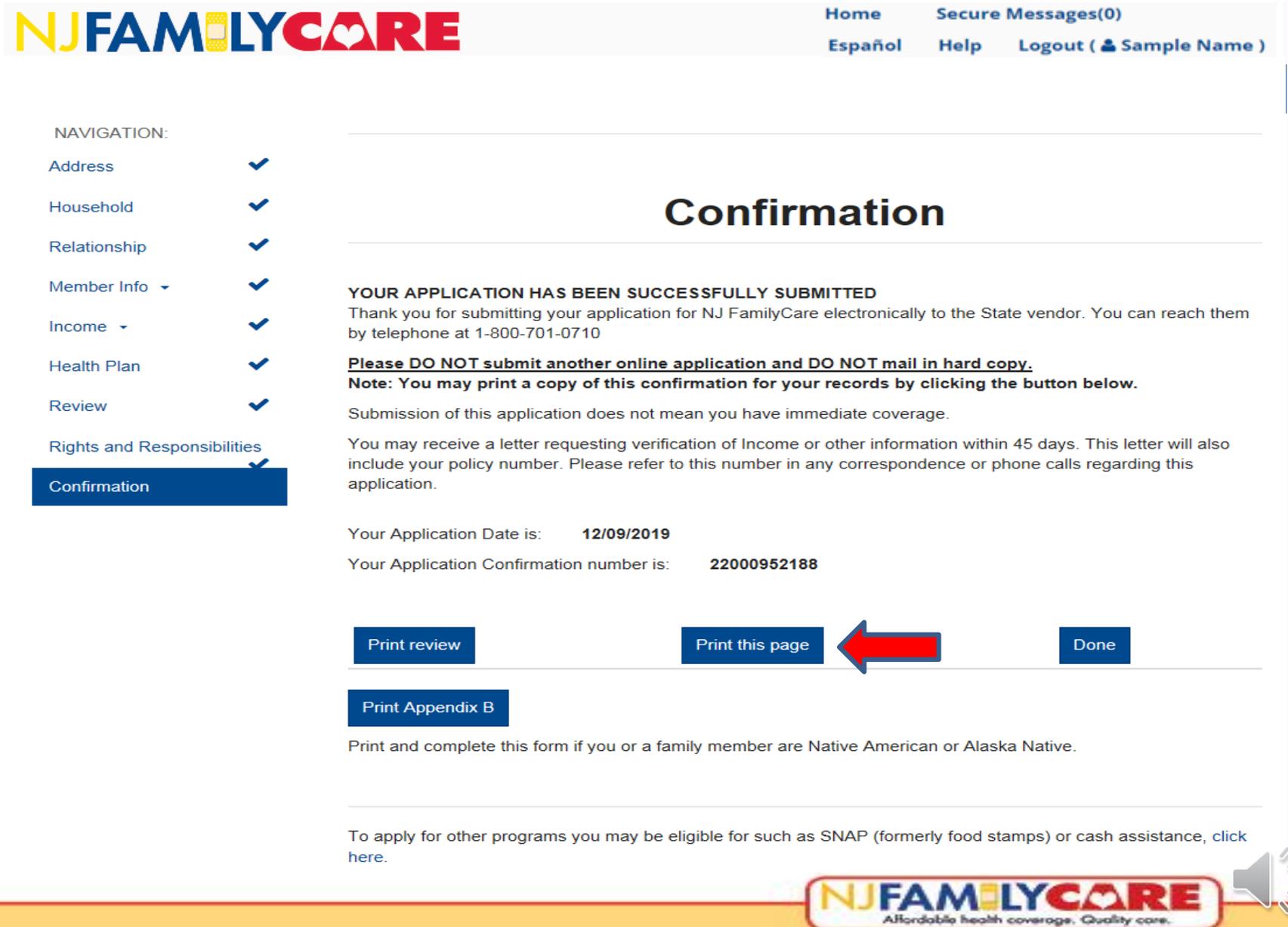
Select

Back Submit Application



Filling out the application – Confirmation

- The Confirmation page shows the application was submitted successfully to the Eligibility Determining Agency, in this case the State Vendor. This page also contains a phone number for the agency so the applicant can follow up on their application.
- **Print this page** and give it to the family. **The Family should keep this page for their records.** They can use the information if they need help or have questions.



The screenshot shows the NJ FamilyCare website's confirmation page. At the top, the NJ FamilyCare logo is on the left, and navigation links for Home, Secure Messages(0), Español, Help, and Logout (Sample Name) are on the right. A left-hand navigation menu lists various steps: Address, Household, Relationship, Member Info, Income, Health Plan, Review, Rights and Responsibilities, and Confirmation (highlighted in blue). The main content area is titled 'Confirmation' and contains the following text: 'YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED', a thank you message, a warning not to submit another application or mail in hard copy, and a note to print a copy. It also states that submission does not mean immediate coverage and that a verification letter may be received within 45 days. Below this, the application date (12/09/2019) and confirmation number (22000952188) are displayed. At the bottom, there are buttons for 'Print review', 'Print this page' (with a red arrow pointing to it), and 'Done'. A 'Print Appendix B' button is also present, with a note that it is for Native American or Alaska Native users. A footer link provides information on applying for other programs like SNAP.

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ▾ ✓
- Income ▾ ✓
- Health Plan ✓
- Review ✓
- Rights and Responsibilities ✓
- Confirmation**

Confirmation

YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED
Thank you for submitting your application for NJ FamilyCare electronically to the State vendor. You can reach them by telephone at 1-800-701-0710

Please DO NOT submit another online application and DO NOT mail in hard copy.
Note: You may print a copy of this confirmation for your records by clicking the button below.

Submission of this application does not mean you have immediate coverage.

You may receive a letter requesting verification of Income or other information within 45 days. This letter will also include your policy number. Please refer to this number in any correspondence or phone calls regarding this application.

Your Application Date is: **12/09/2019**
Your Application Confirmation number is: **22000952188**

[Print review](#) [Print this page](#) [Done](#)

[Print Appendix B](#)

Print and complete this form if you or a family member are Native American or Alaska Native.

To apply for other programs you may be eligible for such as SNAP (formerly food stamps) or cash assistance, [click here](#).

NJ FAMILYCARE
Affordable health coverage. Quality care.



Filling out the application – Confirmation

- This is what the printed Confirmation page looks like.



Confirmation

YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED

Thank you for submitting your application for NJ FamilyCare electronically to the State vendor. You can reach them by telephone at 1-800-701-0710

Please DO NOT submit another online application and DO NOT mail in hard copy.

Submission of this application does not mean you have immediate coverage.

You may receive a letter requesting verification of Income or other information within 45 days. This letter will also include your policy number. Please refer to this number in any correspondence or phone calls regarding this application.

Your Application Date is: **12/09/2019**

Your Application Confirmation number is: **22000952188**





Affordable health coverage. Quality care.

Thank You

