



Affordable health coverage. Quality care.

# Assisting an NJ FamilyCare/Medicaid Member with completing a Renewal Application

June 22, 2023



# Restarting Eligibility Renewals

Since March 2020, NJ FamilyCare members have remained enrolled due to federal “maintenance of effort” requirements during the Public Health Emergency (PHE).

In December 2022, Congress enacted legislation that required states to resume Medicaid eligibility processes, starting on **April 1, 2023**. The COVID-19 PHE ended on May 11, 2023.

States have 12 months after April 1 to initiate eligibility renewals for all Medicaid beneficiaries – this includes more than 2 million NJ FamilyCare members. There are also new rules from Congress about eligibility and outreach.

This “unwinding” represents the single largest renewal exercise in the history of New Jersey’s Medicaid program. DMAHS is focused on doing this work the best way possible.

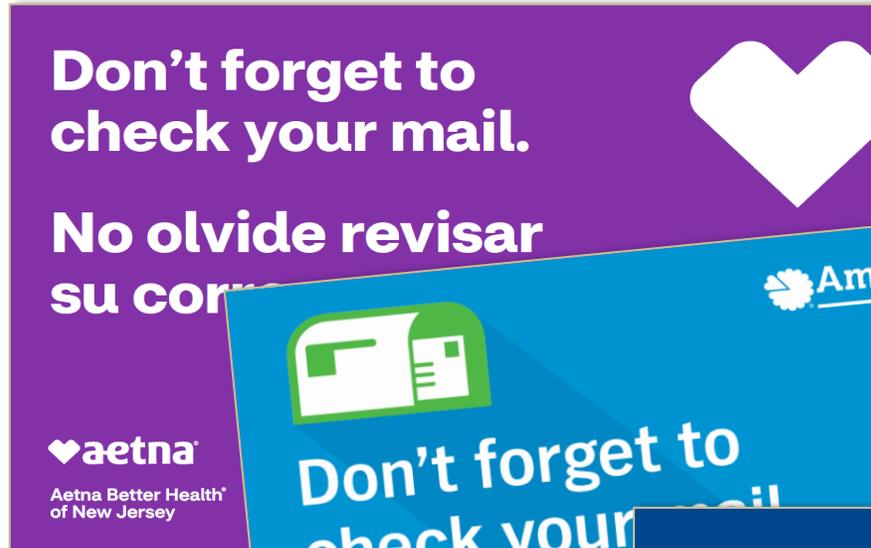
## What members need to do:

- ✓ Make sure NJ FamilyCare/Medicaid has your correct mailing address.
  - ✓ Members can confirm or update their contact information by calling NJ FamilyCare at 1-800-701-0710 (TTY: 711). NJ FamilyCare will use this information to communicate with members about their healthcare coverage.
- ✓ Respond to mail from NJ FamilyCare/Medicaid.
  - ✓ Members need to look for and respond to mail from the State of New Jersey or their local County Board of Social Services. If NJ FamilyCare requests information, they need to respond right away to avoid a gap in their NJ FamilyCare coverage.



# Health Plan Support: Postcard Outreach

- If you receive a postcard from your Health Plan, it means your NJ FamilyCare renewal mail is coming this month!



# Health Plan Support: Phone/Text/Email Outreach

## End of month text message from Health Plan:

- By now you should have received your NJ FamilyCare renewal mail. Please open it and follow instructions right away. Questions? 1-800-701-0710 TTY 711. Reply STOP to cancel.

Phone and Email messages are on the same theme, just slightly longer.



# Scam Awareness

- Other states are reporting that members have received illegitimate/scam text messages.
- NJ FamilyCare and our Health Plans will **never**:
  - Ask for money in a text message
  - Pressure you for personal or bank account information
  - Make threats about legal action or demand secrecy
- Do not share your personal or banking information with anyone who claims to represent NJ FamilyCare or your Health Plan.
- Call 1-800-701-0710 (TTY 711) if you have any questions.

**ATTENTION**  
**NJ FAMILY CARE MEMBERS**

**Beware of renewal scams.** Other states are reporting that members have received illegitimate messages claiming to be from their Medicaid agency. Scammers may pretend to be from a legitimate organization or a government agency using phone, text or email – but their goal is to steal from you.

NJ FamilyCare and its health plans send text messages to members, but we will **never**:

- Charge or ask for money from individuals to enroll or re-enroll.
- Threaten legal action or to seize your bank account.
- Require payment by gift card, prepaid debit card, Internet currency or mailed cash.
- Pressure anyone for personal information or demand secrecy.

Do not share banking or credit card information with anyone that calls you claiming to represent NJ FamilyCare, the Department of Human Services, the Division of Medical Assistance and Health Services or your NJ FamilyCare health plan.

Don't hesitate to call us at **1-800-701-0710 (TTY: 711)** or visit **[www.njfamilycare.org](http://www.njfamilycare.org)** for assistance.



State of New Jersey  
Phil Murphy, Governor  
Sheila Oliver, Lt. Governor



Department of Human Services  
Sarah Adelman, Commissioner

**NJ FAMILY CARE**



# NJ FamilyCare Renewal Process

- NJ FamilyCare may be able to renew some members using current information on income, address, and so on from existing State databases. If this happens, NJ FamilyCare will send a letter confirming the automatic renewal, and the member will not have to fill out a renewal application.
- Most members will have to fill out a renewal application. Updates to the family's information are important to the renewal process. It is the family's responsibility to notify NJ FamilyCare about any changes, such as income and household size, when it is time to renew.
- The renewal letter and application will look different depending on if it comes from the County Board of Social Services or NJ FamilyCare's State Vendor.
- The renewal application has fewer questions than the regular application because some information does not have to be provided again.
- It is important that the family include all household members and income.
- Members must complete the renewal or their coverage will end.
- Members must renew every year.



# Examples of NJ FamilyCare Envelopes

- Whenever you receive mail from NJ FamilyCare, make sure you open it right away and follow instructions inside.

## ★ New Renewal Envelope ★

The diagram shows a white envelope with a patterned window. The text on the envelope includes:

- ADDRESS SERVICE REQUESTED
- Window size: 1" Deep x 4-1/4" Wide  
from left: 1/2  
from bottom: 3-7/8
- IMPORTANT INFORMATION REGARDING YOUR NJ FAMILYCARE BENEFITS**
- Window size: 1-7/8" Deep x 3-7/8" Wide  
from left: 1"  
from bottom: 1-1/2
- Renewal Enclosed**
- OSE-DW-NJFCRE-6X9.5

On the right, a stack of documents is shown:

- State of New Jersey  
P.O. Box 4818, Trenton, NJ 08650-4818  
ADDRESS SERVICE REQUESTED
- IMPORTANT NOTICE ABOUT HEALTH BENEFITS
- REQUEST FOR INFORMATION
- Institutional Support Services (ISS)  
5 Quakerbridge Plaza, 3rd Floor  
PO Box 712  
Trenton, NJ 08625
- NJFC-REF-DW-C

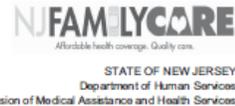


# Example of NJ FamilyCare Renewal Application – County

- County cases may have the opportunity to renew online using a special invitation code. If the member renews online, they do not have to fill out the paper application.

## Cover letter

Atlantic County Department of Family and Community Development  
1333 Atlantic Avenue  
Atlantic City, NJ 08401



February 7, 2023

Case # [REDACTED]

NJFC001



**IMPORTANT: TO AVOID LOSS OF HEALTH CARE COVERAGE, RESPONSE IS REQUIRED BY March 6, 2023.**

Dear [REDACTED],

It's time to renew your NJ FamilyCare health care coverage! Please review this letter carefully. **You must respond by March 6, 2023.**

**GOOD NEWS!** You can now complete your NJ FamilyCare renewal application online. If you want to renew online, open the link below in your internet browser, then enter your personal invitation code.

<p><b>Respond by March 6, 2023</b> <a href="https://njfc.force.com/familycare">https://njfc.force.com/familycare</a></p>	<p><b>Invitation Code:</b> R#####</p>
--	---

\*Note: To confirm your identity online, you will need to provide one family member's Social Security Number and date of birth.

If you cannot complete your NJ FamilyCare renewal application online, you can use the paper renewal application that is enclosed with this letter.

You only need to complete one renewal application (online OR paper).

Sincerely,  
NJ FamilyCare

## Application

### Application for Renewal of Health Coverage



Case Number: [REDACTED] Invitation Code: R##### Worker Code: 60 Supervisor Code: MN

Current Policy Number: [REDACTED]

You can renew online using your invitation code on the letter that came with this form.

If you still want to use this form, please answer all the questions completely. If your household has more than 3 members, you need to make a copy of PERSON 3 (page 4) and complete for each extra person. Sign the form at the bottom of page 10 and return by the date printed on the letter.

CONTACT INFORMATION	Name of Head of Household (first, middle, last & suffix)			
	[REDACTED]			
	HOME ADDRESS		Apartment Number	
	Street Address			
	City	County	State	Zip Code
	MAILING ADDRESS (if different from above)			
	Street Address		Apartment Number	
	[REDACTED]		[REDACTED]	
	City	County	State	Zip Code
	[REDACTED]		NJ	
PHONE NUMBER (cell / home)		EMAIL ADDRESS		
[REDACTED]		[REDACTED]		



# Example of NJ FamilyCare Renewal Application – State Vendor

- State Vendor renewals show the case information that is already on file and provide space for the member to update that information. There is also space to add new household members and income, if needed.

## Cover letter



Page 1 of 7

Renewal-Ltr\_22

PO Box 4818, Trenton, NJ 08650-4818

<b>Policy Number: 0000000000</b>
Si necesita la carta traducida en español por favor llame un Coordinador de Beneficios de Salud a 1-877-580-5848. Procure por un representante que hable español.

May 06, 2022

#BWNNFKV            22  
 Test HOH  
 Test Address1  
 Test Address2  
 TestCity, NJ 07201

Dear Test Hoh:

It's time to renew your family's NJ FamilyCare health coverage.

You must:

- Review the information that we have on record. If any of this information has changed, please update it in the right hand column. If we cannot electronically verify your personal information, you will be asked to provide proof; for example, your identity, age, social security number, citizenship and/or income.
- If you are self-employed, an independent contractor, a 1099 worker, or receive rental income, you must send in the first two pages of your signed federal 1040 tax form with this renewal.
- Sign and date the application and mail ALL pages of your renewal and supporting documentation in the enclosed envelope by 04/30/2022.

If you do not return the signed and completed form, you and/or your family's eligibility will be terminated from NJ FamilyCare.

If you have questions or need help call 1-800-701-0710 or TTY 711.

Sincerely,  
 NJ FamilyCare

## Application



www.njfamilycare.org

Page 2 of 7  
 NJ FamilyCare / P.O. Box 8368 / Trenton, NJ 08650  
 1-800-701-0710 (TTY 711)

Renewal-Ltr\_22

WE SPEAK 150 LANGUAGES

### Renewal Application



NJ FAMILYCARE RENEWAL APPLICATION		POLICY NUMBER 0000000000
CURRENT HOUSEHOLD INFORMATION		UPDATES / CHANGES (IF NEEDED) PLEASE PRINT CLEARLY
A. Home Address:	Test Address1 Test Address2 TestCity, NJ 07201	
B. Mailing Address:	Test Address1 Test Address2 TestCity, NJ 07201	<input type="checkbox"/> Same as Home Address
C. County:	Union	
D. Phone Numbers:	Home: Work: Cell: (917) 111-1111	
E. Email Address:	testHOH@gmail.com	
F. Language spoken at home:	English	
G. HOUSEHOLD MEMBER INFORMATION		
#1 Test HOH		<input type="checkbox"/> No longer in household <input type="checkbox"/> Not HOH
HEAD OF HOUSEHOLD (HOH)		
Applying for NJ FamilyCare?	Yes	<input type="checkbox"/> No, no longer want coverage
Date of Birth:	00/00/0000	
Social Security Number:	XXX-XX-XXXX	
Sex:	Female	
Citizenship Status:	US Citizen	
Relationship to HOH:	Self	
Marital Status:	Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated
Other health insurance besides NJ FamilyCare?	No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other health insurance within last 3 months (besides NJ FamilyCare)?	No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding Medical Bills?	No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to file a federal income tax return NEXT YEAR?		<input type="checkbox"/> No <input type="checkbox"/> Yes -- Tax Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately
List the dependents you will claim: (Attach additional pages if necessary)		



# Filling out the renewal – Contact Information

- Do not use a PO Box as a home address. The home address is where the member lives. A PO Box is a mailing address.

<b>CONTACT INFORMATION</b>	Name of Head of Household <i>(first, middle, last &amp; suffix)</i>			
	[REDACTED]			
	<b>HOME ADDRESS</b> Street Address		Apartment Number	
	[REDACTED]		[REDACTED]	
	City	County	State	Zip Code
	[REDACTED]			
	<b>MAILING ADDRESS</b> <i>(if different from above)</i>			
	Street Address		Apartment Number	
	[REDACTED]		[REDACTED]	
	City	County	State	Zip Code
[REDACTED]		[REDACTED]		
PHONE NUMBER (cell / home)		EMAIL ADDRESS		
[REDACTED]		[REDACTED]		



# Filling out the renewal – Household Members

- Fill out the information for each household member, starting with the Head of Household.

## Household Members

**F HOUSEHOLD**

Name (first, middle, last & suffix): \_\_\_\_\_

Citizenship Status:

US citizen or US national     Naturalized or derived citizen (born outside of the US)

If naturalized or derived citizen, enter USCIS # \_\_\_\_\_ and  
Certificate # \_\_\_\_\_. Certificate Type:  Naturalization Certificate  Certificate of Citizenship

If not a citizen, do you have an eligible immigration status? Examples of eligible immigration status are:

- Child under age 21 or pregnant woman: Lawfully residing in the US
- Adult: Lawful Permanent Resident for 5 years OR qualified non-citizen, such as refugee or asylee

Yes, enter information below:                       No

Immigration document type \_\_\_\_\_ Status type (optional) \_\_\_\_\_

Your name as it appears on immigration document \_\_\_\_\_

USCIS or I-94 number \_\_\_\_\_ Card or Passport Number \_\_\_\_\_

SEVIS ID or expiration date (optional) \_\_\_\_\_

Other (category code or country of origin) \_\_\_\_\_

Has the Applicant lived in the US since 1996?  Yes  No

Is the Applicant, or Applicant's spouse or parent, a veteran or an active-duty member of the US military?  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no SSN, has the Applicant applied for one?

Yes  No enter reason:  Not needed for work  Religious reasons  Not eligible

If you have an SSN, providing your SSN and the SSN of other household members can speed up the application process. We use SSNs to check income and other information to see who in your household qualifies for health coverage. If someone wants help getting an SSN, call 1-800-772-1213 (TTY: 1-800-325-0778) or visit socialsecurity.gov. If you do not have an SSN, we will use other documents to process your application.

Relationship to Head of Household: \_\_\_\_\_ SELF \_\_\_\_\_

**PERSON 1 - HEAD OF HOUSEHOLD**

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

Will you file jointly with your spouse?  Yes  No If yes, name of spouse: \_\_\_\_\_

Will you claim any dependents on your tax return?  Yes  No If yes, list name(s) of dependents: \_\_\_\_\_

Check this box if you will be claimed as a dependent on someone's federal tax return.

If yes, please list the name of the tax filer: \_\_\_\_\_

How are you related to the tax filer? \_\_\_\_\_

Do you have other insurance (besides NJ FamilyCare)?  Yes  No Full-time student?  Yes  No

Have you had other insurance in the past 3 months (besides NJ FamilyCare)?  Yes  No

Current NJ FamilyCare Status?  Currently Receiving and Wish to Continue  I Do Not Want NJ FamilyCare  New Applicant

If you answered New Applicant, answer the questions below

Sex:  Male  Female

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.

**Race** (Check all that apply)

<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian:	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	_____	<input type="checkbox"/> Other Pacific Islander:
<input type="checkbox"/> Other: _____			_____

**Ethnicity** (Check all that apply)

<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Another Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/> Mexican, Mexican American, Chicano/a	<input type="checkbox"/> Cuban	<input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin



# Filling out the renewal – 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.

Citizenship Status:

US citizen or US national       Naturalized or derived citizen (born outside of the US)

If naturalized or derived citizen, enter USCIS # \_\_\_\_\_ and

Certificate # \_\_\_\_\_. Certificate Type:  Naturalization Certificate  Certificate of Citizenship



# Filling out the renewal – Non-U.S. Citizen

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

If not a citizen, do you have an eligible immigration status? Examples of eligible immigration status are:

- Child under age 21 or pregnant woman: Lawfully residing in the US
- Adult: Lawful Permanent Resident for 5 years OR qualified non-citizen, such as refugee or asylee

Yes, enter information below:  No

Immigration document type \_\_\_\_\_ Status type (optional) \_\_\_\_\_

Your name as it appears on immigration document \_\_\_\_\_

USCIS or I-94 number \_\_\_\_\_ Card or Passport Number \_\_\_\_\_

SEVIS ID or expiration date (optional) \_\_\_\_\_

Other (category code or country of origin) \_\_\_\_\_

Has the Applicant lived in the US since 1996?  Yes  No

Is the Applicant, or Applicant's spouse or parent, a veteran or an active-duty member of the US military?  Yes  No

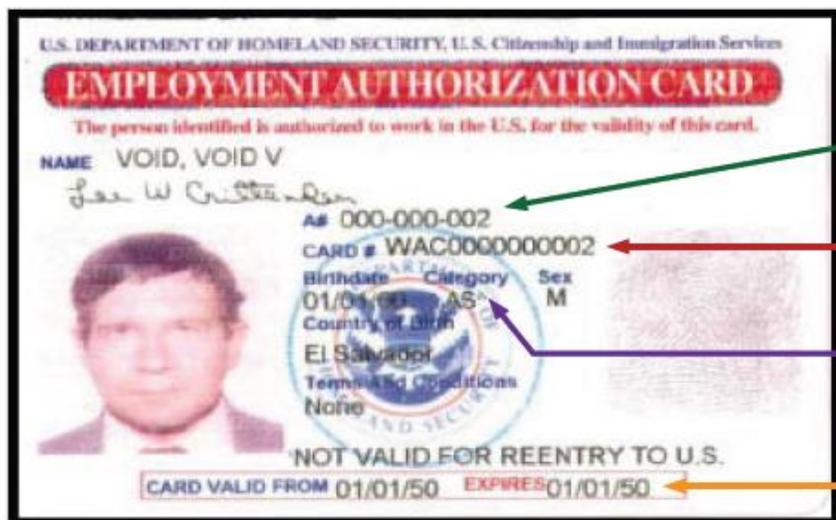








# Example immigration documents – Employment Authorization Card (I-776)

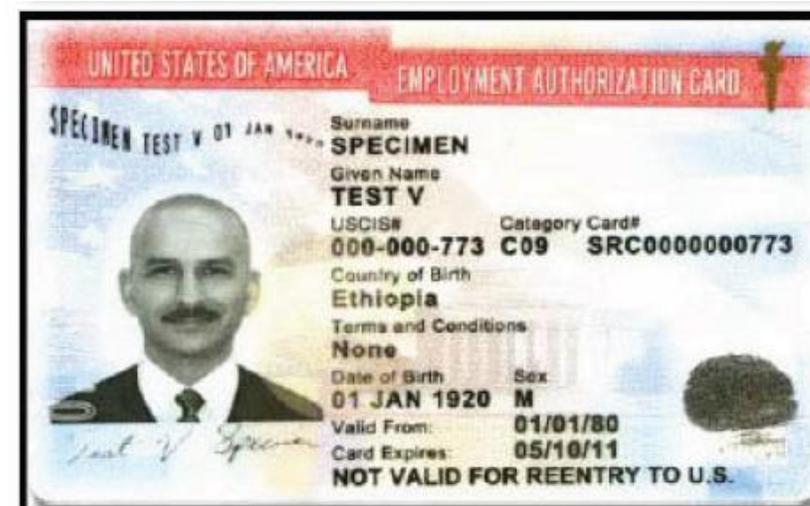


A#

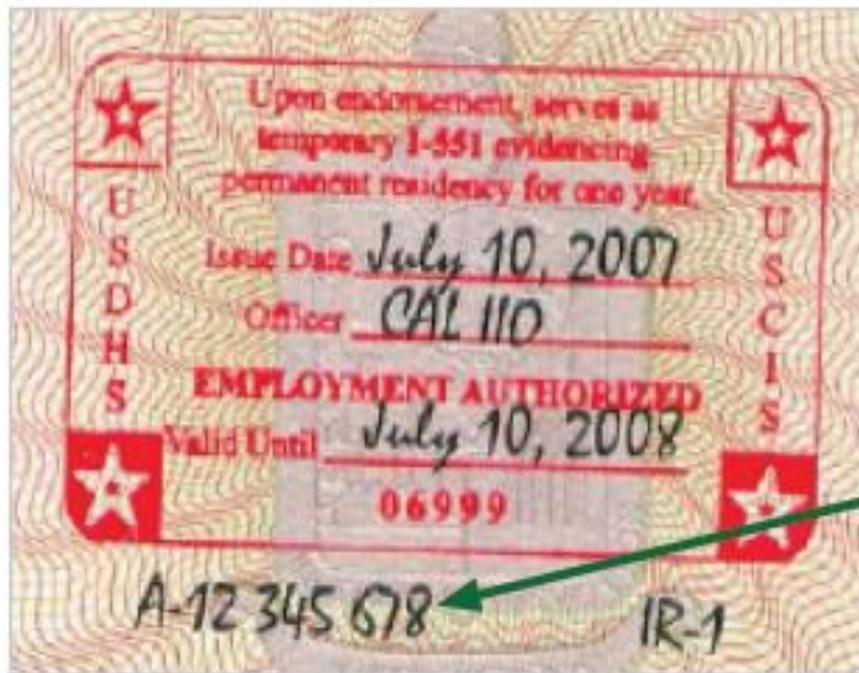
Card number

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*

**I-94 Arrival/Departure Record - Instructions**

This form must be completed by all persons entering the U.S. through an authorized port of entry, other than through a land border crossing. It must be completed by all persons entering the U.S. through a land border crossing. It must be completed by all persons entering the U.S. through a land border crossing.

**Arrival Record**

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

**Departure Record**

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

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**

APR 23 2009  
ADM. UNIT  
L-1  
ATL

See Other Side    CBP Form I-94 (10-04)    STAPLE HERE

I-94 number









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

U.S. Department of State					OMB APPROVAL #1548-0048 EXPIRES: 03-28-2015 ESTIMATED BURDEN TIME: 45 min *See Page 2	
		<b>CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS</b>				
I. Family Name: <b>Wang</b>	First Name: <b>David</b>	Middle Name:	Gender: <b>MALE</b>	<b>(N0001234567)</b>		
Date of Birth (mm/dd/yyyy): <b>04/01/1970</b>	City of Birth: <b>Taipei</b>	Country of Birth: <b>TAIWAN</b>	Citizenship Country Code: <b>TW</b>	Citizenship Country: <b>TAIWAN</b>		
Legal Permanent Residence Country Code: <b>TW</b>	Legal Permanent Residence Country: <b>TAIWAN</b>	Position Code: <b>213</b>	Position: <b>UNIVERSITY TEACHING STAFF INCLUDING</b>			
U.S. Address: College of Engineering 1111 Washington BLVD. New York, NY 12345						
I. Program Sponsor: <b>Happy University</b>			Exchange Visitor Program Number: <b>(P-1-12345)</b>			

**SEVIS ID**  
**J-1**



**SEVIS ID**



# Filling out the renewal – Immigration information

- Complete the immigration questions based on the member's most current documentation and status.

Yes, enter information below:

No

Immigration document type \_\_\_\_\_ Status type (optional) \_\_\_\_\_

Your name as it appears on immigration document \_\_\_\_\_

USCIS or I-94 number \_\_\_\_\_ Card or Passport Number \_\_\_\_\_

SEVIS ID or expiration date (optional) \_\_\_\_\_

Other (category code or country of origin) \_\_\_\_\_

Has the Applicant lived in the US since 1996?  Yes  No

Is the Applicant, or Applicant's spouse or parent, a veteran or an active-duty member of the US military?  Yes  No



# Filling out the renewal – SSN, Relationship

- Some members may have been approved for NJ FamilyCare without having a Social Security Number. If they have one now, it is important to provide it.
- Enter how the member is related to the Head of Household.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no SSN, has the Applicant applied for one?

Yes  No enter reason:  Not needed for work  Religious reasons  Not eligible

If you have an SSN, providing your SSN and the SSN of other household members can speed up the application process. We use SSNs to check income and other information to see who in your household qualifies for health coverage. If someone wants help getting an SSN, call 1-800-772-1213 (TTY: 1-800-325-0778) or visit [socialsecurity.gov](http://socialsecurity.gov). If you do not have an SSN, we will use other documents to process your application.

Relationship to Head of Household: \_\_\_\_\_



# Filling out the renewal – Tax details, NJ FamilyCare status

- 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.
- Or, you can report if they will be claimed as someone else's dependent.
- Be sure to indicate the member's **NJ FamilyCare status**: If they do or do not want NJ FamilyCare, or if they are a new applicant.

Check this box if you plan to file a federal income tax return NEXT YEAR.

(You can still apply for health insurance even if you don't file a federal income tax return.)

Will you file jointly with your spouse?  Yes  No If yes, name of spouse: \_\_\_\_\_

Will you claim any dependents on your tax return?  Yes  No If yes, list name(s) of dependents:  
\_\_\_\_\_

Check this box if you will be claimed as a dependent on someone's federal tax return.

If yes, please list the name of the tax filer: \_\_\_\_\_

How are you related to the tax filer? \_\_\_\_\_

Do you have other insurance (besides NJ FamilyCare?)  Yes  No Full-time student?  Yes  No

Have you had other insurance in the past 3 months (besides NJ FamilyCare)?  Yes  No



Current NJ FamilyCare Status?  Currently Receiving and Wish to Continue  I Do Not Want NJ FamilyCare  New Applicant



# Filling out the renewal – Race & Ethnicity, Pregnancy

- New members should provide Race and Ethnicity information. The Race and Ethnicity questions collect data for health equity initiatives. Check all options that apply.
- Be sure to report if anyone in the family is pregnant.

*If you answered New Applicant, answer the questions below*

Sex:  Male  Female

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.

## Race (Check all that apply)

Prefer not to answer

White

American Indian  
or Alaska Native

Black or African American

Other: \_\_\_\_\_

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian: \_\_\_\_\_

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander: \_\_\_\_\_

## Ethnicity (Check all that apply)

Prefer not to answer

Mexican, Mexican American,  
Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino/a, or Spanish origin

Not of Hispanic, Latino/a, or Spanish origin

## Expectant Child Information

---

Is anyone in your household currently pregnant?  Yes  No If Yes, who? \_\_\_\_\_

How many children are expected? \_\_\_\_\_ What is the expected due date? \_\_\_\_\_



# Filling out the renewal – Income

- Income must be reported for every job and each person, including working children age 16-20.
- Be mindful when completing the income section that you enter the amount for the pay period you selected. **\*Note\* gross income (income BEFORE taxes) must be reported.**

## Employment Information

EMPLOYMENT 1	Name of person who is working ( <i>first, middle, last &amp; suffix</i> ) _____			
	Name of Employer: _____		Employer Phone Number: _____	
	<b>EMPLOYER ADDRESS</b>			
	Street Address _____		Apartment Number _____	
	City _____	County _____	State _____	Zip Code _____
	How much is person paid (before taxes)? _____		Average number of hours worked each week: _____	
	How often are wages or tips paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> 2 Times Per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly			

## Self-Employment Information

Is anyone in your household Self-Employed?  Yes  No If Yes, who: \_\_\_\_\_

What type of work do they do?  
\_\_\_\_\_

How much *net income* will this person get from self-employment this month? \_\_\_\_\_



# Filling out the renewal – Other income, deductions

- Report any additional income and/or deductions.

## **Additional Income Information**

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If anyone in your household receives additional income please complete the section below:

Type of Income (check all that apply):

- Unemployment    Social Security Disability    SSI    Social Security Retirement    Pension    Alimony  
 Other Retirement Benefits    Fishing or Farming Income    Rental Income or Royalties    Other

Who receives this income?  
\_\_\_\_\_

What form of income? \_\_\_\_\_ How much? \_\_\_\_\_

How often is this income paid?    Weekly    Every 2 Weeks    2 Times Per Month    Monthly    Yearly

Who receives this income? \_\_\_\_\_

What form of income? \_\_\_\_\_ How much? \_\_\_\_\_

How often is this income paid?    Weekly    Every 2 Weeks    2 Times Per Month    Monthly    Yearly

## **Income Deduction Information**

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If anyone in your household is eligible for an income deduction please complete the section below:

Type of Income (check all that apply):

- Alimony Paid Out    Student Loan Interest Paid    Moving Expenses    Educator Expenses  
 Insurance Expenses    Other

Who makes these payments?  
\_\_\_\_\_

What form of payment? \_\_\_\_\_ How much? \_\_\_\_\_

How often is this payment made?    Weekly    Every 2 Weeks    2 Times Per Month    Monthly    Yearly



# Filling out the application – Read and Sign

- Read the Rights and Responsibilities and Applicant Signature language carefully.
- **Sign and date the renewal, then return it to the address provided.**

## **Read & Sign this Application**

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### **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.

- If I am a third party applying on behalf of another person, as evidenced by a completed Designation of Authorized

### **Applicant Signature**

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The person who filled out this renewal application must sign this renewal application. If you're an authorized representative you may sign here, as long as you have provided the required information.

By signing below, I certify under penalty of perjury and false swearing that my answers on this renewal 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.

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



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

Following completion of this form please return it to the address below by the date printed on the attached cover letter:

Atlantic County Department of Family and Community Development | (609) 348-3001



# Renewal Processing

- Renewal applications are processed much like the first application.
- NJ FamilyCare will try to verify all information through electronic sources and will send an RFI if they need more information. The letter tells what information is needed for a specific household member.
- The family will receive an Eligibility Outcome Letter that includes the household members and if their coverage will continue or end. If their coverage will end, they are given a reason. The letter also includes directions on how to appeal the eligibility decision.



# Reasons for Disenrollment

- There are many reasons a member can be disenrolled from NJ FamilyCare. One reason is that they no longer qualify, which may be because they moved out of state or no longer meet the age or income requirements.
- If the family does not respond to the renewal notice or if they do not provide information NJ FamilyCare needs to process their renewal, they will be disenrolled.
- The Head of Household can request disenrollment at any time. They do not have to wait until it is time to renew. In this case, it is preferred that members disenroll by sending a letter, but they can also call to request disenrollment.
- The family will receive a letter that states the reason for disenrollment and the date their NJ FamilyCare coverage will end.



# Reconsideration

- Many members' coverage will end because they did not send in their renewal application or other information NJ FamilyCare requested.
- These members still have 90 days to send the information to be "reconsidered."
- If they still qualify for NJ FamilyCare, their coverage will backdate so there is no gap in coverage.
- If they send the information after 90 days, they may have a gap in coverage even if they still qualify for NJ FamilyCare.



# Special Appeal Rules During “Unwinding”

- NJ has received permission from the federal government to change the appeal process during the “unwinding” period.
- If a member’s coverage will end based on the renewal information and they choose to appeal that decision, their benefits will be automatically continued during the appeal process. They will not have to request a Continuation of Benefits.
- If a member still does not qualify for NJ FamilyCare after the appeal process, their coverage will end. They will not have to repay the State for the cost of any benefits they received during the appeal process.





Affordable health coverage. Quality care.

**Thank You**

