

STEP 1

Tell us about yourself.

1. First name, Middle name, Last name, & Suffix _____

2. Home address (Leave blank if you don't have one.) _____

3. Apartment or suite number _____

4. City _____

5. State _____

6. Zip code _____

7. County _____

8. Mailing address (if different from home address) _____

9. Apartment or suite number _____

10. City _____

11. State _____

12. ZIP code _____

13. County _____

14. Phone number

() -

15. Other phone number

() -

16. Do you want to get information about this application by email? ☐ Yes ☐ No

Email address: _____

17. Preferred spoken or written language (if not English) _____

18. Date of birth (mm/dd/yyyy) _____

19. Sex

☐ Male

☐ Female

20. Social Security number (SSN) _ _ _ _ - _ _ _ - _ _ _

We need this if you want health coverage and have an SSN. We use SSNs to check income and other information to see if you're eligible for help with health coverage costs. If you need help getting an SSN, call 1-800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

21. Are you a U.S. citizen or U.S. national? ☐ Yes ☐ No

22. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status?

☐ Yes. Fill in your document type and ID number below:

a. Immigration document type _____

b. Document ID number _____

c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No

d. Are you a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No

23. Are you pregnant? ☐ Yes ☐ No

If yes, how many babies are expected during this pregnancy? _____

24. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? ☐ Yes ☐ No

25. If Hispanic/Latino, ethnicity (OPTIONAL—check all that apply.)

☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

26. Race (OPTIONAL—check all that apply.)

☐ White

☐ Black or African
American

☐ American Indian or
Alaska Native

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

☐ Other _____

Obamacare Paper Application Form

Donald F. Kettl



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