

# 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

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