**Instructions for Completing the NJ FamilyCare Application**

**The Welcome Screen**

* Begin by selecting the *Start New Application* button to begin a new NJ FamilyCare application.

**Getting Started**

* Answer each question listed on the getting started page by selecting the radial button to the left of the answer that applies to you and your family. If directed, click on the available hyper link to be redirected to the appropriate program.

**Registering for a new NJ FamilyCare account**

Note: This will allow you to return to your application if you are unable to complete it all at once or if you need to make changes at a later time.

* **Select the *Register New NJ FamilyCare Account* button at the bottom right hand side of the getting started page.**
* **Complete the register for NJ FamilyCare account page**.
	+ Enter your first, middle and last name.
	+ Enter your e-mail address.
	+ Select the *Send Confirmation Email* button.
	+ Confirm your email address.
	+ Follow the link in the confirmation email.
	+ Create and confirm a password for your NJ FamilyCare account.
	+ Select *Complete Registration Button*

**Contact Details**

**Address**

* **List your home address.**
* **If your mailing address is different from your home address, also list your mailing address in the section provided.**
* **If your** **mailing address is the same as your home address check the appropriate box.**

**Phone Numbers and Email**

* **List your home and cell phone numbers complete with area codes.**

Note: if you personally do not have a phone number please list the number of a friend or family member who may be able to reach you.

* **List your email address.**

Note: if you do not have an email address there are many free personal email services available where you can get one. If you do not wish to do so you may leave this space blank.

* **Select *Save and Next* to move on to the next section.**

**Household**

Note: List all parents, caretaker relatives, children under the age of 21, and claimed tax dependents (regardless of age).

* **First middle and last name:**
	+ List the first, middle and last name of the applicant.
* **DOB**
	+ List the date of birth of the applicant. The format for the date is xx/xx/xxxx.
* **Sex**
	+ Select the sex of the applicant from the drop down list.
* **Is Pregnant**
	+ If the applicant is female, check this box if the applicant is pregnant.
* **Number of babies expected**
	+ If the applicant is female, type the number of babies expected in this box.
* **Pregnant due date**
	+ If the applicant is female and pregnant, enter the expected due date in this box. The format for the date is xx/xx/xxxx.
* **Marital status**
	+ Select the appropriate marital status from the drop down list. This must be selected regardless of the age of the applicant.
* **Add an additional household member**
	+ Select the *Add Household Member* button.
* **To delete a household member**
	+ Select the *Small Blue Trash Can* icon on the far right of that applicant’s information row.
* **Repeat the above steps for each household member.**
* **Select *Save and Next* to move on to the next section.**

**Relationships**

* **Select the appropriate relationships between each applicant pairing.**
* **Select *Save and Next* to move on to the next section.**

**Member Info**

**Note: The name of the applicant whose information is being recorded will be at the top of the page.**

1. **Select if the person would like to apply for NJ FamilyCare.**

Note: If the individual is not applying for NJ FamilyCare questions 5-11 will not be asked.

1. **Enter the Social Security Number (SSN)**
	1. You must provide a SSN for each person applying for NJ FamilyCare. Parents of newborns must supply the newborns’ SSN as soon as it is available. (An application can be processed without a SSN.)
	2. SSN is optional for anyone who is not applying for NJ FamilyCare. (Your application may be processed faster if your SSN is provided.)
2. **Select if the person has health insurance from the drop down list.**

If yes, you must supply the information on the insurance company and the policy number.Note: most people with other insurance may still qualify for NJ FamilyCare. You will be sent a letter requiring you to supply a copy of the front and back of your insurance card.

1. **Select if this person is currently enrolled in NJ FamilyCare.**

If yes, you must enter the NJ FamilyCare policy number.

1. **Select the appropriate race from the drop down list.**

 Note: This is not a required field.

1. **Select the appropriate answer to the question: are you or anyone in your family Native American Indian or Alaska native?**

Note: If you or a member of your family is a Native American Indian or Alaskan native, you will receive a letter asking you to send a copy of your tribal card.

1. **Select the appropriate citizenship status for the individual.**

Note: To be eligible for NJ FamilyCare, parents and childless adults must be a US citizen or qualified immigrant admitted for permanent residence.

If you checked “no”, you may receive a letter asking you to send copies of documentation that proves the applicant is a qualified immigrant.  Examples of acceptable documentation include a copy of:

         The front and back of a resident alien card (i-551 green card)

         The temporary 1-551 stamp on a passport or form 1-94.

         Documentation indicating refugee or asylee status.

         Documentation indicating a parent’s US military service.

1. **Select if the individual was in foster care at the age of 18 or older from the drop down list.**
2. **Select if the individual is a full-time student from the drop down list.**
3. **Select if the individual had health insurance within the last three-months.**

Note: If you checked “yes**”**, you may receive a letter asking you to send proof that the insurance was terminated.

1. **Select if the individual is requesting coverage for medical bills for the last 3 months that have not been paid.**

Note: If you checked “yes”, you will receive a letter asking you to submit proof of all outstanding bills and household income for the last three months. You may be eligible to have these bills covered by Medicaid.

* **Repeat the above steps for each household member.**
* **Select *Save and Next* to move on to the next section.**

**Income**

**Note: The name of the applicant whose income is being recorded will be at the top of the page**; **also checking certain boxes may make other questions unnecessary to complete.**

* **If the applicant is not receiving any income, has not changed jobs within 6 months and does not have any allowable deductions check the first box.**

Note: If this box is selected the remaining portions of the income questions will not be required with the exception of select Tax Detail questions.

* **If the applicant does not have any work income, check the appropriate box.**
* **If the applicant does have work income**
	+ Select the appropriate employment type from the drop down list.
	+ Enter the employer name.
	+ Select if the employer provides insurance from the drop down list.

Note: in some cases if your employer does provide insurance you may receive a letter requesting more information about this employer sponsored insurance.

* + Select the work type from the drop down list.
	+ Enter the employer’s address.
	+ Enter the work phone number.
	+ Enter the job start date.
	+ Select the payment period from the drop down list.
	+ Enter the work income before taxes per pay period.
* **To add additional work income**
	+ Select the *Add Work Income* button.
* **To delete work income**
	+ Select the *Small Blue Trash Can Icon* on the far right of that work income information section.

**Other Income**

* **If the applicant does not have any other income, check the appropriate box.**
* **If the applicant does have other income**
	+ Select the appropriate type of other income from the drop down list.

Note: If you selected “other” as the type of other income, you must specify it in the indicated field.

* + Enter the total monthly amount of other income.
* **To add additional other income**
	+ Select the *Add Other Income* button.
* **To delete other income**
	+ Select the *Small Blue Trash Can Icon* on the far right of the other income information section.

**Employment changes**

* **If the applicant has changed jobs in the last 6 months check the appropriate box.**
	+ Enter the former employer’s name.
	+ Enter the job ending date.

**Allowable deductions**

* **If the applicant does not have any allowable deductions, check the appropriate box.**
* **If the applicant does have allowable deductions**
	+ Select the appropriate payment type from the drop down list.
	+ Enter the monthly payment amount.

Note: if you selected “other deduction” as the type of allowable deduction you must specify it in the indicated field.

* **To add additional allowable deduction**
	+ Select the *Add Deduction* button.
* **To delete an allowable deduction**
	+ Select the *Small Blue Trash Can Icon* on the far right of the allowable deduction information section.

**Tax Details**

* **If the applicant does not plan to file a federal income tax return in the upcoming year, check the appropriate box**
* **Select whether or not the client plans on being claimed as a dependent on someone’s tax return from the drop down list.**

Note: If the answer is yes, the name of the tax filer and the relationship to the tax filer must be listed in the appropriate fields

* **Select whether or not the client will be filing jointly with a spouse from the drop down list**

Note: if the answer is yes, you must list the name of the spouse

* **Select whether or not the client will be claiming any dependents on his/her tax return**

Note: if the answer is yes, you must list the name of the dependent

* **Repeat the above steps for each household member.**
* **Select *Save and Next* to move on to the next section.**

**Health Plan**

* **If there is a child(ren) on your application and they have a primary care doctor list the doctor’s name and address in the appropriate field.**
* **If you have a primary care doctor list the doctor’s name and address in the appropriate field.**
* **If necessary, select your county from the county drop down list.**
* **Select the health plan you would like to be enrolled in from the drop down list.**
* **Select who you would like to be your head of household from the drop down list.**
* **Select what language you speak at home.**

**Income Comments**

* **Enter any relevant income comments here.**

Note: If you entered zero or no income in the income section, you must enter a comment here.

* **Select *Save and Next* to move on to the next section.**

**Sign Off**

* **Read the rights and responsibilities.**
* **Check the “I agree with the statements above” box, only if you do agree.**
* **Select *Save and Next* to move on to the next section.**

**Submit**

* **Read the receiving agency and voter registration information.**
* **If you would like a voter registration application mailed to you check the appropriate box.**
* **Submit your application by clicking the submit application button.**

**Confirmation**

* **Review the confirmation page.**
* **If possible print the confirmation page, if this is not possible record your confirmation number.**
* **If necessary print Appendix B or the Health Coverage from Jobs Form**
* **If you would like to apply for SNAP or any other social service program select the appropriate link.**
* **Log out of the NJ FamilyCare online application by clicking the log out link in the top right hand of the screen.**