

Section 4. Income and Daycare*

List ALL income received BY parents and children listed on your application. Do not list income for parent who DOES NOT live at this address. Do not list income of a legal guardian or other non-parent. Be sure to show the amount of income BEFORE TAXES and other deductions. Attach an extra sheet if needed.

INCOME:	AMOUNT BEFORE Taxes and Other Deductions	HOW OFTEN? (Weekly, Monthly, Every 2 weeks, Etc.)	NAME OF PERSON RECEIVING (Include only income of the children/parents at the address listed on the application)	DID YOU INCLUDE PROOF OF INCOME?
Current employer's name: _____				Yes <input type="radio"/> No <input type="radio"/>
Current employer's name: _____				Yes <input type="radio"/> No <input type="radio"/>
Social Security (RSDI)				Yes <input type="radio"/> No <input type="radio"/>
Supplemental Security Income				Yes <input type="radio"/> No <input type="radio"/>
Workers' Compensation				Yes <input type="radio"/> No <input type="radio"/>
Pensions or Retirement Benefits				Yes <input type="radio"/> No <input type="radio"/>
Child Support (List amount each child receives.)				Yes <input type="radio"/> No <input type="radio"/>
Contributions				Yes <input type="radio"/> No <input type="radio"/>
Unemployment Benefits				Yes <input type="radio"/> No <input type="radio"/>
Other Income, please specify: _____				Yes <input type="radio"/> No <input type="radio"/>

* Do you pay for **childcare** (or care for an adult who cannot care for himself/herself) so that someone in your household can work?

NAME OF PARENT WHO WORKS	NAME OF CHILD OR ADULT CARED FOR	UNDER THE AGE OF 2 ?	NAME OF DAY CARE OR CAREGIVER	AMOUNT PAID	HOW OFTEN? (Weekly, Monthly, Etc.)
		Yes <input type="radio"/> No <input type="radio"/>			
		Yes <input type="radio"/> No <input type="radio"/>			
		Yes <input type="radio"/> No <input type="radio"/>			

Section 5. Proof of Income and Citizenship

You must include the most recent copies of proof of all your income. These are the types of information you need to send with your application:

For money you earn by doing a job or service, you must send:

Weekly pay - (4) weeks of pay stubs (one week after the other)—**OR—Bi-Weekly pay** - (2) pay stubs received every other week (one after another)—**OR—Semi-Monthly** - (2) pay stubs received two times a month (one after the other)—**OR—Monthly** - (2) pay stubs received one time a month (one month after another)—**OR—Paid Cash** - Letter from Employer signed by an Officer of the Company on Company letterhead—**OR—Yearly** - Tax Forms filed—**OR—Self Employment Documents** - such as business ledger receipts—**OR—Bank Deposits**.

Please show proof of money anyone in the household receives from any agencies, parents or relatives, or any other sources. This might include:

- **SSI or SSA** - Current year award letter
- **Unemployment check** - (4) weeks of pay stubs (one week after the other)
- **Workers' Compensation** - letter from insurance company stating amount received and how often received, provide contact name and number.
- **Contributions** - letter from person who gives you money, provide name, address and contact number. Provide amount received and how often received.
- **Child Support (paid directly to you)** - written statement from the parent who gives you money, provide the name, address and contact number. Provide amount received and how often received.
- **Child Support (paid through court)** - court papers or letter stating the amount of income received and how often it is received.
- **Other Unearned Income** - provide letter stating amount received and how often received. Provide name, address and contact number or (4) weeks of pay stubs (one week after the other). Citizenship or legal immigration status must be verified for eligibility in PeachCare or Medicaid. PeachCare *may* request proof of citizenship or legal immigration status. Failure to comply will result in a denial of your application. Social Security Numbers are used to do computer matches with other agencies in order to assist in verifying eligibility for PeachCare and/or Medicaid benefits. You only need to tell us the Social Security Number for the people for whom you are applying.

Section 6. Pregnancy

Is anyone in the household pregnant? Yes No If yes, who? _____

Section 7. Certification, Understanding, and Authorization

I understand that this information will be verified to determine eligibility. I understand that information supplied by the Georgia Department of Labor, Georgia Department of Revenue, the Social Security Administration or other agencies may be disclosed to a third party administrator to verify and determine eligibility for PeachCare. I agree to cooperate with PeachCare for Kids™, the Georgia Department of Community Health, and the Georgia Division of Family and Children Services to verify income, resources, citizenship and identification. I agree to assign to the state all rights to medical support and third party support payment (hospital and medical benefits).

I understand that I must report changes in my address, income, resources, and circumstances within ten (10) days of becoming aware of the change. I attest to the identity/citizenship/legal residency status of the children listed and I certify under penalty of perjury that all of the information provided on this application is true and correct to the best of my knowledge.

PLEASE NOTE: If your child is not eligible for PeachCare, he/she might qualify for Medicaid. Your application will be referred to Medicaid for review. Medicaid offers the same benefits as PeachCare and does not require a premium. Medicaid may be able to assist with unpaid medical bills from the past three months. If your child(ren) is eligible for Medicaid, you must agree to apply for a Social Security number for your child(ren).

Do you have any unpaid medical bills from the past three months? Yes No If yes, what month(s) _____

I authorize release of personal and financial information to PeachCare for Kids™, the Georgia Department of Community Health and the Division of Family and Children Services. I understand that my case may be subject to a quality control review and I agree to cooperate in the review process.

SIGNATURE OF PARENT OR GUARDIAN: (REQUIRED) _____ Date _____

Where did you get this application? Dr.'s Office/Hospital School/Daycare Health Dept. Caseworker
I-877-GA-PEACH Other

Once your application has been approved, you will receive a letter letting you know the amount of your monthly premium.

Check/Money Order attached? Yes No Amount _____

Please mail application and income documents to:

PeachCare for Kids™
P.O. Box 2583
Atlanta, GA 30301-2583

Faxed applications are not accepted.

Eligibility will not be affected by race, color, national origin, age, disability, or sex except where it is required by law.