

Application date			
Enrolling Facility		Location	
Applicant Name	(First)	(Last)	Gender
Birthday		Social Security Number	
NorthSTAR Number		New/ Update/ Emergency	(Circle appropriate description)
Address			homeless/ living with friends (Circle appropriate description)
City		State	Zip
Home Phone		Work Phone	Other
Marital Status	Single/ Divorced/ Widowed/ Married	(Circle appropriate description)	If separated length of separation
Race (Circle appropriate description)	White (non-Hispanic) Black/African American Asian American Hispanic-Cuban Other Hispanic Indian/Alaskan Native Hispanic/Mexican Hispanic/Puerto Rican Other More that one race reported unknown		
Parent/Legal Guardian Name	(First)	(Last)	
Address			
City		State	Zip
Health Insurance	Medicare/ Medicaid/ Veteran/ Private		(Circle appropriate description)
Employer			
Insurance company name		Phone number	
Policy number			
Policy Holder Name			
Policy holder relationship			

Monthly Gross Household Income		<small>(including applicant, spouse, and or guardians)</small>	
Applicant Wages <small>(if applicant wages are zero, how are expenses being paid?)</small>		\$	
Spouses wages		\$	
Guardian Wages <small>(for minor applicants only)</small>		\$	
Other income <small>(ssi/disability/child support/alimony/pension)</small>		\$	
Total Monthly Income		\$	
Approximate balance in checking		\$	
Approximate balance in savings		\$	
Approximate balance in trust fund		\$	Monthly payment to member
Approximate cash on hand		\$	
Total cash		\$	
Extraordinary Expenses <small>(documentation attached)</small>			
Major Medical or health related		\$	
Major Casualty losses past year		\$	
Child Support		\$	
Child Care		\$	
Total expenses		\$	
Total Number of family members living at your home address/in household <small>(applicant, spouse, dependent, and or guardians)</small>		<small>(applicant)</small>	
Number of family members living at your home address/in household under 18 years old			
<small>Additional Explanation / Details (FOR STAFF USE ONLY)</small>			

Rights, Responsibilities, Agreements	
I have the right to: <ul style="list-style-type: none"> Appeal a denial of NorthSTAR enrollment to ValueOptions at 888-800-6799. File a secondary appeal to the State NorthSTAR administration at 512-206-5470. 	
I have the responsibility to not knowingly falsify and/or misrepresent the truth on this application, and to <ul style="list-style-type: none"> Assure that the information on this financial application is true and correct to the best of my knowledge. Submit an updated financial eligibility assessment form to my provider annually. Promptly inform ValueOptions within 30 days from the date of this application OR my NorthSTAR benefits may be denied. 	
Applicant initials _____	
I understand that: <ul style="list-style-type: none"> ValueOptions may use credit reporting resources to verify the information provided in this application, and that I may not qualify for benefits under NorthSTAR. ValueOptions is required to report any information that is deemed fraudulent in nature to the State of Texas HHS Fraud Hotline. The information contained in this application is used to determine eligibility for the NorthSTAR program. I have the right to appeal denied enrollment as described above. 	
Applicant Signature (or guardian if applicant is under age 18)	Date
<p>You have the right to ask us about this form. You also have the right to review the information you give us on the form. (There are a few exceptions.) If the information is wrong, you can ask us to correct it. The Health and Human Service Commission has a method for asking for corrections. You can find it in Title 1 of the Texas Administrative Code, sections 351.17 through 351.23. To talk to someone about this form or ask for corrections, please contact ValueOptions at 1199 South Bellline Road, Suite 100, Coppell, TX 75019 or by calling them at 1-888-800-6799.</p>	
Enrollment Staff Signature _____	Date _____
I attest that the information in this application is accurate to the best of my knowledge and that I have reviewed the applicant responsibilities above with the applicant.	
<i>Please Note: Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties including, but not limited to, loss of member benefits and the ability to re-apply for the NorthStar Program. It may also be subject to Federal and/or State prosecution.</i>	