



hawk-i

Healthy and Well Kids in Iowa

CALL (800)257-8563

TDD (888)422-2319

HEALTHY KIDS ARE IOWA'S FUTURE

Free or low-cost health care coverage for kids

www.hawk-i.org

The hawk-i program is operated by the Iowa Department of Human Services.
Español al otro lado.

To qualify for *hawk-i*, a child must:

- Be under 19 years old
- Be uninsured
- Be ineligible for Medicaid
- Be a citizen or a lawfully admitted resident alien
- Meet the income limits

Questions & answers about *hawk-i*:

How will my doctor know my children are on *hawk-i*?

Your child will get a card from the health plan that covers *hawk-i* in your county.

What services are covered under *hawk-i*?

- Doctor Visits
- Hospital Care
- Prescriptions
- Well-child Visits
- Vaccines/Shots
- Emergencies
- Surgery
- Dental Care
- Vision Exams
- Hearing Services
- Mental Health & Substance Abuse Care
- Chiropractic Care
- Speech Therapy

What does *hawk-i* cost?

Look at the income charts to the right. If your family's yearly countable income is in the blue chart, then *hawk-i* is FREE! If your family's yearly countable income is in the yellow chart, the cost is \$10 per month per child. But, no family will have to pay more than \$20 per month ... no matter how many children are in the family! NOTE: There is no cost for Native American or Alaskan Native children.

How long can my children get *hawk-i*?

There is no time limit as long as they are eligible. When your application is approved, your children will be enrolled for 12 months. If your child turns 19 or is no longer eligible for another reason, *hawk-i* will end before the 12 months are up. **REMEMBER: *hawk-i* coverage must be renewed every year. You will get a renewal form before the 12 months are up. Make sure to send the renewal form back to see if *hawk-i* can continue.**

Can my children get *hawk-i* if I am not a U.S. citizen?

Yes. The child must be a citizen or lawfully admitted resident alien to get *hawk-i*, but the citizenship status of the parent does not count. Information about families who apply for *hawk-i* is not given to the U.S. Citizenship and Immigration Services (CIS).

Questions?

Call *hawk-i* customer service at
1-800-257-8563
(TDD 1-888-422-2319)

Income limits effective April 1, 2008

Use these charts to see how your children can get free or low-cost health care coverage.

20% of income from a job (before taxes) is not counted when comparing family income to the limits. The 20% deduction does not apply to unearned income such as child support, social security disability, or unemployment insurance benefits. After subtracting 20% of earned income, look up your family's yearly income in the charts to see if your children may qualify for free or low-cost health care coverage.

Family Size (parents, spouses, stepparents, & children under 19 living together)	Medicaid If your family's yearly countable income is in this chart, your children may be able to get FREE coverage under Medicaid.
1	up to \$13,832
2	up to \$18,620
3	up to \$23,408
4	up to \$28,196
5	up to \$32,984
6	up to \$37,772
7	up to \$42,560
8	up to \$47,348

Family Size (parents, spouses, stepparents, & children under 19 living together)	<i>hawk-i</i> If your family's yearly countable income is in this chart, your children may be able to get FREE coverage under <i>hawk-i</i> .
1	\$13,833 to \$15,600
2	\$18,621 to \$21,000
3	\$23,409 to \$26,400
4	\$28,197 to \$31,800
5	\$32,985 to \$37,200
6	\$37,773 to \$42,600
7	\$42,561 to \$48,000
8	\$47,349 to \$53,400

Family Size (parents, spouses, stepparents, & children under 19 living together)	<i>hawk-i</i> If your family's yearly countable income is in this chart, your children may be able to get <i>hawk-i</i> for \$10 per child per month. No family pays more than \$20 per month.
1	\$15,601 to \$20,800
2	\$21,001 to \$28,000
3	\$26,401 to \$35,200
4	\$31,801 to \$42,400
5	\$37,201 to \$49,600
6	\$42,601 to \$56,800
7	\$48,001 to \$64,000
8	\$53,401 to \$71,200

Race, color, national origin, age, disability, or sex will not affect eligibility except where it is required by law.

SECTION 1: APPLICANT INFORMATION. Please tell us who you are and how we can reach you. A parent or guardian, or someone acting for the parent or guardian, may apply for the children. Teens who do not live with a parent or guardian may apply for themselves. The person listed as the applicant is the person who will get any mail we send.

Last Name		First Name		Middle Name		Do the children you are applying for live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address				Apt. #		Home Phone ()	
City		State	ZIP Code	County		What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Other (list)	
Mailing Address (if different):				Apt. #		Work Phone ()	
City		State	ZIP Code	County			

SECTION 2: FAMILY MEMBERS. List all the people living in the home who are **PARENTS, STEPPARENTS OR GUARDIANS** of the children you are applying for. List the adults first and then the children below. You do not need to list children over the age of 19 or other friends or relatives who live in the home.

List the ADULTS here	Name (last, first, middle)	Birth Date (month/day/year)	Sex	Social Security Number (optional)	Race/Ethnicity (optional)
Adult 1	Start with yourself		<input type="checkbox"/> F <input type="checkbox"/> M	____-____-____ State of Iowa Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
Adult 2			<input type="checkbox"/> F <input type="checkbox"/> M	____-____-____ State of Iowa Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander
Adult 3			<input type="checkbox"/> F <input type="checkbox"/> M	____-____-____ State of Iowa Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander

Apply online at www.hawk-i.org or follow these three easy steps!



1. Fill out the application.
Answer every question completely. Each section is important. It will take longer to process your application if you don't answer all the questions or send in proof of your income.



2. Sign the application.
The person who fills out the application and all parents or stepparents living in the home should sign the form.



3. Mail the application.
and proof of your income in the envelope that is provided. You do not need a stamp.

Child	Name (last, first, middle)	Sex	How is this child related to the adults listed above?			Are you applying for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, Explain in Section 8	Does this child get SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child on Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race/Ethnicity (optional)	Full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this child in an institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when will they be released?	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, send a copy of INS card or passport.
			Adult 1	Adult 2	Adult 3								
Child 1	Birth Date (month/day/year)	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child 2	Birth Date (month/day/year)	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child 3	Birth Date (month/day/year)	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child 4	Birth Date (month/day/year)	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (list)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

