

## Instructions for the Rlte Care/ Rlte Share Application

### INSTRUCTIONS

- **Please complete each question on the application.** The Department of Human Services (DHS) will determine if you qualify for Rlte Care or Rlte Share. We will notify you to let you know what program you are in.
- **Please read the Declaration of Applicant and your Rights and Responsibilities.** Sign the application on pages 9 and 10.
- **Please send the following with your application:**
  - Proof of income** (Please send copies only.)  
All applicants must send in the last 4 weeks of pay stubs with the application OR a letter from your employer stating the amount of gross income earned per month. (The letter should be on your employer's letterhead and should include: the address and phone number of the company; and the name and title of the person completing the wage information.) See page 3 for more details.
  - Proof of pregnancy-** (Please send an original only.)  
If pregnant, send in with this application a letter or other documentation signed by your doctor, physician's assistant, registered nurse practitioner or midwife.
  - Proof of immigration status** if you are not a U.S. citizen- (Please send copies only.) See page 2 for more details.
- **Proof of U.S. Citizenship and Identity-** U.S. citizens need to show proof of citizenship and identity. Do not send copies. Originals must be shown in person. For more information, see the application.
- **Mail your completed application to your local DHS office.** See page 7. We will notify you if more information is needed to process your application. You will receive a notice about whether your application was approved or denied within 30 days from the date that we receive your application. If your family needs medical services before this time, please contact the DHS Info Line.

### DHS INFO LINE

For questions on Rlte Care or Rlte Share or other DHS programs (Child Care, Food Stamps, Family Independence Program, Early Intervention Program) please call:

#### Department of Human Services (DHS) Info Line

**401- 462- 5300**

401-462-3363 TDD

Monday - Friday 9:00 am to 3:30 pm

## QUESTIONS ON THE APPLICATION QUESTIONS ON THE APPLICATION

Information for some questions are listed below. For more information, please call the DHS Info Line.

### **Question 3. Your Household**

Parents, children and pregnant women can apply for RItE Care (or RItE Share). If someone listed in “your household” is not applying for RItE Care, they do not need to provide social security numbers or information about citizenship.

### **Question 4. Non U.S. Citizens**

If you are applying for RItE Care and you are not a U.S. citizen, we will need information about your immigration status.

- If you (or a family member) receive RItE Care, it will not affect your immigration papers. It will not affect your right to become a citizen or to become a legal permanent resident.
- We do not need information about the immigration status of people in your household who are not applying for RItE Care, for example, when a parent is applying just for his or her children.
- If you have immigration papers (this includes a “green card”, work authorization card, arrival/departure record (I-94), court documents, or a passport), please copy both sides of the documents and include them with your application.

### **Question 7. Absent Parent Information**

Signing and submitting this automatically gives DHS and the Office of Child Support Enforcement (CSE) the right to pursue medical support from a child’s absent parent. This question provides the information to check to see if the absent parent could provide health insurance for his (or her) children. If you believe that you or your child would suffer physical or emotional harm if CSE contacted the absent parent, you can ask us not to do this. Please write “good cause” across the bottom of page 6 if you want us to review your situation.

A determination of whether you have “good cause” will be made by DHS. We will need to follow up with you to get information that proves this. We can also help in getting some of this information to make a determination. If you do not provide information about the absent parent, we will still process your child’s eligibility for RItE Care. We cannot process a parent’s eligibility without information about the absent parent, unless the parent shows “good cause” not to provide it.

## Question 8. Income

Every applicant must send in copies of proof of income with their application.

Proof of Income:

- Last four (4) weeks of pay stubs OR
- A letter from your employer stating the amount of gross income earned per month (The letter should be on your employer's letterhead and should include: the address and phone number of the company; and the name and title of the person completing the wage information.)

## Question 10. Self-Employment Income

If you are self-employed, please send a copy of:

- Most recent Federal Tax Return (1040) if it reflects your current income. If you do not have this, send in copies of documents that show your business earnings and expenses for the most recent quarter. We may have to call you if we have questions about the information you send in.

If you have rental income, please send in copies of the following items:

- Tenant's rent receipt from the most recent month
- Proof of mortgage, taxes, and insurance expenses
- Water bill
- Sewer bill
- Utilities (if provided by owner)
- Number of rental units

If you have child care income, please send in:

- A copy of a receipt or a letter from the parents of the children you take care of. The receipt or letter should include the amount received, if it is paid weekly or monthly and the number of children you care for.

## Question 11. Other Income

For unearned income, such as Unemployment Insurance, Workers Compensation, Temporary Disability Insurance, etc., please send a copy of the award letter, including information about any applicable dependent allowances.

For child support or alimony income, please send a copy of the most recent canceled check or court order or other document that shows the amount that is received. Please indicate how often you receive payments.

## Question 12. Child Care or Adult Care

This question is asked because some of the cost of child care or adult care is subtracted from gross monthly income and may help you qualify for RIte Care. If you receive a DHS subsidy for child care, indicate the amount you pay and also include the amount DHS pays (if you know it).

## RITE CARE HEALTH PLANS

There are three (3) Health Plans that participate in the Rite Care program. Please call the member services number below for more information or to find out if your doctor is in the Health Plan that you want to enroll in.

<b>UnitedHealthcare</b>	1-800-587-5187	TDD 587-5188
<b>Neighborhood Health Plan of RI</b>	1-800-963-1001	TDD 459-6105
<b>Blue CHiP</b>	1-800-564-0888	TDD 459-5505

Please choose a health plan on page 10 of the application. If you are later notified by DHS that you will be enrolled in Rite Share, you will not be enrolled in one of these plans. Instead, you will be instructed to enroll in your employer's health plan.

## NEED TRANSPORTATION ?

If you are found eligible for Medical Assistance (Rite Care or Rite Share) and you need to take a bus to get to your medical appointments, you are eligible to receive a monthly RIPTA bus pass. There is no cost for the bus pass if you are a Rite Care or Rite Share member.

### To Get a Bus Pass

- Go to a customer service desk at any Stop & Shop or Shaw's in Rhode Island. You will need to bring your white Medical Assistance card with you.
- Bus passes will be available starting on the 25<sup>th</sup> day of each month for the next month's bus pass.
- All Rite Care or Rite Share members can get a bus pass. Children under the age of 5 can ride the bus for free.

## NEED AN INTERPRETER ?

The Department of Human Services (DHS) will arrange for an interpreter or bilingual staff member to help you read notices, letters, or other written information (in English) from DHS. This service is also available for appointments at DHS offices. You do not need to bring your own interpreter with you- but you can if you prefer it.

DHS also offers operator assistance through AT&T's Language Line. Let us know what language you speak and we can connect you to an operator that speaks your language.

## PREMIUM PAYMENTS

Depending on income, some families enrolled in RlTe Care or RlTe Share (Medical Assistance) are required to pay a part of the cost for their health insurance coverage. Members will receive a bill every month on or around the 15<sup>th</sup> of the month. The bill will be due before the 1<sup>st</sup> of the next month. Families will be required to pay \$0, \$61, \$77, or \$92 each month, depending on a family's income.

To continue to receive health insurance coverage for your family, payment must be sent in before the 1st of each month.

### **What if I can't pay the premium when it's due?**

Families who do not pay the premium for 2 months in a row will be disenrolled from Medical Assistance for a period of four months. This does not apply to pregnant women and infants up to 1 year of age. After the 4-month period, the family is able to re-apply.

### **How do I pay the premium?**

There are three ways to pay the premium: by mail, by credit or debit card or at locations in the community where you can pay in person.

**By Mail-** send your check or money order to:

RlTe Care/RlTe Share Premium Collection  
P.O. Box 70823  
Charlotte, NC 28272-0823

This address is written on each bill. Please do not send your bill to your local Department of Human Services' office. The premium payments are being processed by a separate company and need to be sent there.

**By Credit or Debit Card-**

You can pay your premium online at <https://www.paybill.com/premium/> There is a service charge if you pay by credit or debit card.

**In Person-**

You can pay your premium in cash at certain locations throughout Rhode Island. There is a service charge. To find the nearest location to you, please call EDS at (800) 746-6001 or check the list online at [www.dhs.ri.gov/dhs/famchild/shcare.htm](http://www.dhs.ri.gov/dhs/famchild/shcare.htm) "Locations for Cash Premium Payments"

## AFTER YOU ARE ENROLLED

### Renew Your Coverage Every Year

All families need to renew their Medical Assistance coverage every year (or sooner for some families) to continue to receive health care services and benefits. This is true for both Rlte Care and Rlte Share. You will receive renewal information by mail. Please fill it out and return the form as soon as you receive it. Failure to return the form will result in loss of coverage.

### Notify DHS of Changes

If you move, get a new phone number, or have a change in your income or family size, please let us know within 10 days. Please call your local DHS office to report changes.

## INCOME GUIDELINES

If your family's gross monthly income (your pay before taxes) is within these amounts, families, children and/or pregnant women may be eligible for Rlte Care or Rlte Share. The amount that families must pay for Rlte Care or Rlte Share coverage ("monthly premium") is listed below.

### Your Family's Monthly Income

Family Size	Family Coverage		Coverage for Children and Pregnant Women Only	
	Less than 150% FPL	150%-185% FPL	185%-200% FPL	200%-250% FPL
2	Less than \$1711.25	\$1711.26-\$2110.54	\$2110.55-\$2281.67	\$2281.68-\$2852.08
3	Less than \$2146.25	\$2146.26-\$2647.04	\$2647.05-\$2861.67	\$2861.68-\$3577.08
4	Less than \$2581.25	\$2581.26-\$3183.54	\$3183.55-\$3441.67	\$3441.68-\$4302.08
5	Less than \$3016.25	\$3016.26-\$3720.04	\$3720.05-\$4021.67	\$4021.68-\$5027.08
	Monthly Premium: <b>\$0</b>	Monthly Premium: <b>\$61</b>	Monthly Premium: <b>\$77</b>	Monthly Premium: <b>\$92</b>

A pregnant woman counts as two (2) people.

FPL= Federal Poverty Level (2007)

For larger families, call the DHS Info Line at 462-5300 (English or Spanish). Pregnant women may be eligible if their income is greater than the amounts listed. Please call the Info Line for more information.

## MAILING THE APPLICATION

Mail your completed application to your local DHS office.

IF YOU LIVE IN...	MAIL YOUR APPLICATION TO...	IF YOU LIVE IN...	MAIL YOUR APPLICATION TO...
Cranston West Warwick Coventry Scituate Johnston	Cranston DHS Forand Building 600 New London Avenue Cranston, RI 02920 462-6500	West Greenwich East Greenwich N. Kingstown Narragansett S. Kingstown Exeter Charlestown Hopkinton Richmond Westerly New Shoreham	North Kingstown DHS 7734 Post Road N. Kingstown, RI 02852 267-1030
Central Falls Pawtucket East Providence Bristol Warren Barrington	Pawtucket DHS 24 Commerce Street Pawtucket, RI 02860 729-5400	Providence	Providence DHS 206 Elmwood Avenue Providence, RI 02907 222-7000
Jamestown Middletown Newport Portsmouth Little Compton Tiverton	DHS Family Center 110 Enterprise Drive Middletown, RI 02842 849-6000	Warwick	Warwick DHS 195 Buttonwoods Avenue Warwick, RI 02886 736-6511
		Burrillville Glocester N. Smithfield Woonsocket Smithfield Cumberland Lincoln Foster N. Providence	Woonsocket DHS 450 Clinton Street Woonsocket, RI 02895 235-6300