# HealthCare Coverage Questionnaire

Name: SSN:

## HealthCare Information

| Had healthcare coverage: | For the entire year | For part of the year (Less than 12 months) | No healthcare coverage at all | |
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| YES ☐ NO ☐ | Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above? |
| YES ☐ NO ☐ | Did you pay for healthcare coverage for anyone not listed above? |

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if it applies to any member of the household

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| YES ☐ NO ☐ | Was your previous insurance policy cancelled in 2015? |
| YES ☐ NO ☐ | Was coverage offered by your employer or your spouse's employer? |
| YES ☐ NO ☐ | Are you a member of a federally recognized Indian tribe? |
| YES ☐ NO ☐ | Are you eligible for services through an Indian healthcare provider? |
| YES ☐ NO ☐ | Are you a member of a healthcare sharing ministry? |
| YES ☐ NO ☐ | Did you live in the United States the entire year? |
| YES ☐ NO ☐ | Are you enrolled in TRICARE? |
| YES ☐ NO ☐ | Did you apply for CHIP coverage? |
| YES ☐ NO ☐ | Do any of the following apply to you? Do NOT indicate which one. |

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| | Became homeless |
| | Evicted in the past six months, or facing eviction or foreclosure |
| | Received a shut-off notice from a utility company |
| | Recently experienced domestic violence |
| | Recently experienced the death of a close family member |
| | Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property |
| | Filed for bankruptcy in the last six months |
| | Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt |
| | Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member |