



PRESUMPTIVE ELIGIBILITY (PE) APPLICANT INFORMATION FORM

Person Supplying Information on Behalf of Applicants and/or Household Members Listed Below

First Name	Middle	Last
Home Address	City	State Zip
Phone	Email	

Mailing Address (if different than above)

Address	City	State Zip
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Family Members in the Household

Name (First, Middle, Last)	Applying For PE?	Relationship to Person Supplying Information	Date of Birth	SSN (not required)	US Citizen, US National or Eligible Immigrant? (not required)	Living in New Mexico?	Pregnant?	Receiving Income from Work or Job?	How Often?	Enrolled in Medicaid or Medicare?
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Total Household Job Income per Month (before taxes): _____

Other Household Income per Month (before taxes): _____

DO Include: Unemployment, Alimony, and Disability from the Social Security Administration

DO NOT Include: SSI Payments, or Child Support Received

MAD 011 Revised 5/2/14

By signing below, you are swearing that all information you have supplied for the completing of this Presumptive Eligibility application is true and correct to the best of your knowledge.

All information supplied will be kept secure and private.

Signature of Person Supplying Info on Behalf of This Household