

# APPENDIX B

## American Indian or Alaska Native Family Member (AI/AN)

Complete this appendix if you or family members are American Indian or Alaska Native. Submit this with your Application for Health Coverage & Help Paying Costs.

### Tell us about your American Indian or Alaska Native family member(s).

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

**NOTE:** If you have more people to include, make a copy of this page and attach.

	AI/AN PERSON 1		AI/AN PERSON 2	
1. Name (First name, Middle name, Last name)	First	Middle	First	Middle
	Last		Last	
2. Member of a federally recognized tribe?	Yes <b>If yes, tribe name</b>		Yes <b>If yes, tribe name</b>	
	No		No	
3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?	Yes		Yes	
	No <b>If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?</b> Yes    No		No <b>If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?</b> Yes    No	
4. Certain money received may not be counted for Medicaid/NCHC. List any income (amount and how often) reported on your application that includes money from these sources: <ul style="list-style-type: none"> <li>Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties</li> <li>Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)</li> <li>Money from selling things that have cultural significance</li> </ul>	\$ _____		\$ _____	
	How often?		How often? _____	



**NEED HELP WITH YOUR APPLICATION?** Contact your County DSS (<http://www.ncdhhs.gov/dss/local/>) or call us at 1-800-662-7030. Para obtener una copia de este formulario en Español, llame 1-800-662-7030. If you need help in a language other than English, call 1-800662-7030 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-452-2514..