APPLY FOR HEALTH COVERAGE BENEFITS

Indiana Division of Family Resources staff will be at COVID-19 testing sites across the state to help individuals apply for health coverage.

Individuals can apply by calling **800-403-0864** or by visiting our online benefits portal at **FSSAbenefits.in.gov**.

For each person, proof of	Examples of what you can fax or mail copies of
ldentity	Valid driver's license or student ID
Social Security Number	SSN for each applicant or proof of application for a Social Security Number
U.S. citizenship	Birth certificate, hospital or baptism certificate, other accepted proof of birth
Immigration status	For non-U.S. citizen, alien registration card, permanent resident card, etc.
Income/money received	Current pay stub, employer statement of employment termination, self- employment records, social security, VA, etc.
Resources*	Current statements for bank accounts, stocks, bonds, trusts; vehicle registration, property tax statements, etc.
Life or burial insurance*	Policy, insurance card, statement of value from company
Medical expense and health insurance	If disabled or age 65 or over – statement from medical provider, insurance company, or bills/receipts for out of pocket medical expenses, or receipt forhealth insurance premiums. Proof of past medical expenses are not required for Medicaid eligibility, but may be used to meet Medicaid spend down.
Guardianship or Power of Attorney	Power of Attorney, Guardianship Order

This is the list of items individuals should bring in order to apply for health coverage.

*If applicable. Information about resources (assets) is not required for most categories of health coverage unless you are aged, blind, disabled or receiving Medicare.



Division of Family Resources