

**REACH PROGRAM**  
**APPLICATION**  
**(Residents Access to a Coalition of Health)**

**This is an application for the REACH Program (Residents Access to a Coalition of Health). The REACH program offers uninsured Anne Arundel County residents ages 19-64 access to low cost health care.**

**REACH IS NOT AN INSURANCE POLICY AND DOES NOT PROVIDE INSURANCE COVERAGE. MEMBERS ARE RESPONSIBLE FOR ALL MEDICAL CARE COSTS.**

**Head of Household**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Marital Status: Never Married \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Household: Please list everyone in your household, starting with yourself.**

Name	Social Security Number	Relationship To You	Date of Birth	Sex	Race	Are you applying for this person?	Enrolled in Maryland Children's Health Program?
		SELF				Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N

Is there someone in your household who is pregnant and applying for REACH? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, list name of family member \_\_\_\_\_

Are you, or anyone applying for the REACH Program, covered by any type of health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or any family member seeing a primary care doctor regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list family member and doctor's name \_\_\_\_\_

How did you hear about the REACH Program?  Newspaper  Health Department  Friend  Flyer

Doctor  Hospital  Other, please specify \_\_\_\_\_

Are you a member of the Primary Adult Care Program (PAC)?  Yes  No  
 If yes, please provide a copy of your PAC enrollment card.

What is the primary language spoken in the household? \_\_\_\_\_

**Income Information: Please list the gross amount and frequency of all household income.**

Income Type	Self How Much?	How Often? (e.g weekly/monthly)	Spouse/Other How Much?	How Often? (e.g weekly/monthly)
<b>NAME OF EMPLOYER FOR: →</b>				
	<b>Self:</b>		<b>Spouse:</b>	
Wages From Employment	\$		\$	
Self Employment	\$		\$	
Unemployment Income	\$		\$	
SSI or Disability	\$		\$	
Social Security	\$		\$	
Pension/Retirement	\$		\$	
Child Support	\$		\$	
Real Estate Rental Income	\$		\$	
Other/Cash only income	\$		\$	

Did you, or your spouse file Federal Income Taxes for the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Final Steps Checklist

Notice: In order to process your application, please mail it with the following requested documentation:

Use this checklist to make sure you have gathered all the necessary documentation needed to process your REACH application. Have you:

- Completed the application, signed and dated it?**
- Provided proof that you are an Anne Arundel County resident?**  
**Submit ONE of the following for each applicant over the age of 19:**
- Copy of Maryland Driver’s License showing current address
  - Copy of MVA ID card
  - Copy of utility bill (BG&E, water or cable) showing service at listed residence. Cell phone bills are not acceptable as proof of residency.
  - Copy of current lease or mortgage statement
  - Voter Registration Card
- Provided proof of all income for a consecutive, one-month period?**  
**Submit ONE of the following for any applicant with income:**
- Current pay stubs in order by date (4 pay stubs if paid weekly, 2 pay stubs if paid bi-weekly)
  - Letter from current employer stating gross weekly, monthly or yearly income
  - Most current award letter from Social Security, Unemployment, SSI or SSDI if applicable
  - Award letters or documentation from all other forms of income
  - If child support is the only source of income, you must include documentation showing award.

**Provided a copy of each applicant's most recent Federal Income Tax Return- if applicant was required to file one?**

- Pages one and two of Federal Form 1040 are **required** for each applicant who filed a return.
- W-2 forms are not accepted.
- **If self employed, submit all pages of the Federal Return, including the "Schedule C Profit and Loss" statement and all additional schedules that you filed.**
- 1099 employees are required to send all 1099 end-of-year statements along with a copy of Federal Income Tax Return.

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### **CONFIDENTIALITY AND RELEASE OF INFORMATION**

I agree to the release of personal and financial information from this application form to the agency determining eligibility for the REACH Program (REsidents Access to a Coalition of Health) so that they can evaluate it and verify eligibility. I understand that I may be asked to provide additional information. Officials of the REACH Program may verify all information on this form. I understand that I must tell the agency that determines my eligibility about any changes in information on this form. By signing this application, I certify under penalty of perjury that everything on this form is the truth.

I certify under penalty of perjury that all applicants for the REACH Program are residents of Anne Arundel County and have no health insurance.

All information and documentation gathered for determining eligibility is confidential. Disclosure of information concerning my eligibility to anyone not authorized to receive the information is a violation of State and Federal laws. This application must be signed in ink by a household member 19 years of age or older.

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**Signature of Applicant**

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**Date**

**If you have questions or need clarification regarding what paperwork you need to include, please call the REACH Program at 410-222-4531 or 410-222-4532.**

**Please return this application along with the requested documents to:**

**REACH Program  
Anne Arundel County Department of Health  
1 Harry S. Truman Parkway, Suite 200  
Annapolis, MD 21401**

**FOR OFFICE USE ONLY**

**Signature of Case Manager**

**Date**