



Applying for Maine's Limited Family Planning Benefit

Access to Care Programs
A DEPARTMENT OF MAINEHEALTH

How to Fill Out the Limited Family Planning Benefit Application

Applicant can disregard ALL sections that are not described below.

Section 1. Provide your full name, date of birth, sex, and social security as instructed. In addition, be sure to provide your marital status (and maiden name, if applicable).

In the box that says "Are you requesting coverage?" write "Yes".

Section 2. Write in your mailing address, the best phone number where you can be reached, and your physical address (if different from mailing).

Section 3. If you are under 26, indicate if you were a former foster child enrolled in the MaineCare program by checking "yes" or "no".

Section 5. Again, provide your name in the first box. State your employer's name in the second box (phone not necessary).

Include how much you are paid on a typical paycheck from your employer in the third box. Format this as "xx/ wk" or "xx/2wk" depending on if your payment is weekly or biweekly. The fourth box asks how often you are paid, in which you will write "weekly," "biweekly," or whatever applies to you. Provide the number of hours you work each week in the last box (this can be a range if your hours vary).

Do **NOT** include income of family members.

If your wages changes often, simply check the box below this section.

Section 6. Write in your name if you are self-employed.

Section 7. Fill in any unearned income (unemployment, Social Security, pension, etc.).

Section 8. Answer the first question: "Does anyone who is applying have health insurance, including healthcare coverage from the VA?" Check yes or no.

If yes, write your insurance information into the spaces below.

Section 9. If English is not your first language, check the third box next to "check here if English is not your first language", and indicate what language you speak.

Check the box that says "check here if you are asking for help with medical bills incurred in the last 3 months"

Section 10. Fill out if you are not a U.S. Citizen.

Section 12. Write the month you would like coverage to begin. For example, if you visited a doctor on April 22nd, write April.

Sign and date as indicated at the bottom of the box.

On the final page...

Include your full name, date of birth, social security, and mailing address as instructed.

Flip the page over to sign and date this document.

When you return your completed Limited Family Planning Benefit application, be sure to include *copies* of the past 4-weeks of pay stubs. If you need coverage to go backwards for care you already had, provide income from the month of treatment up until the most recent pay period. For example, if you received services in April and you are applying in June, include pay stubs from April to June. If you are self employed, include copies of your most recent tax returns including all schedules.

Mail the application and pay stubs to the Access to Care Team using the return envelope provided.

Still have questions?

Call 662-7947 for assistance