State of Tennessee
Division of TennCare
P.O. Box 305240
Nashville, TN 37230-5240

February 15, 2024

ETHAN HAYWOOD
310 GREAT CIRCLE RD
NASHVILLE TN 37243-1700

We've made a change to how we send our letters. When possible, we try to put all of the letters mailing to your household on the same day in one envelope.

That means there may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

If you have questions or need more help, please call **TennCare Connect** at **855-259-0701.**

Want to save time? Create Your TennCare Connect Account Today!

Access your coverage from anywhere at any time. From your online account, you can read the letters we send you about your coverage and renew your coverage when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to **https://tenncareconnect.tn.gov** to get started!

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ETHAN HAYWOOD
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It's time to renew your coverage! (Coverage means TennCare, CoverKids, or Medicare QMB/SLMB)

Each year, we must see if you still qualify for coverage. **This letter is for people in your household whose coverage is up for renewal:**

Who	Person ID
ETHAN HAYWOOD (Age: 71)	182089732
ADAM MAYFIELD (Age: 6)	182089750

Do you want to see if you can keep your coverage? You must fill out and return the **Renewal Packet** that came with this letter **by March 26, 2024.**

This is the date your packet is due. **This is not the date your coverage will end.**

In the Renewal Packet, we tell you everything we know about your household. We need you to check the facts we have listed and tell us about any changes that happened in the last year. We may ask you questions about people in your household that are not listed in the table above. Knowing about other people in your household helps us decide if you qualify. If you need more space to answer any of these questions, please attach a separate sheet of paper with the information. **Be sure** to write your name and this number **116008168** on any additional pages you send.

To request a free instruction guide on how to complete the Renewal Packet, call **TennCare Connect** at **855-259-0701.** Or you can get it online. Go to: **https://www.tn.gov/content/dam/tn/tenncare/documents/RenewalPacketInstructions.pdf**

If you act **now,** you may be able to keep your coverage without a break. We must get your renewal by **March 26, 2024**. If we don't, your coverage may end.

Be sure to answer all of the questions that you can. And be sure to give us the proof we ask for to renew your coverage. Giving us proof can help us make a faster decision on your coverage.

There are 3 ways to renew your coverage. You only need to choose one. By March 26, 2024 send us your complete, signed Renewal Packet by:

1. **Over the phone by calling 855-259-0701.**

OR

2. **Fill out, sign, and send us this Renewal Packet.** There are 2 ways to send your pages to us.

By Mail: TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

By Fax: 855-315-0669
Be sure to keep the page that says your fax went through.

We'll use your answers to see if you can keep your coverage or not. The kind of coverage you have may change. To decide, we'll look at things like your age, your household income, how many people live with you, and if you have other insurance.

After we review your packet, we'll send you a letter that says if you can keep your coverage or not. If you can't keep your coverage, it will tell you the date your coverage will end and how to file an appeal. If the kind of coverage you qualify for changes, it will say that too.

Here are the kinds of coverage we'll see if you qualify for:

TennCare Medicaid - There are several different groups of people that may qualify for TennCare Medicaid. Some of those people are children under age 21, pregnant women, parents or caretaker of a minor child, (who lives with you and is a close relative), or people that need long-term services and support. Each group has different income limits. Some of the groups also have limits on how much you own-your "resources". These are things like bank accounts, cars, and land. The number of people who live in your household count too.

We'll look first to see if you qualify for TennCare Medicaid.

TennCare Standard - This is only for children under age 19 who can't keep TennCare Medicaid **and** who don't have access to other health insurance (like through a parent's job).

CoverKids - This is for children under age 19 or pregnant women who are not enrolled in other health insurance. If you don't qualify for TennCare Medicaid, are under age 19 or pregnant, and meet other rules, we'll review your packet for CoverKids. If you qualify for CoverKids, you could get help with your co-pays if you are American Indian or Alaskan Native (see Appendix B).

Medicare Savings Programs - This program is for people who have Medicare and qualify for help paying their Medicare cost sharing. You might know this as "QMB" or "SLMB." These pay for your Medicare premiums and sometimes your Medicare co-pays, and deductibles. If you want help paying for your Medicare, you must tell us in your packet.

To learn more about our programs go to **https://tn.gov/tenncare.**

Remember, to be sure you can keep coverage while we review your packet, we must get it by March 26, 2024. What if you send us your Renewal Packet on time but we get it on or close to the due date? You may have a short break in coverage. However, once we record your Renewal Packet as returned, we'll give your coverage back while we look at it.

What if you don't send us your Renewal Packet by March 26, 2024? You'll get a letter that says when the coverage you have now will end. The letter will also say how to appeal.

When your coverage ends, we won't pay for **any** of your health care or medicine anymore. Does TennCare pay your Medicare premiums now because you also have QMB or SLMB? If so and you don't return your Renewal Packet, your Medicare Savings Program will also end. **This means TennCare will stop paying your Medicare premium and your Social Security check may go down.**

Even if you get a letter that says when your coverage will end you can still send in your packet and proof. If we get your packet and proof, we'll use it to see if you qualify for coverage. Then we'll send you a letter that says if you qualify or not. If you think we made the wrong decision, the letter will also say how to appeal our decision.

What if we get your packet before your coverage ends but we need more facts or proof from you to decide? We'll send you a letter that says what's missing. You'll only have **20 days** from the date on that letter to give us the facts or proof we need.

What if you **don't** return the facts or proof we need within those 20 days? You may not be able to keep your coverage. We'll use the facts and papers you have given us to decide (even if you've only given us your Renewal Packet). So **don't wait!** Try to give us all your facts and proof when you send us your packet.

Do you want to end your TennCare, CoverKids, or Medicare Savings Program (like QMB or SLMB), or Katie Beckett? If you don't want your coverage anymore, call the **TennCare Connect** for free at **855-259-0701**. Tell us the coverage that you want to end. We'll stop your health care coverage and send you a letter telling you about your end date.

Is there someone living with you now that doesn't have coverage and wants to apply for TennCare, CoverKids or a Medicare Savings Program? Use Appendix A to tell us more about that person.

What if you don't have Katie Beckett coverage but want to see if you qualify? This program is for children under the age of 18 with complex medical needs and disabilities. It can help a child qualify for Medicaid by not counting the household income or resources. If you think you qualify for Katie Beckett because your household income or resources have gone up, tell us. Go to tenncareconnect.tn.gov. Log in to your account or create an account and tell us you want to be reviewed for Katie Beckett.

Do you need help with this letter because you have a health problem, learning problem or a disability? Or, do you need help in another language? If so, you have a right to get help and we can help you. See the "Do you need Special Help" page with this letter. Or call **TennCare Connect** for free at **855-259-0701.**

- **Do you have a mental illness and need help with this letter?**
  The TennCare Advocacy Program can help you.
  Call them for free at **800-758-1638.**

People who lie on purpose to get TennCare or CoverKids may be fined or sent to jail.

Are you eligible for other kinds of benefits like unemployment income, retirement income or disability? If so, you must apply for those benefits also to keep coverage with us.

We do not allow unfair treatment in our program.
No one is treated in a different way because of race, color, birthplace, religion, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a **free call** to **TennCare Connect** at **855-259-0701.**

Renewal Packet

Renew faster online at https://tenncareconnect.tn.gov or scan the QR code on page2.

It's time to renew your health coverage!

We'll use the facts you send to us to see if you still qualify.

Who can use this Renewal Packet?

- The people this packet is addressed to.
- People in your household who want to apply for our programs. Our programs include TennCare Medicaid, CoverKids, and Medicare Savings Program (like TennCare QMB and TennCare SLMB). But they can't use this packet to **apply** for Katie Beckett. They must go to https://tenncareconnect.tn.govto tell us they want to be reviewed for Katie Beckett.

*If someone is helping you fill this out, you may need to complete the **Help with Completing this Renewal Packet** section.

In this Renewal Packet, we tell you everything we know about your household. Here's what we need from you:

1. Check the facts we have listed to make sure they are correct.
2. Tell us about any changes that happened in the last year (and send us proof of these changes).
3. Answer all of the questions you can.

To make changes, you can mark through what we have and write in your change. Or write your changes on another piece of paper and send it with your renewal packet. **Be sure** to write your name and this number **116008168** on any other pages you send us.

Things you may need to complete this Renewal Packet

- Social Security Numbers (or document numbers for any legal immigrants who need insurance).
- Employer and income information for everyone in your family (for example, paystubs, W-2 forms, bank statements or wage and tax statements). Be sure to send in proof of your income too. Having this proof may help us decide faster if you can keep coverage.
- Policy numbers for any health insurance you have now (other than TennCare or CoverKids).
- Information about any job related health insurance available to your family.

Why do we ask for this information?

We must renew your eligibility each year. **We'll keep all the information you give us private and secure, as required by law.** To see how we use your information, go to: http://tn.gov/tenncare/topic/tenncare-forms.

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you.Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

There are 3 ways to renew your coverage. You only need to choose one. By March 26, 2024 send us your complete, signed Renewal Packet by:

1. **Using TennCare Connect to renew online at https://tenncareconnect.tn.gov or scan the QR code.** Log into your account and choose "Renew my Coverage." Haven't created an online account yet or downloaded the app? Go to https://tenncareconnect.tn.gov to find out more.

   Want to renew your coverage faster? Scan the QR code below. If you don't have a TennCare account, you can scan the QR code and click on the Create Account button. After you create an account and have logged in, select Link My Case from the menu option at the top. You'll need to enter your Social Security Number (SSN) to link your case to your TennCare Connect account. Or you can enter your Person ID which is found in this letter next to your name.

OR

2. **Over the phone by calling 855-259-0701.**

OR

3. **Fill out, sign, and send us this Renewal Packet.** There are 2 ways to send your pages to us.

   By Mail: TennCare Connect
   P.O. Box 305240
   Nashville, TN 37230-5240

   By Fax: 855-315-0669
   Be sure to keep the page that says your fax went through.

What happens next?
What if you don't have all the information we ask for when it's time to send us your Renewal Packet? Sign and send us your Renewal Packet anyway. After we get your packet, we'll look to see what facts we still need from you. Then we'll send you a letter that asks you to send us the facts we still need.

After we get your Renewal Packet and facts, we'll review your information. We'll send you a letter that tells you our decision. If you have questions, call us for free at **855-259-0701.** Filling out this Renewal Packet doesn't mean you have to buy health insurance.

Get help with this Renewal Packet

Call us at **855-259-0701.** We can help you with the questions on the Renewal Packet over the phone.

Or to request a free Instruction Guide on how to complete the Renewal Packet, call **TennCare Connect** at **855-259-0701. Or,** go to https://tn.gov/tenncare to get a copy online. You can

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

view it online or download it. The Instruction Guide helps explain the questions we ask. It also tells you more about the proof we need from you.

What if you need help in person with your Renewal Packet?

- Your local Department of Human Services can help you. To find your local office, go to https://tn.gov/humanservices and click "Find our Offices" at the bottom of the page or call **866-311-4287.**
- If you're getting care at a local community mental health center, they can also help you. Their offices are listed at https://tamho.org/service.php.

Part 1: Your Household

Start by reviewing the information we have in our records below.

1. **Do the people listed below still live together?** Check the box "Yes" or "No" for each person listed in the table below.

   If we have the Social Security Number for the people listed, it will say "On File". We won't show the SSN here. If the SSN column is blank, please write in the person's SSN. We use SSNs to check income and other information so we may not have to ask you to send us proof. We'll use your personal information **only** to see if you qualify for coverage. We keep all the information you give us private and secure as required by law.

   *You don't need to provide a Social Security Number (SSN) for family members who don't want coverage in our programs. Giving us the SSN of these family members can help speed up your renewal.

Name	Age	Sex	SSN	Still living with you?
ETHAN HAYWOOD	71	Male	On File	☐ Yes ☐ No
LUCY MAYFIELD	31	Female	On File	☐ Yes ☐ No
ADAM MAYFIELD	6	Male	On File	☐ Yes ☐ No

2. **Check the box to tell us your race (OPTIONAL Check all that apply):**

ETHAN HAYWOOD (Age: 71)

☐ White
☐ Asian Indian
☐ Japanese
☐ Other Asian
☐ Samoan
☐ Black or African American
☐ Chinese
☐ Prefer not to answer
☐ Korean
☐ Native Hawaiian
☐ Other Pacific Islander
☐ American Indian or Alaska Native
☐ Filipino
☐ Vietnamese
☐ Guamanian or Chamorro
☐ Other_____

LUCY MAYFIELD (Age: 31)

☐ White
☐ Asian Indian
☐ Japanese
☐ Other Asian
☐ Samoan
☐ Black or African American
☐ Chinese
☐ Prefer not to answer
☐ Korean
☐ Native Hawaiian
☐ Other Pacific Islander
☐ American Indian or Alaska Native
☐ Filipino
☐ Vietnamese
☐ Guamanian or Chamorro
☐ Other_____

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

ADAM MAYFIELD (Age: 6)

☐ White	☐ Korean
☐ Asian Indian	☐ Native Hawaiian
☐ Japanese	☐ Other Pacific Islander
☐ Other Asian	☐ American Indian or Alaska Native
☐ Samoan	☐ Filipino
☐ Black or African American	☐ Vietnamese
☐ Chinese	☐ Guamanian or Chamorro
☐ Prefer not to answer	☐ Other_____

3. **Are there other people living with you that are not listed above?** If yes, or if you have other tax dependents who are not listed above **tell us how they are related to the people we have listed in your household.**
Full Name:_____
Date of Birth: _____ **Gender:** _____
This person is the:
_____ of **ETHAN HAYWOOD (Age: 71).**
_____ of **LUCY MAYFIELD (Age: 31).**
_____ of **ADAM MAYFIELD (Age: 6).**

Full Name:_____
Date of Birth: _____ **Gender:** _____
This person is the:
_____ of **ETHAN HAYWOOD (Age: 71).**
_____ of **LUCY MAYFIELD (Age: 31).**
_____ of **ADAM MAYFIELD (Age: 6).**

Do any of the people you added want to apply because they don't have TennCare, CoverKids, or TennCare QMB/SLMB now? <u>You must fill out and send in Appendix A for each person who wants to apply.</u> <u>But you can't use Appendix A to apply for Katie Beckett. You must go online to https://tenncareconnect.tn.gov and tell us you want to be reviewed for Katie Beckett.</u>

4. **Are the household address(s) and phone number(s) shown below correct?** ☐ Yes ☐ No
If no, mark through the wrong information and write the correct information in the space provided.

Home Address (if different from mailing address)			Apartment or suite number
310 GREAT CIRCLE RD			
City	State	Zip Code	County
NASHVILLE	TN	37243-1700	DAVIDSON
Update Home Address:			
Mailing address (if different from home address)			Apartment or suite number

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City	State	Zip Code	County
Update Mailing Address:			
Daytime Phone Number		Email Address	
6295468745			
Update:			

5. **Are you a Tennessee resident?** ☐ Yes ☐ No
   Are you temporarily living out of state? ☐ Yes ☐ No
   If Yes, do you plan to return to Tennessee? ☐ Yes ☐ No
   Date you plan to return to Tennessee: _____ (mm/dd/yyyy)

6. **Is anyone in your household in jail or prison?** ☐ Yes ☐ No
   If Yes, tell us who: _____

Part 2: Taxes

1. **Usually we must renew your eligibility each year to see if you still qualify. To make it easier to renew your coverage, we can use federal sources, like information from your tax returns. We need your OK to check this information automatically.** If you don't give us permission, that's ok. We'll reach out to you when it's time to renew each year. Please choose an option below.

   ☐ Yes, you have permission to renew my eligibility automatically.
   If yes, for how many years? ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

   ☐ No, don't use information from tax returns to renew my coverage.

2. **Does anyone in the household plan to file a federal income tax return the next time taxes are due?** (You can still renew even if you don't file taxes.) ☐ Yes ☐ No

   If yes, name of person(s) filing tax return: _____
   If this person will **file jointly with a spouse,** write name of spouse:

   _____

   If this person will **claim dependents** on the tax return, write name(s) and date(s) of birth of dependents:

   Name:_____ Birth Date _____
   Name:_____ Birth Date _____
   Name:_____ Birth Date _____

   If you have more dependents to tell us about, give us their information on another piece of paper. Remember to include your name and this number **116008168** on the separate sheet.

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

3. **Will you or anyone in your household be claimed as a tax dependent by someone else the next time taxes are due?** ☐ Yes ☐ No

   If yes, name of tax dependent_____ Birth Date _____

   Tax filer's name and relationship to tax dependent: _____

   Does the tax filer live with this person? ☐ Yes ☐ No

4. **Do you or anyone in your household pay any expense that can be deducted on your federal income tax return like alimony or student loan interest, military moving expenses, alimony paid (listing Alimony Order date)?** ☐ Yes ☐ No
   If yes, list the expense.
   Expense_____How Much? _____ How Often? _____
   Expense_____How Much? _____ How Often? _____
   Expense_____How Much? _____ How Often? _____

Part 3: Current Job and Income Information

This information is for everyone in your home. Be sure to review and tell us about any changes to Jobs and Income for everyone in your home. When you send us your Renewal Packet, be sure to send us proof of your income. This could be things like pay stubs or bank statements. Having this proof may help us decide faster if you can keep coverage.

1. **Please review the employment information we found for your household and tell us if it is correct.**

Person: ETHAN HAYWOOD (Age: 71)	**Monthly Income**	**Is this Correct?**
Employer Name: Marco Polo Plumbing	$1,174.29	☐ Yes ☐ No

If a job listed above ended, tell us which job_____

Date of the last pay _____

If the employment information and the amount of monthly income above is correct, **you do not have to list it again in the next question.** But we still need you to finish the rest of this Renewal Packet and send it back.

2. Does anyone get paid for working a job not listed above or do you need to correct the facts above? ☐ Yes ☐ No

If yes, tell us about it below. And attach copies of the pay stubs for the last 8 weeks. If self-employed, attach your income records and business expenses statement or receipts for the last 30 days. If you receive tips that are not listed on your pay stubs, please include the total amount of tips received in the last 30 days.

Name	**Employer**	**How Much?**	**How Often?**	**How many hours worked in a week?**

Attach a sheet of paper if you need more room to list your family's employment, self-employment or tips. Remember to include your name and this number **116008168** on the separate sheet.

3. Review the other income information we have for your household and tell us if it's correct. If any of the income has ended or has changed, tell us. Use another piece of paper if needed.

Person: ETHAN HAYWOOD (Age: 71)	**Monthly Income**	**Is this Correct?**	**Last Pay Date (If Applicable)**
Type of Income: Social Security	$740.00	☐ Yes ☐ No	

If the income information and the amount of monthly income above is correct, **you do not have to list it again in the next question. You do not have to send proof of this income.** But we still need you to finish the rest of this Renewal Packet and send it back.

4. During the last 30 days did anyone receive any other income? This could be income like Social Security, Unemployment, Pensions, Retirement Accounts, Alimony received (listing Alimony Order date), Net farming/fishing income, Net rental/royalty income, or any other money. ☐ **Yes** ☐ **No**
If yes, tell us below.

Name	**Type**	**How Much?**	**How Often?**

If you have Social Security income, please answer the following question:

Does someone other than a parent (if you are under 18) or spouse help pay for your food OR housing each month? (Housing includes expenses such as rent, mortgage, property insurance, gas, electric, heating fuel, water, sewer, garbage collection service or property taxes.) ☐ **Yes** ☐ **No**
If yes, answer questions a-g.

a. Does the person who helps you pay for this live with you? ☐ **Yes** ☐ **No**
b. What do they help you pay for? _____
c. How much is this expense or bill? $_____
d. How much do you pay? $_____
e. How much do they pay? $_____
f. Number of people in the home? _____
g. Does everyone living with you get any kind of public assistance? (Public assistance includes Families First, SSI, Disaster Relief and Emergency Assistance, VA Pension, VA Aid and Attendance, the Refugee Act of 1980 or state or local government assistance programs based on need.) ☐ **Yes** ☐ **No**

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

Part 4: Your Family's Health Coverage

Please tell us about other health coverage for your household.

1. **Has anyone in your family enrolled in other health coverage in the last year?**
   ☐ Yes ☐ No **If YES**, complete the table below.

Insurance Plan Name:_____
Who's covered? Name:_____ Name:_____ Name:_____ Name:_____
Type of Insurance: ☐ Medicare ☐ TRICARE ☐ VA Health Care Programs ☐ Peace Corps ☐ Employer Insurance Name_____
Is this a limited-benefit plan (Like a school accident policy)? ☐ Yes ☐ No
Is this COBRA coverage? ☐ Yes ☐ No
Is this a retiree health plan? ☐ Yes ☐ No
Does this cover maternity benefits? ☐ Yes ☐ No

Do you have other insurance to add for someone else in your family?

Insurance Plan Name:_____
Who's covered? Name:_____ Name:_____ Name:_____ Name:_____
Type of Insurance: ☐ Medicare ☐ TRICARE ☐ VA Health Care Programs ☐ Peace Corps ☐ Employer Insurance Name_____
Is this a limited-benefit plan (Like a school accident policy)? ☐ Yes ☐ No
Is this COBRA coverage? ☐ Yes ☐ No
Is this a retiree health plan? ☐ Yes ☐ No
Does this cover maternity benefits? ☐ Yes ☐ No

2. **Does anyone listed on this Renewal Packet have access to other health coverage through a job?** Check **yes** even if the coverage is from someone else's job, such as a parent or spouse. if coverage is offered but you are enrolled.☐ Yes ☐ No

   If yes, tell us who:_____

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

Part 5: Questions Part 1

Answer these questions for everyone in your home. Be sure to check the box next to the question (or questions) that applies to you.

1. **Are you or anyone who lives with you pregnant now OR was pregnant in the last 12 months?** ☐ Yes ☐ No **If yes,** tell us who.

   Name: _____Due date or pregnancy end date: _____
   How many babies were/are expected during this pregnancy:____

   Name: _____Due date or pregnancy end date: _____
   How many babies were/are expected during this pregnancy:____

2. **Do you or anyone in your household live with at least one child under the age of 18 (or is the child age 18 and a full time student)? And, are you or anyone in your household the main person taking care of this child?** ☐ Yes ☐ No

If yes, Primary Caregiver Name(s):	
Child(ren)'s Name and relationship to Primary Caregiver:	
Name:_____	Relationship to Caregiver:_____
Name:_____	Relationship to Caregiver:_____
Name:_____	Relationship to Caregiver:_____
Name:_____	Relationship to Caregiver:_____

3. **Are you or anyone in your household age 22 or younger and a student?** ☐ Yes ☐ No
   If yes, tell us who.

   Name: _____
   This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

   Name: _____
   This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

   Name: _____
   This person is enrolled: ☐ Full Time ☐ Part Time ☐ Less than Part Time

4. **Are you or anyone in your household under age 65 and who is getting treatment now or do you need treatment for breast or cervical cancer?** ☐ Yes ☐ No

   If yes, tell us who._____

5. **Are you or anyone in your household in a medical facility (like a hospital) and have been there at least 30 days? Or are you in a medical facility now and will be there for at least 30 days?** ☐ Yes ☐ No
   If yes, tell us who. _____
   When did they go into the medical facility: _____
   Please tell us the name of the medical facility they are in: _____
   Please tell us their doctor's name and phone number: _____

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

Part 6: Questions Part 2

Answer these questions for everyone in your home. Be sure to check the box next to the question (or questions) that applies to you.

1. **Do you or someone in your household live in a medical facility or nursing home?** ☐ Yes ☐ No
   If yes, who: _____
   What's the name of the nursing home? _____
   When did you start getting care? _____
   If yes, who: _____
   What's the name of the nursing home? _____
   When did you start getting care in the nursing home?_____
   If yes, fill out the resources section.

2. **Do you need nursing home care either in a nursing home or at home?** ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____

3. **Would you or someone in your household qualify for care in a nursing home, but want care at home instead?** ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____

4. **Would you or someone in your household qualify for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), but want care at home instead?** ☐ Yes ☐ No
   If yes, does this person have intellectual disabilities (an IQ of 70 or below) that started before age 18? ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____

5. **Do you or someone in your household have a spouse (a husband or wife) who doesn't live in your home too?** ☐ Yes ☐ No
   If yes, who: _____
   Why does this person not live in this home? _____

6. **Are you or someone in your household getting Home and Community Based Services (HCBS) in CHOICES or PACE?** ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____

7. **Are you or someone in your household getting HCBS through the Comprehensive Aggregate Cap (CAC), Statewide, or Self-Determination waivers for people with intellectual disabilities?** ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

8. **Do you or someone in your household have intellectual and/or other developmental disabilities and want to receive Home and Community Based Services (HCBS) and participate in Employment and Community First CHOICES?** ☐ Yes ☐ No
   If yes, tell us who.
   Name:_____ Name:_____
   You must also complete an online referral at:
   LTSS ECF website: https://tpaes.tenncare.tn.gov/tmtrack/ecf/index.htm

9. **Do you or someone in your household need hospice care?** ☐ Yes ☐ No
   If yes, who:_____
   If yes, who:_____

10. **Do you or someone in your household have Medicare and want to get or keep help paying your Medicare cost sharing, like QMB or SLMB?** These pay for your Medicare premiums and sometimes your Medicare co-pays, and deductibles.☐ Yes ☐ No
    If yes, tell us who.
    Name:_____ Name:_____

11. **Are you or anyone in your household pregnant or under age 21?** ☐ Yes ☐ No
    If Yes, have you or anyone else in your home gotten care or medicine in the last 3 months **and** have bills (paid or unpaid) related to that care or medicine? Or have you paid for any medical bills this month (no matter how old they are)? ☐ Yes ☐ No **If Yes**, list them in question 3 in the Expenses section below.

Katie Beckett is only for children under the age of 18 with complex medical needs or a disability but don't qualify for Medicaid because of their parents' income or resources. If you qualify for Medicaid, you can't enroll in Katie Beckett. If you don't qualify for Medicaid, you can apply online here https://tenncareconnect.tn.gov.

Important: If you or someone in your household **did not answer yes to any question in 1-11**, you can skip the questions about Expenses and Resources. Start at "Help with Completing your Renewal Packet."

If you or someone in your household **did answer yes to any question in 1-11,** please tell us about Expenses and Resources.

Part 7: Expenses

Only answer these questions if someone said "yes" to one of the 11 questions above

1. Do you pay for child care or care for a disabled household member? ☐ Yes ☐ No
   If yes, fill in the boxes below. Send proof that shows **who gives the care** and **how much you pay them.** This proof must be signed by the person that gives this care. It must say how much you pay and how often.

Who gets this care?	Who pays for this care?	How much?	How often?

2. Do you have other types of expenses, like for your blindness or disability? Or, do you owe on medical bills (even if you've sent them to us before)? If yes, fill in the boxes below. Send proof that shows how much you pay. It must say how much you pay and how often.

What is the expense?	Who pays for this?	How much?	How often?

3. Did you answer YES to question 11 above? List any medical or dental bills for care or medicine you've received in the last 3 months.

Where did you get care?	How much is the bill?	Date of service?

Part 8: Resources

Only fill out this section if someone answered "yes" to a question in Questions Part 2.

1. Please review the resources (assets) you have told us about for your household. If you still have the resource tell us the current value (how much it's worth). Send proof showing who owns these resources and how much it is worth.

Person: **ETHAN HAYWOOD (Age: 71)**	Is this correct?	If Yes, tell us the current value
Type of Resource: Checking Account	☐ Yes ☐ No	
Type of Resource: Cars/Trucks	☐ Yes ☐ No	

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

2. Do you or anyone living with you own other resources (assets) not listed above? Check all that apply.

Resource Type	Name of Owner	What is the value? ($)	How much do you owe on it? ($)
☐ Cash and bank accounts			**N/A**
☐ Christmas Club accounts			**N/A**
☐ Savings or credit union accounts			**N/A**
☐ Irrevocable Burial Contract			
☐ Revocable Burial Contract			
☐ Cemetery Lots			
☐ Trust funds			
☐ Motorcycle or boat			
☐ Car, truck or motor vehicle			
☐ RV or camper			
☐ Mutual funds, stocks, bonds			
☐ 401(k), IRA or Keogh accounts			**N/A**
☐ Loan (Money that is owed to you)			
☐ Savings certificates or CDs			
☐ Tax shelter accounts			
☐ Property or land			
☐ Life Insurance Policy			**N/A**
☐ Other:			

Attach proof showing who owns these resources and the current value.
You do not need to attach proof of the value of the vehicle or your home.

3. **In the last 60 months (5 years), have you sold, given away or transferred ownership of any of the things you own (listed above in the Resources Section) for less than its worth?**
☐ Yes ☐ No **If yes,** fill in the boxes below. We will need proof of what you have sold or given away. The kind of proof you can provide is something that shows how much it was worth, how much you owned on it and how much you sold it for.

What did you sell or give away?	What was it worth?	How much did you owe on it?	If you sold it, how much did you get?
	$	$	$
	$	$	$
	$	$	$

4. Did you or anyone in your household lose Medicare because you went back to work and were making more money than your social security limit? ☐ **Yes** ☐ **No**
If yes, who: _____
If yes, who: _____

5. Do you get any of the kinds of income listed below? ☐ Yes ☐ No

- Money from friends or relatives
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Interest/Dividends/Royalties
- Rental Income
- Alimony
- Other

If yes, tell us about it in the box below. You must send proof. Don't send the original. **Send a copy.**

Name of person (Who gets this money?)	Source	How Much?	How Often?

6. **In the last 12 months (1 year) has anyone in your household gotten a lump sum of money?** This could be something like an insurance settlement, back pay for Social Security, or a lottery prize. ☐ Yes ☐ No
If yes, fill in the boxes below. We will need proof of the lump sum of money. The kind of proof you can give us is bank records or an award letter that shows how much you got.

Tell us who	How much did this person get?	Where did it come from?
	$	
	$	
	$	

Part 9: Help with Completing this Renewal Packet

Do you need help with your Renewal Packet?

- You can call **TennCare Connect** at **855-259-0701.**

What if you need help in person with your Renewal Packet?

- Your local Department of Human Services can help you. To find your local office, go to https://tn.gov/humanservices and click "Find our Offices" at the bottom of the page or call **866-311-4287.**
- If you're getting care at a local community mental health center, they can also help you. Their offices are listed at https://tamho.org/service.php.

Do you have an authorized representative who can talk to us about your Renewal Packet on your behalf? This is a trusted person who, with your consent (your OK), will:

- talk about this Renewal Packet and your health care with us,
- see your information,
- act for you on matters related to this packet and your coverage (including getting information about your Renewal Packet)
- and sign your Renewal Packet on your behalf

Your authorized representative can be an individual or an organization. Information shared by and with your representative may be shared with others. Not everyone has to follow the same privacy rules.

Your representative will continue to have these rights until you tell us you want to change. If you ever need to change your authorized representative, or end their rights as your representative, call **TennCare Connect** at **855-259-0701.** This will not change facts we have already shared with your representative, but we won't share any more facts.

If you or someone in this Renewal Packet already has a legally appointed representative (a guardian, custodian or power of attorney), send us proof with the packet. It's helpful to send it even if you've already given us this proof before. Remember, we must have proof of your authorized representative in our files before we can speak to him/her.

You can choose a representative by filling out their information below.

1. Name of authorized representative (First name, Middle name, Last name, Suffix)			
2. Address			3. Apartment or suite number
4. City	5. State	6. Zip Code	7. County
8. Phone Number			

If your representative is part of an organization helping you renew your coverage, such as a hospital, a doctor, or a nursing home, the employee representative must complete the information and sign below.

They must also agree that:
As an employee, staff member or volunteer with the named organization or provider below, they affirm that they will adhere to 42 CFR 431(f), 42 CFR 155.260(f) and 45 CFR 447.10, as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information. The organization or provider shall notify the Agency of any change in name or contact information for the representative within ten (10) days of the change.

1. Organization name (if applicable)	2. ID number (if applicable)
3. Signature of authorized representative (if applicable)	4. Date (if applicable)

Tell us the rights and responsibilities you want your authorized representative to have:

- ☐ Complete and submit a renewal form
- ☐ Receive copies of your notices from the agency
- ☐ Act on your behalf in all other matters with the agency

How long do you want your Authorized Representative to help you?

☐ 3 Months ☐ 5 Months ☐ 1 Year ☐ Ongoing

If you ever need to change your Assisting Person, or end their rights as your representative, call **TennCare Connect** at **855-259-0701**

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

Part 10: Read and Sign this Renewal Packet

There's one more page before you're finished. It's for you to **Read and Sign** this Renewal Packet.

- I'm signing this page under penalty of perjury which means I've provided true answers to all the questions to apply for or renew health coverage or report changes for the persons named in this Renewal Packet and its supplements to the best of my knowledge.
- I know that I must tell the **TennCare** if anything changes (and is different than) what I answered on the Renewal Packet within 10 days of that change. I can report changes online at **https://tn.gov/tenncare.** I can call **855-259-0701** to report any changes. I can mail changes to **TennCare Connect** at P.O. Box 305240, Nashville, TN 37230-5240. I can fax changes to 1-855-315-0669. Someone at a county DHS office can help me report a change. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. If you think you have been treated unfairly, call **855-259-0701** to report it. It's a free call.
- I know that if I am approved, I can't keep any health insurance payments or medical payments I get from insurance or other companies. Those payments belong to the State. I understand that I must sign them over to the State.
- I know that TennCare may use the email address (or mobile phone number) that I provided to send emails or Short Message Services (SMS) messages related to my coverage, depending on my communication preference selections. TennCare and their partners may also use the phone number I provided to call me about my coverage.
- I know that if the Tennessee Bureau of Investigation, TennCare, Office of Inspector General, or another agency asks for my help catching health care fraud and abuse, I must help.
- I know that if the State pays for medical bills or for nursing home care for me, the State may get that money back. I know that after my death, the State may be paid back with money from my estate.
- I know no one else can use my health care card. I know if I let someone else use my card I may have to pay the State back for that other person's medical bills. And I could go to jail.
- If I have an Social Security Number (SSN) and I'm applying for coverage, I know I am required to provide a valid SSN. Federal and State law lets us ask for an SSN. [42 CFR 435.910; Tenn. Code Ann § 71-5-106]
- If anyone on the Renewal Packet is eligible for health care coverage with TennCare, I am giving TennCare rights to purse and get any money from other health insurance, legal settlements, or other third parties. I am also giving TennCare rights to pursue and get medical support from a spouse or parent.
- Does any child on this Renewal Packet have a parent living outside of the home? If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell TennCare and I may not have to cooperate.
- If I think TennCare or CoverKids (CHIP) has made a mistake, I can appeal its decision. To appeal means to tell someone that I think the action is wrong, and ask for a fair review of the action. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me. I know that I can find out how to appeal by contacting **TennCare Connect** at **855-259-0701.**
- I understand if I'm eligible for other kinds of benefits like disability, unemployment income, or retirement income, I must apply for those programs if I want to keep coverage with TennCare.
- If I think TennCare is taking more than 45 days (or more than 90 days if I applied for long-term care), I can ask for a "delay hearing". I know I can ask for a delay hearing by contacting **TennCare Connect** at **855-259-0701.**

My right to appeal

If I think TennCare has made a mistake, I can appeal its decision. To appeal means to tell someone that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting **TennCare Connect** at **855-259-0701.** I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

Sign this Renewal Packet in the space below. The person who filled out the this renewal packet should **sign below.** Are you signing as an authorized representative? Then you must also provide proof that you are the Authorized Representative. The applicant or member can call TennCare Connect at 855-259-0701 or log in to their account on TennCare Connect member portal to tell us that you are the Authorized Representative. Or, go to: http://tn.gov/tenncare/topic/tenncare-forms, print and complete the pages you need. Then send them in with this signed page.

Signature: Print Name: Date (mm/dd/yyyy)

Part 11: Mail or Fax completed Renewal Packet

Mail your signed Renewal Packet to the address below. Be sure to include Appendix A and/or Appendix B if necessary.

TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

You may also fax your application to **855-315-0669.** Remember to send in the proof we need to decide if you can keep coverage.

Part 12: Voter Registration

Need help with your application? Call us at **855-259-0701.** Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 800-848-0298, then dial 855-259-0701.

TennCare is a voter registration agency. You can choose to apply today to register to vote.

To register to vote:

- You must be a U.S. Citizen
- You must be a Tennessee Resident
- You must be at least 18 years old on or before the next election and
- You must not have been convicted of a felonyor if you have, your voting rights have been restored.

If you are not registered to vote where you live, would you like to apply to register to vote here today?

☐Yes ☐No

IMPORTANT: IF YOU DO NOT CHECK EITHER YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Did you check Yes to the question above? Then TennCare will send you a voter registration form in the mail.
You can also apply to register to vote online at **https://sos.tn.gov/elections.**

You do not have to be registered to vote to be enrolled in our program. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. Call us at TennCare Connect. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Division of Election:

By MAIL: **Division of Election**
312 Rosa L Parks Avenue
7th Floor, Snodgrass Tower
Nashville, TN 37243-1102

By PHONE: 1-877-850-4959
1-615-741-7956

Individuals with hearing or speech impairments can use Tennessee Relay Center by calling 1-800-848-0299.

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Appendix A
Renewal Packet

Appendix A can be used if you want to apply for someone in your household who is not enrolled in our program now. If this person already has coverage with us, you don't need to fill out Appendix A.

Remember, they can't use Appendix A to apply for Katie Beckett.

Does more than one person need to use Appendix A? Make a copy and then complete Appendix A for each additional person.

Mail Appendix A **and** your renewal packet to:

TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

You may also fax your documents to **855-315-0669.**

1. First name, Middle name, Last name, & Suffix(Jr., Sr., III)

2. Date of Birth	3. Sex	4. SSN

We need your SSN if you want health coverage and have a SSN. We use SSNs to check income and other information to see if you may be eligible. If you want help getting a SSN, call 800-772-1213 or visit https://socialsecurity.gov. TTY users should call 800-325-0778.
If you have applied for a SSN but have not received it, when did you apply? _____

1. **Were you in foster care at age 18 or older in Tennessee?** ☐ Yes ☐ No
   If yes, who: _____

2. Are you a US citizen or US national? ☐ Yes ☐ No

   If you aren't a US citizen or US national, do you have an eligible immigration status?
   ☐ Yes ☐ No

   If yes, what is your new status? _____

   Date you gained the status:_____

   Date you entered the US: _____

   Alien or I-94 number

   Card number or passport number

   SEVIS ID or expiration date (optional)

   Other (category code or country of issuance)

   Have you lived in the US since 1996? ☐ Yes ☐ No

   Are you, or your spouse or parent, a veteran or an active duty member of the US military?
   ☐ Yes ☐ No

3. If Hispanic/Latino, check the box to tell us your ethnicity (OPTIONAL Check all that apply):

   ☐ Mexican
   ☐ Mexican American
   ☐ Chicano/a
   ☐ Puerto Rican
   ☐ Cuban
   ☐ Other_____

4. Check the box to tell us your race (OPTIONAL Check all that apply):

   ☐ White
   ☐ Asian Indian
   ☐ Japanese
   ☐ Other Asian
   ☐ Samoan
   ☐ Black or African American
   ☐ Chinese
   ☐ Korean
   ☐ Native Hawaiian
   ☐ Other Pacific Islander
   ☐ American Indian or Alaska Native
   ☐ Filipino
   ☐ Vietnamese
   ☐ Guamanian or Chamorro
   ☐ Other_____

Appendix B
Renewal Packet

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

Complete this appendix if **you or a family member are American Indian or Alaska Native** and want to keep coverage. Mail your Renewal Packet and Appendix B to the address listed in your Renewal Packet.

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 questions below to make sure your family gets the most help possible, and send us proof of your American Indian/Alaskan Native status as soon as you can.

What can you use as proof? Things like tribal identity cards, Certificate of Indian birth, or other documentation from a tribe, Indian Health Services (IHS), or the Bureau of Indian Affairs (BIA) that verifies you are an American Indian or Alaskan Native.

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

AI/AN PERSON:

1. Name (First name, Middle name, Last name, Suffix): _____

2. Member of a federally recognized tribe? ☐ Yes ☐ No
   If yes, Tribe name:_____State tribe is located in: __|__

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 ☐ No
   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?
   ☐ Yes ☐ No

4. Certain money received may not be counted for Medicaid or CoverKids. List any income (amount and how often) reported on your application that includes money from these sources:
   - Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
   - 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)
   - Money from selling things that have cultural significance

   $_____ How often? _____
   $_____ How often? _____

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Do You Need Special Help?

Here are some places you can call for help.

All of these numbers are free calls.

Do you have questions or need help with TennCare? Or, do you need help because you have a health, mental health, learning problem or disability?

- Call **TennCare Connect** at **855-259-0701.**

Do you have a hearing or speech problem and have questions or need help?

- Call the **Tennessee Relay Services (TNRS)** at **800-848-0298.** Ask them to connect you with the TennCare Connect at 855-259-0701.

Do you need help with prescription or refills at the drug store?

- First, call **your doctor.** Then, if you still need help call the **TennCare Member Medical Appeals** at **800-878-3192.**

Do you have questions about Medicare for people over age 65 and for the disabled?

- Call Tennessee's **State Health Insurance Assistance Program (SHIP)** at **877-801-0044.**

Do you need help getting health care, mental health care or drug or alcohol treatment?

- First, call **your health plan.** If you still need help call the **TennCare Advocacy Program** at **800-758-1638.**
- Then, if you still need help, call the **TennCare Member Medical Appeals** at **800-878-3192.**

Do you need help talking with us or reading what we send you?

Do you have a disability and need help getting care or taking part in one of our programs or services?

Or do you have more questions about your health care?

Call us for free at 855-259-0701.

We can connect you with the free help or service you need. (For TTY call: 800-848-0298)

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or online. Here are two places where you can file a complaint:

Division of TennCare Office of Civil Rights Compliance
310 Great Circle Road

Nashville, Tennessee 37243
Email: HCFA.Fairtreatment@tn.gov
Phone: 855-857-1673 (TRS 711)

You can get a complaint form online at:
https://tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf

U.S. Department of Health & Human Services Office for Civil Rights
200 Independence Ave SW, Rm 509F, HHH Bldg
Washington, DC 20201
Phone: 800-368-1019
(TDD): 800-537-7697

You can get a complaint form online at:
https://hhs.gov/ocr/office/file/index.html

Or you can file a complaint online at:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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TN

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English.

Spanish: **Español**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701 (TTY: 800-848-0298).

Kurdish: **کوردی**

ئاگاداری: ئەگەر بە زمانی کوردی قسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆڕایی، بۆ تۆ بەردەستە. پەیوەندی بە 855-259-0701 (800-848-0298) TTY بکە.

Arabic: **العربية**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-259-0701 (رقم هاتف الصم والبكم: 800-848-0298).

Chinese: **繁體中文**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-259-0701（TTY 800-848-0298）。

Vietnamese: **Tiếng Việt**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-259-0701 (TTY: 800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 (TTY: 800-848-0298)번으로 전화해 주십시오.

French: **Français**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-259-0701 (ATS: 800-848-0298).

Amharic: **አማርኛ**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 855-259-0701 (መስማት ለተሳናቸው: 800-848-0298).

Gujarati: **ગુજરાતી**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 855-259-0701 (TTY: 800-848-0298).

Laotian: **ພາສາລາວ**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິການຊ່ ວຍເຫ ຼືອດ້ ານພາສາ, ໂດຍບໍ ່ເສັ ຽຄ່ າ, ແມ່ ນມີ ພ້ ອມໃຫ້ ທ່ ານ. ໂທຣ 855-259-0701 (TTY: 800-848-0298).

German: **Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 855-259-0701 (TTY: 800-848-0298).

Tagalog: **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-259-0701 (TTY: 800-848-0298).

Hindi: **हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 855-259-0701 (TTY: 800-848-0298) पर कॉल करें।

Serbo-Croatian: **Srpsko-hrvatski**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezicke pomoci dostupne su vam besplatno. Nazovite 855-259-0701 (TTY- Telefon za osobe sa oštecenim govorom ili sluhom: 800-848-0298).

Russian: **Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-259-0701 (телетайп: 800-848-0298).

Nepali: **नेपाली**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 855-259-0701 (टिटिवाइ: 800-848-0298) ।

Persian: **فارسی**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 855-259-0701 (TTY: 800-848-0298) تماس بگیرید.