DEPARTMENT OF HEALTH

Refugee Health Program Arrival Notification Instructions

UPDATED DECEMBER 2023

Contents

Page 1 – Arrival Notification

Referral procedure for Private Sponsors and Parolees

This section is specific for Private Sponsors and Parolees to help guide you through the form.

Welcome Corps

Section 1: Submitter Information

Submitter Information

What is your name (first and last name)?

* must provide value

Name of person completing this form.

> Enter the first and last name of the submitter.

What is your email?

* must provide value

> This is the email of the submitter.

What is your phone number?

* must provide value

> This is the phone number of the submitter.

Which of the following best describes you?

* must provide value

○ I work at a Resettlement Agency

◉ I am a Private Sponsor

○ I work in Local Public Health

○ I work for a Community-Based / Non - Profit Organization

○ I am a parolee / refugee / asylee

○ Other

> This is the type of organization the submitter works with or who the submitter is. In this case, the submitter is a private sponsor through Welcome Corps, Uniting for Ukraine, or another humanitarian parolee program.

What program is this family being sponsored through?

* must provide value

- ⦿ Welcome Corps
- ○ Uniting for Ukraine
- ○ Cuban - Haitian Entrant Program
- ○ Refugee Resettlement Agency / Reception and Placement
- ○ Not Applicable

> This is the program the submitter is using to sponsor the family.

reset

What Private Sponsor Organization (PSO) is the private sponsor working with?

* must provide value

- ○ Alight
- ○ HIAS
- ○ Other

> This is the Private Sponsor Organization (PSO) that the submitter is working with. If the PSO isn't listed, choose "Other" to create a text box. This question only shows up with the Welcome Corps selection.

reset

Section 2: Sponsorship Information

Sponsorship Information

> This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items.

Sponsor's name (first and last):

Angie Rudol

If none, leave blank

Angie Rudol 's phone number:

Angie Rudol 's email:

Section 3: Arriving Family Information

Arriving Family Information

Nationality of principal applicant/head of household:

* must provide value

This is the nationality of the head of household, also known as the principal applicant.

Family File Number:

This is the family's file number.

Format: HB-111111

Date of arrival to the United States:

The date of arrival to the United States.

[Today]   M-D-Y

How many total family members?

* must provide value

Number of people on assurance form

The number of people in the family who resettled together. Case managers should put the number of people on the assurance form.

New arrival phone number

* must provide value

Phone number that can be used to reach the newcomer.

If unknown, enter "000-000-0000"

Street address

* must provide value

Address of newcomers. Do not put the sponsor or US tie address unless the family will be living there.

If unknown, enter "Pending"

City

* must provide value

If unknown, enter "Pending"

Zip code

* must provide value

If unknown, enter "Pending"

County

* must provide value

County of residence. If you are not sure, you can enter the address at
https://pollfinder.sos.state.mn.us

Select "Unknown" if county is unknown

County

must provide value

Hennepin ▼

Select "Unknown" if county is unknown

Hennepin County Contact Information

Fadumo Egal
OFFICE: 612-543-4663 #
EMAIL: faudmo.egal@hennepin.us

> Once you select the county, the submitter receives the contact information for the refugee health contact in the county or regional public health department.
>
> Copy the email address listed here and paste in the box below.

Please copy and paste the email of your county contact shown above in the text box below so we can notify them of this new arrival.

must provide value

Section 4: Assistance Needed

Assistance Needed

Does this family need an interpreter?

must provide value

◉ Yes

○ No

> Does the family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter when discussing healthcare.)

reset

What language?

must provide value

> Enter the language they will need for interpretation.

Does this family need transportation?

must provide value

○ Yes

○ No

> This is asking about transportation needs to appointment visits. If a family needs transportation to medical appointments, local public health or the clinics can set up medical rides.

et

Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the I94 or other immigration documentation:

⬆ Upload file

Please attach the family assurance form

⬆ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:

⬆ Upload file

Arrival comments:

Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.

Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Uniting for Ukraine and Cuban – Haitian Entrant Program

ALERT: Ukrainian Humanitarian Parolees who arrive on or after 10/01/2023 are no longer eligible for federal Office of Refugee Resettlement (ORR) benefits (including the Refugee Health Assessment) unless they meet specific family reunification criteria (found in the attachment below).

Regardless of eligibility for ORR benefits, the Minnesota Department of Health will continue helping Ukrainian Humanitarian Parolees connect to their required tuberculosis (TB) tests and immunizations. Completing this form will help ensure that the new arrivals receive appropriate services. If you have questions about eligibility, please email refugeehealth@state.mn.us.

Section 1: Submitter Information

Submitter Information

What is your name (first and last name)?

* must provide value

[   ]

Name of person completing this form.

> First and last name of the submitter.

What is your email?

* must provide value

[   ]

> Email address of the submitter.

What is your phone number?

* must provide value

[   ]

> Phone number of the submitter.

Which of the following best describes you?

* must provide value

- ○ I work at a Resettlement Agency
- ◉ I am a Private Sponsor
- ○ I work in Local Public Health
- ○ I work for a Community-Based / Non - Profit Organization
- ○ I am a parolee / refugee / asylee
- ○ Other

> This is the type of organization the submitter works with or who the submitter is. In this case, you are a private sponsor through Uniting for Ukraine, Cuban – Haitian Entrant Program, or another humanitarian parolee program.

What program is this family being sponsored through?

* must provide value

- ○ Welcome Corps
- ◉ Uniting for Ukraine
- ○ Cuban - Haitian Entrant Program
- ○ Refugee Resettlement Agency / Reception and Placement
- ○ Not Applicable

> This is the program that the submitter is using to sponsor the family.

reset

Section 2: Sponsorship Information

Sponsorship Information

This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items.

Sponsor's name (first and last):

Angie Rudol

If none, leave blank

Angie Rudol 's phone number:

Angie Rudol 's email:

Section 3: Arriving Family Information

Arriving Family Information

Nationality of principal applicant/head of household:

* must provide value

This is the nationality of the head of household, also known as the principal applicant.

Date of arrival to the United States:

[31] Today   M-D-Y

The date of arrival to the United States.

How many total family members?

* must provide value

Number of people on assurance form

The number of people in the family who resettled together. Case managers should put the number of people on the assurance form.

New arrival phone number

* must provide value

If unknown, enter "000-000-0000"

Phone number that can be used to reach the newcomer.

Street address

* must provide valu

Address of newcomers. Do not put the sponsor or US tie address unless the family will be living there.

If unknown, enter "Pending"

City

* must provide value

If unknown, enter "Pending"

Zip code

* must provide value

If unknown, enter "Pending"

County

* must provide value

County of residence. If you are not sure, you can enter the address at
https://pollfinder.sos.state.mn.us

Select "Unknown" if county is unknown

County
* must provide value

Hennepin

Select "Unknown" if county is unknown

Hennepin County Contact Information

Fadumo Egal
OFFICE: 612-543-4663 #
EMAIL: fadumo.egal@hennepin.us

Once the submitter selects the county, the submitter will receive the contact information for the refugee health contact in the county or regional public health department.

Copy the email address listed here and paste in the box below.

Please copy and paste the email of your county contact shown above in the text box below so we can notify them of this new arrival.
* must provide value

Section 4: Assistance Needed

Assistance Needed

Does the family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter when discussing healthcare.)

Does this family need an interpreter?
* must provide value

⦿ Yes
○ No

reset

What language?
* must provide value

Enter the language they will need for interpretation.

Does this family need transportation?
* must provide value

○ Yes
○ No

This is asking about transportation needs to appointment visits. If a family needs transportation to medical appointments, local public health or the clinics can set up medical rides.

Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the I94 or other immigration documentation:

⬆ Upload file

Please attach the family assurance form

⬆ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:

⬆ Upload file

Arrival comments:

Please list the number of family members and information about any medical conditions, including the type of medical condition and the identity of the person with the medical condition. U4U referrals won't have file numbers.

Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Referral procedure for Resettlement Agencies

Section 1: Submitter Information

Submitter Information

What is your name (first and last name)?

* must provide value

Name of person completing this form.

Enter the first and last name of the submitter.

The name written here will show up in a later question: "Does the family have a case manager who isn't _____?"

What is your email?

* must provide value

This is the submitter's email.

What is your phone number?

* must provide value

This is the submitter's phone number.

Which of the following best describes you?

* must provide value

This is the type of organization the submitter works with. In this case, the submitter works with a Resettlement Agency.

- ⦿ I work at a Resettlement Agency
- ○ I am a Private Sponsor
- ○ I work in Local Public Health
- ○ I work for a Community-Based / Non - Profit Organization
- ○ I am a parolee / refugee / asylee

What resettlement agency?

* must provide value

[dropdown]

This is the specific Resettlement Agency the submitter works for.

What is the immigration status of the newcomer(s)?

* must provide value

Primary Refugee

This is the immigration status/visa type of the newcomer.

What program is this family being sponsored through?

* must provide value

○ Welcome Corps

○ Uniting for Ukraine

○ Cuban - Haitian Entrant Program

○ Refugee Resettlement Agency / Reception and Placement

○ Not Applicable

reset

This is the program the newcomers are being sponsored through.

If "Primary Refugee" was chosen for the previous question, this question will come up. If a different visa type was chosen, this question will not come up.

Does the family have a case manager that isn't Angie Radol?

* must provide value

○ Yes

○ No

reset

If the submitter is not the newcomers' case manager, please write the name of their case manager.

Section 2: Sponsorship Information

Sponsorship Information

This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items.

Sponsor's name (first and last):

Angie Rudol

If none, leave blank

Angie Rudol 's phone number:

Angie Rudol 's email:

Section 3: Arriving Family Information

Arriving Family Information

Is this a free case? (free case means no family ties)

* must provide value

○ Yes
○ No

reset

This is whether the newcomers have family ties. This question comes up when the immigration type "refugee" is chosen.

Nationality of principal applicant/head of household:

* must provide value

This is the nationality of the head of household, also known as the principal applicant.

Family File Number:

This is the family's file number.

Format: HB-111111

Date of arrival to the United States:

📅 | Today | M-D-Y

The date of arrival to the United States.

How many total family members?

* must provide value

Number of people on assurance form

The number of people in the family who resettled together. Case managers should put the number of people on the assurance form.

New arrival phone number

* must provide value

Phone number that can be used to reach the newcomer.

If unknown, enter "000-000-0000"

Street address

* must provide value

Address of newcomers. Do not put the sponsor or US tie address unless the family will be living there.

If unknown, enter "Pending"

City

* must provide value

If unknown, enter "Pending"

Zip code

* must provide value

If unknown, enter "Pending"

County

* must provide value

County of residence. If you are not sure, you can enter the address at https://pollfinder.sos.state.mn.us

Select "Unknown" if county is unknown

County
*must provide value

Hennepin ▾
Select "Unknown" if county is unknown

Hennepin County Contact Information

Fadumo Egal
OFFICE: 612-543-4663 #
EMAIL: fadumo.egal@hennepin.us

> Once the submitter selects the county, the submitter will receive the contact information for the refugee health contact in the county or regional public health department.
>
> Copy the email address listed here and paste in the box below.

Please copy and paste the email of your county contact shown above in the text box below so we can notify them of this new arrival.
*must provide value

[   ]

Section 4: Assistance Needed

Assistance Needed

> Does the family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter when discussing healthcare.)

Does this family need an interpreter?
*must provide value

◉ Yes
○ No

reset

What language?
*must provide value

> Enter the language they will need for interpretation.

[   ]

Does this family need transportation?
*must provide value

○ Yes
○ No

> This is asking about transportation needs to appointment visits. If a family needs transportation to medical appointments, local public health or the clinics can set up medical rides.

Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the I94 or other immigration documentation:

⬆ Upload file

I94s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals.

Please attach the family assurance form

⬆ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:

⬆ Upload file

Arrival comments:

Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.

Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Referral procedure for Local Public Health and Community-Based/Non-profit organizations

Section 1: Submitter Information

Submitter Information

What is your name (first and last name)?
* must provide value

Angie Radol

Name of person completing this form.

> Enter the first and last name of the submitter.

What is your email?
* must provide value

> This is the submitter's email.

What is your phone number?
* must provide value

> This is the submitter's phone number.

Which of the following best describes you?
* must provide value

○ I work at a Resettlement Agency

○ I am a Private Sponsor

◉ I work in Local Public Health

○ I work for a Community-Based / Non - Profit Organization

○ I am a parolee / refugee / asylee

○ Other

reset

> This is the type of organization the submitter works for or who they are. In this case, the submitter is either Local Public Health or working for a Community-Based/Non-profit organization.

What is the immigration status of the newcomer(s)?
* must provide value

Primary Refugee ▼

> This is the immigration status/visa type of the newcomer(s) that the submitter is filling out this referral for.

What program is this family being sponsored through?
* must provide value

○ Welcome Corps

○ Uniting for Ukraine

○ Cuban - Haitian Entrant Program

○ Refugee Resettlement Agency / Reception and Placement

○ Not Applicable

reset

> This is the program the newcomers are being sponsored through.
>
> If "Primary Refugee" was chosen for the previous question, this question will come up. If a different visa type was chosen, this question will not come up.

Section 2: Sponsorship Information

Sponsorship Information

This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items.

Sponsor's name (first and last):

Angie Rudol

If none, leave blank

Angie Rudol 's phone number:

Angie Rudol 's email:

Section 3: Arriving Family Information

Arriving Family Information

This is whether the newcomers have family ties. This question comes up when the immigration type "refugee" is chosen.

Is this a free case? (free case means no family ties)
* must provide value

○ Yes
○ No

reset

Nationality of principal applicant/head of household:
* must provide value

This is the nationality of the head of household, also known as the principal applicant.

Family File Number:

This is the family's file number.

Format: HB-111111

Date of arrival to the United States:

The date of arrival to the United States.

📅 Today   M-D-Y

How many total family members?
* must provide value

Number of people on assurance form

The number of people in the family who resettled together. Case managers should put the number of people on the assurance form.

New arrival phone number

Phone number that can be used to reach the newcomer.

If unknown, enter "000-000-0000"

Street address
* must provide value

Address of newcomers. Do not put the sponsor or US tie address unless the family will be living there.

If unknown, enter "Pending"

City
* must provide value

If unknown, enter "Pending"

Zip code
* must provide value

If unknown, enter "Pending"

County
* must provide value

County of residence. If you are not sure, you can enter the address at https://pollfinder.sos.state.mn.us

Select "Unknown" if county is unknown

County
* must provide value

Hennepin

Select "Unknown" if county is unknown

Hennepin County Contact Information

Fadumo Egal
OFFICE: 612-543-4663 #
EMAIL: fadumo.egal@hennepin.us

Once the submitter selects the county, the submitter will receive the contact information for the refugee health contact in the county or regional public health department.

Copy the email address listed here and paste in the box below.

Please copy and paste the email of your county contact shown above in the text box below so we can notify them of this new arrival.
* must provide value

Section 4: Assistance Needed

Assistance Needed

Does the family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter when discussing healthcare.)

Does this family need an interpreter?
* must provide value

◉ Yes
○ No

reset

What language?
* must provide value

Enter the language they will need for interpretation.

Does this family need transportation?
* must provide value

○ Yes
○ No

This is asking about transportation needs to appointment visits. If a family needs transportation to medical appointments, local public health or the clinics can set up medical rides.

Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the I94 or other immigration documentation:

⬆ Upload file

I94s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals.

Please attach the family assurance form

⬆ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:

⬆ Upload file

Arrival comments:

Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.

Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Referral Procedure for Parolees/Refugees/Asylees

Section 1: Submitter Information

Submitter Information

What is your name (first and last name)?
* must provide value

Angie Radol

Name of person completing this form.

Enter the first and last name of the submitter.

What is your email?
* must provide value

This is the submitter's email.

What is your phone number?
* must provide value

This is the submitter's phone number.

Which of the following best describes you?
* must provide value

○ I work at a Resettlement Agency

○ I am a Private Sponsor

○ I work in Local Public Health

○ I work for a Community-Based / Non - Profit Organization

◉ I am a parolee / refugee / asylee

○ Other

This is what the submitter's immigration or visa type is. In this case, the submitter is a parolee, refugee, or asylee.

reset

Section 2: Sponsorship Information

Sponsorship Information

This is the submitter's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items.

Sponsor's name (first and last):

Angie Rudol

If none, leave blank

Angie Rudol 's phone number:

Angie Rudol 's email:

Section 3: Arriving Family Information

Arriving Family Information

Nationality of principal applicant/head of household:

This is the nationality of the head of household in your family, also known as the <u>principal applicant.</u> If you are the head of household in your family, please write your nationality.

Date of arrival to the United States:

[ ] 📅 Today   M-D-Y

You and/or your family's date of arrival to the United States.

How many total family members?
* must provide value

Number of people on assurance form

The number of people in your family who resettled together.

New arrival phone number

If unknown, enter "000-000-0000"

Phone number that can be used to reach you. Can be left blank.

Street address
* must provide value

Your address. Do not put your sponsor or your US tie's address unless your family will be living at that address.

If unknown, enter "Pending"

City
* must provide value

If unknown, enter "Pending"

Zip code
* must provide value

If unknown, enter "Pending"

County
* must provide value

Your county of residence. If you are not sure, you can enter the address at https://pollfinder.sos.state.mn.us

Hennepin ⌄
Select "Unknown" if county is unknown

County
* must provide value

Hennepin ⌄
Select "Unknown" if county is unknown

Hennepin County Contact Information

Fadumo Egal
OFFICE: 612-543-4663 #
EMAIL: fadumo.egal@hennepin.us

Once you select the county, you will receive the contact information for the refugee health contact in the county or regional public health department.

Copy the email address listed here and paste in the box below.

Please copy and paste the email of your county contact shown above in the text box below so we can notify them of this new arrival.
* must provide value

21

Section 4: Assistance Needed

Assistance Needed

Does this family need an interpreter?
* must provide value

◉ Yes
○ No

reset

> Does your family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter when discussing healthcare.)

What language?
* must provide value

> Enter the language your family will need for interpretation if interpretation is needed.

Does this family need transportation?
* must provide value

○ Yes
○ No

> This is asking about transportation needs to appointment visits. If you and your family need transportation to medical appointments, local public health or the clinics can set up medical rides.

Section 5: Relevant Documents Upload

Relevant Documents Upload

> In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the I94 or other immigration documentation:
⬆ Upload file

> I94s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals.

Please attach the family assurance form
⬆ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:
⬆ Upload file

Arrival comments:

> For refugees: Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.
>
> For parolees or asylees: Please mention any family members who have medical conditions and what type of medical conditions those are.

Expand

> Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

22

Page 2 – Principal Applicant

Principal Applicant

A A A
⊞ ⊟

Please submit the following information for the **Principal Applicant or Head of Household** for the arriving family.

First name of principal applicant / head of household:

* must provide value

> Enter the first name and last name of the principal applicant (head of household).

____'s last name

* must provide value

____ ____'s date of birth

* must provide value

🗓 Today   M-D-Y

> Enter the principal applicant's date of birth, sex, and country of birth.

____ ____'s sex:

* must provide value

○ Female
○ Male

reset

____ ____'s country of birth:

Collecting Alien numbers (A#) are extremely important to our program activities because it helps us ensure we are providing the best care. Please report that information if you have access to it. It is typically found on travel authorization documents like the one shown below.

Attachment: 📄 A number Sample.png (121.3 kB)

> Enter in the Alien Number (A#). You can see an example of where to find this information in the attachment "A number sample." Sometimes we have more than one newcomer with the same or similar name and birthday. Knowing the A# helps us ensure that high quality and accurate coordination can occur. If you do not know this number, you can skip this question and fill out the rest of the form.

____ ____'s Alien number:

Format: XXX-XXX-XXX

This is NOT a required field but is very important to capture

Does ____ ____ have a medical condition that needs a doctor? (This includes pregnancy, diseases such as high blood pressure or diabetes, or if they are on medication).

* must provide value

> This is asking about any medical conditions that require a visit to a doctor or clinic, such as being on medication prescribed by a doctor or diseases that require medical care like high blood pressure, diabetes, or cancer.
>
> Our program has staff dedicated to helping newcomers with health needs navigate the health care system to ensure they can access needed care as soon as possible on arrival.

◉ Yes
○ No
○ I don't know

reset

Please list out any relevant medical information for _____ _____ below.

Expand

Please attach any relevant SMC forms, or other medical documentation:

⬆ Upload file

If you have a "Significant Medical Conditions" (SMC) form or any other relevant medical documents for the principal applicant, you may upload them here. If you do not have these, skip this question.

Does _____ _____ have Medical Assistance (Medicaid/MA/health insurance)?

* must provide value

⦿ Yes

○ No

○ I don't know

This is asking if the principal applicant has health insurance, specifically Medical Assistance or Medicaid. If you select "yes" for the principal applicant having health insurance, the form will ask you about the specific Medical Assistance number and activation date.

reset

Medical Assistance number

If you know the Medical Assistance (Medicaid) number, you can put that in this box. Otherwise, leave blank.

Medical Assistance activation date

Today   M-D-Y

If you know when Medical Assistance (Medicaid) became active, you can put that in this box. Otherwise, leave blank.

Page 3 – Additional Family Members

Additional Family Members

A A A
⊞ ⊟

You are notifying us of a family of: **1**.

If the arriving family only has one member, you do not need to submit any more information in this page and you can select "**Finalize Notification**".

Please complete the information below for **every family member besides the principal applicant/head of household you already submitted (test test)**. If there are multiple family members, please select the "Submit another family member" option until you have completed this information for every member.

Once you have submitted information for every family member, please complete the survey by selecting the "**Finalize Notification**" button.

If there is more than one person in the family, you can fill out this form for each additional family member.

First name:

Last name

____ ____'s date of birth: 📅 | Today | M-D-Y

____ ____'s sex: ○ Female
                      ○ Male

reset

What is _____ _____'s relationship to test test (principal applicant).

[_____ ▾]

_____ _____'s country of birth:

[_____ ▾]

_____ _____'s Alien number:

[_____]

This is NOT a required field but is very important to capture

Does _____ _____ have a medical condition that needs a doctor? (This includes pregnancy, diseases such as high blood pressure or diabetes, or if they are on medication).

◉ Yes
○ No
○ I don't know

reset

Please list out any relevant medical information for _____ _____ below.

[_____]

Expand

Please attach any relevant SMC forms, or other medical documentation:

⬆ Upload file

Does _____ _____ have Medical Assistance (Medicaid/MA/health insurance)?
* must provide value

◉ Yes
○ No
○ I don't know

reset

Medical Assistance number

[_____]

Medical Assistance activation date

[_____] 📅 [Today] M-D-Y

If there are additional family members, click "Enter another family member's information." If there are no more family members click "Finalize notification" to submit the form.

Submit and

↻ **Enter another family member's information**

– or –

Finalize Notification