W-1QMB
(Rev. 8/09)

State of Connecticut
Department of Social Services

Medicare Savings Program
(QMB, SLMB, ALMB)

Basic Information

Please give us the following information about you:

Your Name: _____
First M.I. Last

Your Address: _____

_____

Your Mailing Address (if different): _____

_____

Your Telephone Number: _____

A Message Number: _____

Your Marital Status: ☐ Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
This application is for ☐ Yourself only ☐ Yourself and your spouse

Your Spouse's Name: _____
First M.I. Last

	Date of Birth	Place of Birth	Race	Social Security Number	Sex	Do you have Medicare? Part A? (circle one)	Do you have Medicare? Part B? (circle one)
Yourself						Yes No	Yes No
Your Spouse						Yes No	Yes No

Citizenship

Please give us information about your citizenship.

	Are you a U.S. citizen? (circle one)	If no, what is your alien status? (permanent resident, refugee etc.)	What is your alien registration number?	What is your country of origin?	Please give us the date and place that you came into the country.	What is the name of your sponsor? (if appropriate)
Yourself	Yes No					
Your Spouse	Yes No					

Income

Please list all income that you and your spouse receive. Please list the amounts of income before any deductions are made. Examples of income are Social Security, Supplemental Security Income (SSI), wages, pensions, disability benefits, worker's compensation, unemployment compensation, interest, dividends, rental property income, alimony and child support.

(Continued on reverse)

Income for Yourself			Income for Your Spouse		
Name and Address of Employer, if any:			Name and Address of Employer, if any:		
Name of Pension Company:			Name of Pension Company:		
Where does the money come from?	How much do you receive?	How often do you receive it? (Weekly, Monthly or Quarterly)	Where does the money come from?	How much do you receive?	How often do you receive it? (Weekly, Monthly or Quarterly)
Social Security	$		Social Security	$	
SSI	$		SSI	$	
Pension	$		Pension	$	
Wages	$		Wages	$	
Other (describe):	$		Other (describe):	$	
Other (describe):	$		Other (describe):	$	

- This application/redetermination is a request for help from the Medicare Savings Program only.
- All the information given on this form is confidential and will only be used to administer the programs except for certain exceptions.
- The Social Security numbers of everyone receiving or requesting assistance will be used to verify identity and eligibility. Social Security numbers will also be matched against federal, state and local government files by computer.
- The department will request information through the Income and Eligibility Verification System (IEVS). The information will be used to process this application/redetermination. Information will come from certain State and Federal agencies when allowed by law. We may directly verify information we receive with other sources such as banks and employers. Results from such verification may affect eligibility.
- I authorize the Department of Social services to verify any information regarding anyone's non-citizen status with the United States Citizenship and Immigration Services (USCIS). I understand that the department will not share the information given on this form with USCIS. I also understand that USCIS cannot use this application to deny admission to the U.S., harm permanent resident status or deport me.
- I give the Department of Social Services permission to share my name and other information with programs that help with energy costs for my home. These programs will use this information only to decide if I qualify for these benefits and to offer me the benefits.

I certify that all the statements made on this form are true and complete to the best of my knowledge. If I have knowingly given incorrect information, I may be subject to the penalties for false statements as specified in Connecticut General Statute Sections 53a-157b and 17b-97 and to penalties for larceny as specified in sections 53a-122 and 53a-123. I may also be subject to penalties for perjury under federal law.

Applicant's Signature Date

Spouse's Signature Date

Conservator or other Representative's Signature, if applicable Date