

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration

**KIDSCARE APPLICATION ADDENDUM**

Name (Last, First, Middle)	Soc. Sec. No.	Application ID
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**Health Insurance Coverage**

**Answer the following questions if you are applying for AHCCCS Medical Assistance for someone under age 19.**

Does any child under age 19 in this application qualify for State employee health benefits (even if they choose not to enroll) because:

- A parent or step parent (in or out of the home) works for a State agency and is eligible for health insurance through the State of Arizona; or
- The child or child's spouse works for a State agency and is eligible for health insurance through the state of Arizona?

Yes    No

Name of Child

Have any children under the age of 19 lost health insurance coverage in the last 90 days?

- If 'Yes,' give the following information:

Yes    No

Name of Child	Name of Policy Holder	Name of Insurance Company	
Group Number	Policy Number	Insurance Company Phone No.	Coverage End Date

