

# APPLICATION FOR COVID-19 TESTING

**Do you have health insurance? If not, you may be able to get free testing for COVID-19 through Medicaid. List the names and information for you and anyone who lives with you who needs insurance for COVID-19 testing. Coverage will start the month when we get your application. You may also ask for coverage for the past three months if you got COVID-19 testing or related services.\* If you need full health insurance, you might be able to get it from Medicaid or the NM Health Insurance Exchange for free or low-cost. Go to [www.yes.state.nm.us](http://www.yes.state.nm.us) to apply. Or call 1-855-637-6574.**

**Person Giving Information for Applicants or for Household Members Listed Below.** (This can be the applicant. It can be a health-care provider. It can be a presumptive eligibility determiner.)

First Name	Middle	Last	Organization Name, if applicable
Applicant's Home Address		City	State
Phone		Email	

**Applicant's Mailing Address.** (Enter if different from above.)

Address	City	State	Zip
---------	------	-------	-----

**List all uninsured members in your household. List those who need help with COVID-19 testing or testing-related services.**

Name (First, Middle, Last)	Date of Birth	SSN (required)	Have you received COVID-19 testing?	If yes, in which month(s)?	Is applicant a US Citizen, a US National, or a Qualified Non-Citizen?*	Is applicant a resident of New Mexico? And do they plan to stay here?	Does applicant have other health insurance? (Such as private or employer-sponsored.)	Does applicant have Medicaid? Medicare? TRICARE? Or federal health insurance?
			Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

\* COVID-19 testing and testing-related services received before March 18, 2020, are not covered by this program.

\*\* COVID-19 testing and testing-related services are covered regardless of immigration status. HSD and its staff will not share the information in this application other than solely for the purpose of determining your eligibility for coverage for COVID-19 testing and testing-related services. If you do not have a SSN or a qualifying immigration status, we have other programs that can help you.

If you sign below, you swear that what you have said above is true. You swear it is correct as far as you know. What you share will be kept secure. It will be kept private.

---

Signature of Applicant Date

**Citizenship or Immigration Status:** Many immigrants can get Medicaid. Some immigrants must have been in a certain status for 5 years before they can get Medicaid. There are many exceptions. Any lawfully residing child under the age of 21 or pregnant woman that meets all other requirements can get Medicaid right away. We keep your information private and secure.

Individuals in one of the following statuses may be eligible for coverage of COVID-19 testing and testing-related services if they meet the other program requirements.

U.S. Citizen	Lawful Permanent Resident (LPR/Green Card holder)	Asylee	Refugee	Cuban/Haitian entrant	Paroled into the U.S. (for at least one year)
Conditional entrant granted before 1980	Battered spouse, child, or parent	Victim of trafficking and his/her spouse, child, sibling, or parent	Granted Withholding of Deportation or Withholding of Removal	Member of a federally recognized Indian tribe or American Indian born in Canada	Afghan or Iraqi Special Immigrant
Amerasian	Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)	Paroled into the U.S. (for less than one year)	Temporary Protected Status (TPS)	Deferred Enforced Departure (DED)	Deferred Action Status
Lawful temporary resident (LTR)	Granted an administrative stay or removal by DHS	Granted Withholding of Removal under the Convention Against Torture (CAT)	Resident of American Samoa	Applicant for Special Immigrant Juvenile Status	Applicant for Adjustment to LPR Status with an approved visa petition
Applicant for Victim of trafficking visa	Applicant for Asylum (with EAD or under age 14 with application pending for at least 180 days)	Applicant Withholding of Deportation or Withholding of Removal (with EAD or under age 14 with application pending for at least 180 days)	Registry applicant (with EAD)	Order of supervision (with EAD)	Applicant for Cancellation of Removal or Suspension of Deportation (with EAD)
Applicant for Legalization under IRCA (with EAD)	Applicant for Temporary Protected Status (TPS) (with EAD)	Legalization under the LIFE Act (with EAD)			