1. Household Information

Name of person receiving income, including children:

- Please list the name(s) and due date(s) of any additional children.

- If you need assistance selecting your HMO, contact a Health Benefits Coordinator at 1-866-472-5338.

- How much does the adult worker earn?

- What is the child's age?

2. Income Information for Parents/Guardians and Children under 21: see instructions.

3. Health Maintenance Organization (HMO) Information: You will have to pick an HMO to be enrolled.

- If you need assistance selecting your HMO, contact a Health Benefits Coordinator at 1-866-472-5338.

- By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities", which I can also get at the NJ FamilyCare website at www.njfamilycare.org.

- I am aware that any of the statements made by me in this application are willfully false, I am subject to punishment.

- Date: