



**OKLAHOMA**  
Health Care Authority

# TRANSITIONAL MEDICAL ASSISTANCE REPORTING FORM

List the head of household below.

Your Name (first, middle, last) Case or Medicaid ID Number

Social Security Number Date of Birth (mm/dd/yyyy)

Home Address (check here if you are homeless )

City State ZIP Code

Phone Number Email Address

### Residence History

Did you or the household member(s) on Medicaid coverage live in Oklahoma throughout the entire past three months? If no, please list the member(s) below.

Yes  No

If no, please tell us which household member(s) did not live in Oklahoma, as well as the state in which they did live in and which month they left or returned to Oklahoma.

Name (first, middle, last) State (not Oklahoma) Month (mm/yyyy)

Name (first, middle, last) State (not Oklahoma) Month (mm/yyyy)

### Change to Household Members

Did you have a change to your household member(s) in the last 3 months? If yes, please list the member(s) below.

Yes  No

Name (first, middle, last) Social Security Number Date of Birth (mm/dd/yyyy)

Name (first, middle, last) Social Security Number Date of Birth (mm/dd/yyyy)

**Were you or any of the household member(s) on Medicaid coverage NOT EMPLOYED any of the last three months? If YES, please list the member(s) below and months not employed.**

Yes  No

Name (first, middle, last) Month(s) not employed (mm/yyyy)

Name (first, middle, last) Month(s) not employed (mm/yyyy)

Name (first, middle, last) Month(s) not employed (mm/yyyy)



#### ADDRESS

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



#### WEBSITES

oklahoma.gov/OHCA  
mysooner care.org



#### PHONE

Admin: 405-522-7300  
Helpline: 800-987-7767



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**INCOME SOURCE - SELF EMPLOYMENT OR CONTRACTOR**

If you are not self-employed, skip this section. What was income history during the past three months? Include all self-employment for any working adult or household member ages 16 or older. NOTE: For definition of income, please visit [MySoonerCare.org](https://oklahoma.gov/ohca/individuals/mysoonercore.html). [This will link to <https://oklahoma.gov/ohca/individuals/mysoonercore.html>.]

<b>Self-employment or contractor income from the last month</b>  Person: _____  Month: _____  Total gross receipts/income for this month: \$ _____  Total monthly expenses for this month: \$ _____	<b>Self-employment or contractor income from two months ago</b>  Person: _____  Month: _____  Total gross receipts/income for this month” \$ _____  Total monthly expenses for this month: \$ _____	<b>Self-employment or contractor income from three months ago</b>  Person: _____  Month: _____  Total gross receipts/income for this month: \$ _____  Total monthly expenses for this month: \$ _____
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**INCOME SOURCE – EMPLOYER**

What was your income history during the past three months? Include all jobs for any working adult or household member ages 16 or older. NOTE: For definition of income, please visit [MySoonerCare.org](https://oklahoma.gov/ohca/individuals/mysoonercore.html). [This will link to <https://oklahoma.gov/ohca/individuals/mysoonercore.html>.]

<b>Person employed:</b>		<b>List employer:</b>	
<b>Last month’s taxable income:</b> \$ _____	<b>Taxable income from two months ago:</b> \$ _____	<b>Taxable income from three months ago:</b> \$ _____	
<b>Person employed:</b>		<b>List employer:</b>	
<b>Last month’s taxable income:</b> \$ _____	<b>Taxable income from two months ago:</b> \$ _____	<b>Taxable income from three months ago:</b> \$ _____	
<b>Person employed:</b>		<b>List employer:</b>	
<b>Last month’s taxable income:</b> \$ _____	<b>Taxable income from two months ago:</b> \$ _____	<b>Taxable income from three months ago:</b> \$ _____	
<b>Person employed:</b>		<b>List employer:</b>	
<b>Last month’s taxable income:</b> \$ _____	<b>Taxable income from two months ago:</b> \$ _____	<b>Taxable income from three months ago:</b> \$ _____	



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**Unearned Income**

What was your income history during the past three months for unearned income for any member in your household? Unearned income may include any payments you have not worked to receive such as Social Security, Social Security disability, unemployment, retirement, rental income, legal settlements, and lottery or casino winnings.

Name (first, middle, last)	Type of Income	Month Received
Name (first, middle, last)	Type of Income	Month Received

**Third Party Insurance Household Information**

If your third-party insurance has changed in the last three months, please list member(s) change below. If there has been no change to your household, skip this section.

Name(s) of members	Name of Insurance Carrier	Type of Coverage (medical, dental, emergency)
List Policy Number and Group Number	List Month of Coverage Added	

Name(s) of members	Name of Insurance Carrier	Type of Coverage (medical, dental, emergency)
List Policy Number and Group Number	List Month of Coverage Added	

**Signature** I am signing this application under penalty of perjury, which means I have provided true answers to all the questions on this form to the best of my knowledge. I know I may be subject to penalties under federal law if I provide false information.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Printed Name \_\_\_\_\_

OR

Authorized Representative

Name of Authorized Representative (print clearly) \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_



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