

## QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS (QI) APPLICATION

Name		Social security number		Medicare number		Date	
Telephone number (      )		Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Address (number, street)				City		State	ZIP code

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 (QI-1) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. You may apply for QMB, SLMB, or QI-1 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, or QI-1, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
  - **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below \$908\* for a single person, or \$1,226\* for a couple).
  - **SLMB:** Net countable income below 120% of the FPL (below \$1,089\* for a single person, or \$1,471\* for a couple).
  - **QI-1:** Net countable income below 135% of the FPL (below \$1,226\* for a single person, or \$1,655\* for a couple).
- \* If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than \$6,680 in nonexempt property for a single person, or \$10,020 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

**IMPORTANT:**

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are **over** the income limits of the QMB, SLMB, and QI-1 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete.  Yes    No

Do you wish to apply for three months of retroactive coverage for the SLMB and QI -1 programs (there is no retroactive coverage for QMB).  Yes    No

**List all persons living in your household (spouse/children).** If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY.  
(Addresses at the bottom of this form)**

**A. COUNTABLE INCOME**

**1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1 applicant:**

- a. Social security check \$ \_\_\_\_\_
- b. VA benefits \$ \_\_\_\_\_
- c. Interest from bank accounts or certificate(s) of deposit \$ \_\_\_\_\_
- d. Retirement income \$ \_\_\_\_\_
- e. Any other unearned income \$ \_\_\_\_\_
- f. Total UNEARNED INCOME—add lines a. through e. \$ \_\_\_\_\_

**2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:**

- g. Social security check \$ \_\_\_\_\_
- h. VA benefits \$ \_\_\_\_\_
- i. Interest from bank accounts or certificate(s) of deposit \$ \_\_\_\_\_
- j. Any other unearned income \$ \_\_\_\_\_
- k. Retirement income \$ \_\_\_\_\_
- l. Total SPOUSE'S UNEARNED INCOME—add lines g. through k. \$ \_\_\_\_\_

**3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI applicant and spouse:**

- m. Gross earnings for the person who wants to be a QMB, SLMB, or QI-1 \$ \_\_\_\_\_
- n. Gross earnings for the spouse \$ \_\_\_\_\_
- o. Total—add lines m. and n. \$ \_\_\_\_\_
- p. Subtract \$65 \$ \_\_\_\_\_
- q. Remainder \$ \_\_\_\_\_
- r. Divide by 2 \$ \_\_\_\_\_
- s. Total EARNED AND UNEARNED INCOME—add lines f., l., and r. \$ \_\_\_\_\_

**4. Potential QMB, SLMB, or QI-1 eligibles:**

- You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at \$908\* for a single person, or at \$1,226\* for a couple).
- You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$1,089\* for a single person, or below \$1,471\* for a couple).
- You are potentially eligible as a QI-1 if your income is below 135% of FPL (below 1,226\* for a single person, or below \$1,655\* for a couple).

\* If you have a child in the home, these amounts may be higher.

<b>COUNTY USE</b>	
Applicant's unearned income (line f)	\$ _____
Spouse's unearned income (line l)	+ _____
Any income deduction	- _____
Net unearned income	_____
Net earned income (line r)	+ _____
Total net income	_____
MFBU size	_____
Compare to QMB/SLMB/QI-1/QI-2 income limit.	
If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.	

**B. PROPERTY**

A QMB, SLMB, or QI-1 who is not married or not living with his/her spouse may have countable property which is equal to or less than \$6,600. A QMB, SLMB, or QI-1 who is married and living with his/her spouse must have countable property which is equal to or less than \$9,910.

The following are examples of countable property. **Important:** The home you and/or a spouse live in **does not** count. One car used for transportation **does not** count. If you apply at the county welfare department as a QMB, SLMB, or QI-1, the county may treat the property listed on this form differently. There are other types of property which the county welfare department, will also look at, i.e., certificates of deposit. This other property **may** or **may not** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- 1. Checking accounts \$ \_\_\_\_\_
- 2. Savings accounts \$ \_\_\_\_\_
- 3. Certificate(s) of deposit \$ \_\_\_\_\_
- 4. Stocks \$ \_\_\_\_\_
- 5. Bonds \$ \_\_\_\_\_
- 6. A second car (value minus amount owed) \$ \_\_\_\_\_
- 7. A second home (value minus amount owed) \$ \_\_\_\_\_
- 8. The cash surrender value of life insurance policies if the face value of **all** policies combined exceeds \$1,500 (Do not include "term" insurance policies) \$ \_\_\_\_\_
- 9. Total PROPERTY—add lines 1 through 8 \*\*\$ \_\_\_\_\_

**COUNTY USE**

\*\* This total cannot exceed \$6,680 for a single person or \$10,020 for a couple.

**Additional information:** You may be eligible for **up to three months of retroactive coverage** of your Medicare Part B premiums under the SLMB and QI programs.

**NOTE:** Individuals enrolled in traditional Medi-Cal, in addition to the QMB/SLMB/QI programs, may be subject to Estate Recovery. Medi-Cal benefits received by an individual after age 55 may be recoverable by the State. Recovery may be made from the estate or the distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled or blind son or daughter. **Individuals enrolled in only the QMB/SLMB/QI programs, however, are not subject to Estate Recovery.**

**I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.**

Signature (or mark) of applicant	Date
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**COUNTY USE**

QMB approved     
  SLMB approved     
  QI-1 approved     
  QMB/SLMB/QI-1 denied

Eligibility Worker's signature	Date
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**Privacy Statement**

This information given in this application is private and confidential under Welfare and Institutions Code 14100.2. This information will be disclosed only in accordance with those laws.

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you, or the person(s) you represent, so that you can get Medi-Cal benefits. You must provide these facts to get some or all of your Medicare costs paid by Medi-Cal. You are required to provide your Social Security Number under the Social Security Act, Section 1137(a)(1) and the Welfare and Institutions Code, Section 14011.2.

## Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List

Mail completed form to your county listed below:

ALAMEDA COUNTY (01)  
Social Services Agency  
QMB/SLMB/QI Program  
7751 Edgewater Drive  
Oakland, CA 94621  
(510) 383-8749  
(510) 569-5017 FAX

ALPINE COUNTY (02)  
Health and Human Services  
QMB/SLMB/QI Program  
75 Diamond Valley Road  
Markleeville, CA 96120  
(530) 694-2235

AMADOR COUNTY (03)  
Department of Social Services  
QMB/SLMB/QI Program  
1003 Broadway  
Jackson, CA 95642  
(209) 223-6550  
(209) 223-6208 FAX

BUTTE COUNTY (04)  
Department of Social Welfare  
QMB/SLMB/QI Program  
P.O. Box 1649  
Oroville, CA 95965  
(530) 879-3521

CALAVERAS COUNTY (05)  
Calaveras Works and Human  
Services Agency  
QMB/SLMB/QI Program  
891 Mountain Ranch Road  
San Andreas, CA 95249  
(209)754-6444  
(209) 754-6543 FAX

COLUSA COUNTY (06)  
Department of Social Welfare  
QMB/SLMB/QI Program  
251 East Webster Street  
Colusa, CA 95932  
(530) 458-0250  
(530) 458-0492 FAX

CONTRA COSTA COUNTY (07)  
Employment and Human Services  
Department  
QMB/SLMB/QI Program  
40 Douglas Drive  
Martinez, CA 94553  
(866) 663-3225

DEL NORTE COUNTY (08)  
Department of Social Services  
QMB/SLMB/QI Program  
880 Northcrest Drive  
Crescent City, CA 95531  
(707) 464-3191

EL DORADO COUNTY (09)  
Department of Social Services  
QMB/SLMB/QI Program  
3057 Briw Road  
Placerville, CA 95667  
(530) 642-7300

FRESNO COUNTY (10)  
Employment and Temporary  
Assistance Department  
QMB/SLMB/QI Program  
P.O. Box 1912  
Fresno, CA 93750  
(559) 253-9051

GLENN COUNTY (11)  
Human Resources Agency  
QMB/SLMB/QI Program  
420 East Laurel Street  
P.O. Box 611  
Willows, CA 95988  
(530) 934-6514  
(530) 934-6521 FAX

HUMBOLDT COUNTY (12)  
Department of Social Services  
QMB/SLMB/QI Program  
929 Koster Street  
Eureka, CA 95501  
(707) 445-7706

IMPERIAL COUNTY (13)  
Department of Social Services  
QMB/SLMB/QI Program  
2995 South Fourth Street, Suite 105  
El Centro, CA 92243  
(760) 337-6820

INYO COUNTY (14)  
Department of Social Services  
QMB/SLMB/QI Program  
914 North Main Street  
Bishop, CA 93514  
(760) 872-1394

KERN COUNTY (15)  
Department of Human Services  
QMB/SLMB/QI Program  
100 East California Avenue  
Bakersfield, CA 93302  
1-888-506-2200

KINGS COUNTY (16)  
Human Services Agency  
QMB/SLMB/QI Program  
1200 South Drive  
Hanford, CA 93230  
(559) 582-3241  
(559) 585-0346 FAX

LAKE COUNTY (17)  
Department of Social Services  
QMB/SLMB/QI Program  
15975 Anderson Ranch Parkway  
P.O. Box 9000  
Lower Lake, CA 95457  
(707) 995-4200  
(707) 995-4204 FAX

LASSEN COUNTY (18)  
Department of Social Services  
QMB/SLMB/QI Program  
720 Richmond Road  
P.O. Box 1359  
Susanville, CA 96130  
(530) 251-8152

LOS ANGELES COUNTY (19)  
Department of Social Services  
QMB/SLMB/QI Program  
17171 East Gale Avenue  
City of Industry, CA 91745  
(626) 854-4987

MADERA COUNTY (20)  
Department of Social Services  
QMB/SLMB/QI Program  
720 East Yosemite Avenue  
P.O. Box 569  
Madera, CA 93639  
(559) 675-2300

MARIN COUNTY (21)  
Department of Health and Human  
Services  
3501 Civic Center Branch  
P.O. Box 4160  
San Rafael, CA 94913  
(415) 499-7089

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List**

Mail completed form to your county listed below:

**MARIPOSA COUNTY (22)**  
Department of Human Services  
QMB/SLMB/QI Program  
5186 Highway 49 North  
P.O. Box 7  
Mariposa, CA 95338  
(209) 966-3609

**MENDOCINO COUNTY (23)**  
Department of Social Services  
QMB/SLMB/QI Program  
747 South State Street  
P.O. Box 8508  
Ukiah, CA 95482  
(707) 463-7828

**MERCED COUNTY (24)**  
Human Services Agency  
QMB/SLMB/QI Program  
2115 West Wardrobe Avenue  
P.O. Box 112  
Merced, CA 95341-0112  
(209) 385-3000  
(209) 725-3583 FAX

**MODOC COUNTY (25)**  
Department of Social Services  
QMB/SLMB/Qi Program  
120 North Main Street  
Alturas, CA 96101  
(530) 233-6501

**MONO COUNTY (26)**  
Department of Social Services  
QMB/SLMB/QI Program  
P.O. Box 2969  
Bridgeport, CA 93517  
(619) 932-7291

**MONTEREY COUNTY (27)**  
Department of Social Services  
QMB/SLMB/QI Program  
1000 South Main Street, Suite 208  
Salinas, CA 93901  
(831) 755-4407/755-4400  
(831) 755-8408 FAX

**NAPA COUNTY (28)**  
Department of Social Services  
QMB/SLMB/QI Program  
2261 Elm Street  
Napa, CA 94558  
(707) 253-4106

**NEVADA COUNTY (29)**  
Department of Public Social Services  
Adult and Family Services  
950 Maidu Avenue  
P.O. Box 1210  
Nevada City, CA 95959  
(530) 265-1340  
(530) 265-7062 FAX

**ORANGE COUNTY (30)**  
Social Services Agency  
QMB/SLMB/QI Program  
888 North Main Street, #158C  
P.O. Box 1772 (92702-1772)  
Santa Ana, CA 92701-3518  
(714) 541-7750

**PLACER COUNTY (31)**  
Health and Human Services  
QMB/SLMB/QI Program  
11519 B Avenue  
Auburn, CA 95603  
(530) 889-7609

**PLUMAS COUNTY (32)**  
Department of Social Services  
QMB/SLMB/QI Program  
270 County Hospital Road,  
Room 207  
Quincy, CA 95971  
(530) 283-6350

**RIVERSIDE COUNTY (33)**  
Department of Public Social Services  
QMB/SLMB/QI Program  
731 Palmyrita Avenue  
Riverside, CA 92507  
(Call Local Department of Social Services)

**SACRAMENTO COUNTY (34)**  
Department of Human Assistance  
QMB/SLMB/QI Program  
1725 28th Street  
Sacramento, CA 95816  
(916) 874-2580  
(916) 874-2565 FAX

**SAN BENITO COUNTY (35)**  
Human Services Agency  
QMB/SLMB/QI Program  
1111 San Felipe Road, #206  
Hollister, CA 95023  
(831) 636-4180

**SAN BERNARDINO COUNTY (36)**  
Human Services System Traditional  
Assistance Department  
QMB/SLMB/QI Program  
825 East Hospitality Lane  
San Bernardino, CA 92415-0079  
(Call Local Department of Social Services)

**SAN DIEGO COUNTY (37)**  
Health and Human Services Agency  
QMB/SLMB/QI Program  
7947 Mission Center Court  
San Diego, CA 92108  
(619) 767-5022

**SAN FRANCISCO COUNTY (38)**  
Medi-Cal Health Connections  
QMB/SLMB/QI Program  
P.O. Box 7988  
San Francisco, CA 94120  
(415) 558-1855

**SAN JOAQUIN COUNTY (39)**  
Human Services Agency  
QMB/SLMB/QI Program  
333 East Washington  
P.O. Box 201056  
Stockton, CA 95201-3006  
(209) 468-1453

**SAN LUIS OBISPO COUNTY (40)**  
Department of Social Services  
QMB/SLMB/QI Program  
P.O. Box 8119  
San Luis Obispo, CA 93403-8119  
(805) 781-1885

**SAN MATEO COUNTY (41)**  
Department of Social Services  
QMB/SLMB/QI Program  
400 Harbor Boulevard, Building C  
Belmont, CA 94002  
(650) 595-7570

**SANTA BARBARA COUNTY (42)**  
Department of Social Services  
QMB/SLMB/QI Program  
1100 West Laurel Avenue  
Lompoc, CA 93436  
(805) 737-7056

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individual (QI) Counties' List**

Mail completed form to your county listed below:

SANTA CLARA COUNTY (43)  
Social Services Agency  
QMB/SLMB/QI Program  
1725 Technology Drive  
San Jose, CA 95110-1305  
(408) 441-5590  
(408) 436-5493 FAX

SANTA CRUZ COUNTY (44)  
Human Resources Agency  
QMB/SLMB/QI Program  
1320 Emeline Street  
Santa Cruz, CA 95061  
(831) 454-4260

SHASTA COUNTY (45)  
Department of Social Services  
QMB/SLMB/QI Program  
P.O. Box 496005  
Redding, CA 96049  
(530) 225-5767

SIERRA COUNTY (46)  
Human Services  
QMB/SLMB/QI Program  
202 Front Street  
P.O. Box 1019  
Loyalton, CA 96118  
(530) 993-6725  
(530) 993-6767 FAX

SISKIYOU COUNTY (47)  
Human Services  
QMB/SLMB/QI Program  
818 South Main  
Yreka, CA 96097  
(530) 938-5100  
(530) 938-5116 FAX

SOLANO COUNTY (48)  
Health and Social Services  
Department.  
QMB/SLMB/QI Program  
1745 Enterprise Drive  
Fairfield, CA 94533  
1-800-400-6001

SONOMA COUNTY (49)  
Human Services Department  
QMB/SLMB/QI Program  
520 Mendocino Avenue  
P.O. Box 1539  
Santa Rosa, CA 95402  
(707) 565-5304

STANISLAUS COUNTY (50)  
Comm. Services Agency  
QMB/SLMB/QI Program  
251 East Hackett Road  
Modesto, CA 95358  
P.O. Box 42  
Modesto, CA 95347-5351  
1-800-962-4468  
(209) 558-2189 FAX

SUTTER COUNTY (51)  
Welfare and Social Services  
QMB/SLMB/QI Program  
190 Garden Highway  
P.O. Box 1535  
Yuba City, CA 95992-1535  
(530) 822-7230 Ext. 218

TEHAMA COUNTY (52)  
Department of Social Services  
QMB/SLMB/QI Program  
22840 Antelope Building  
P.O. Box 1515  
Red Bluff, CA 96080  
(530) 527-1911

TRINITY COUNTY (53)  
Department of Health and Human  
Services  
QMB/SLMB/QI Program  
P.O. Box 1470  
Weaverville, CA 96093  
(530) 623-1265

TULARE COUNTY (54)  
Health and Human Services  
QMB/SLMB/QI Program  
5957 South Mooney Boulevard  
Visalia, CA 93277  
(209) 737-4660  
(209) 737-4694 FAX

TUOLUMNE COUNTY (55)  
Department of Social Services  
QMB/SLMB/QI Program  
20075 Cedar Road North  
Sonora, CA 95370  
(209) 533-5711

VENTURA COUNTY (56)  
Human Services Agency  
QMB/SLMB/QI Program  
505 Poli Street  
Ventura, CA 93001  
(805) 652-7522

YOLO COUNTY (57)  
Department of Employment and  
Social Services  
QMB/SLMB/QI Program  
500 A Jefferson Boulevard, Suite 100  
West Sacramento, CA 95605  
(916) 375-6214

YUBA COUNTY (58)  
Human Services Agency  
QMB/SLMB/QI Program  
6000 Lindhurst Avenue, #504  
P.O. Box 2320  
Marysville, CA 95901  
(530) 749-6311