

Field No.	Application Module	Field Name	Field Description	Format	Length	Table	Valid Values	R=Required O=Optional D=Dependency	Dependencies	Notes
PRIMARY APPLICANT/PARENT ONE										
1	Primary Applcnt		Last Name	A	25			R		QS
2	Primary Applcnt		First Name	A	17			R		QS
3	Primary Applcnt		Middle Initial	A	1			O		QS
4	Primary Applcnt		Gender		1	Y	M, F	R		QS
5	Primary Applcnt		Social Security	N	11			D	Required if Field 6 is blank	QS
6	Primary Applcnt		If no SSN, date applied for	mmddyyyy	8			D	Required if Field 5 is blank	QS
7	Primary Applcnt		Date of Birth	mmddyyyy	8			R		QS
CONTACT INFORMATION										
8	Contact		Residential address	A	38			R		QS
9	Contact		Residential address	A	38			O		QS
10	Contact		City	A	16			R		QS
11	Contact		State	A	2			R		QS
12	Contact		Zip Code	N	10			R		QS
13	Contact		Mailing address (if different)	A	38			O		QS
14	Contact		Mailing address	A	38			O		QS
15	Contact		City	A	16			O		QS
16	Contact		State	A	2			O		QS
17	Contact		Zip Code	N	10			O		QS
18	Contact		Home Phone	N	12			O		QS
19	Contact		Mobile Phone	N	12			O		QS
20	Contact		Work Phone	N	12			O		QS
21	Contact		Other Phone	N	12			O		QS
22	Contact		Email Address1	A	38			O		QS
23	Contact		Email Address2	A	38			O		QS
24	Contact		Preferred method of correspondence		1	Y	Electronic, Paper English, Spanish, Haitian Creole, Other	O	Default to Paper if no selection made	QS
25	Contact		Preferred language			Y		O	Default to English if no selection made	QS
SECONDARY APPLICANT/ PARENT TWO										
26	Secondary Applcnt		Last Name	A				R		QS
27	Secondary Applcnt		First Name	A				R		QS
28	Secondary Applcnt		Middle Initial	A				O		QS
29	Secondary Applcnt		Gender		1	Y	M, F	R		QS
30	Secondary Applcnt		Social Security	N	11			D	Required if Field 31 is blank	QS
31	Secondary Applcnt		If no SSN, date applied for	mmddyyyy	8			D	Required if Field 30 is blank	QS
32	Secondary Applcnt		Date of Birth	mmddyyyy	8			R		QS
CHILD BASIC										
33	Child Applcnt1		Last Name	A				R		QS
34	Child Applcnt1		First Name	A				R		QS
35	Child Applcnt1		Middle Initial	A				O		QS
36	Child Applcnt1		Gender		1	Y	M, F	R		QS
37	Child Applcnt1		Relationship to Primary Applicant/Parent One			Y	Child, Step-Child, Other	R		QS
38	Child Applcnt1		Relationship to Secondary Applicant/Parent Two			Y	Child, Step-Child, Other	R		QS
39	Child Applcnt1		Social Security	N	11			D	Required if Field 40 is blank	QS
40	Child Applcnt1		If no SSN, date applied for	mmddyyyy	8			D	Required if Field 39 is blank	QS
41	Child Applcnt1		Add another child	A	1		Y, N	R	If yes, present Child ID 2 module, etc.	QS
EMPLOYER INFORMATION										
42	Empl ID		Anyone in household employed?	A	1	Y	Y, N	R	If yes, present rest of this module	QS
43	Empl ID		Household member/employee	A	2	Y	Primary, Secondary, Child#	D	Required if field # is filled	QS
44	Empl ID		Employer Name	A	38			D	Required if field # is filled	QS
45	Empl ID		Employer Marketplace Security Key	A				O		QS
46	Empl ID		Add another employer	A	1	Y	Y, N	R	If no, stop. If yes, present Empl ID again	QS
MEDICAL QUESTIONNAIRE (see Questionnaire)										
	MedicalQ		Heart/Circulatory							QS
	MedicalQ		Eyes/Ears/Nose/Throat							QS
	MedicalQ		Immune							QS
	MedicalQ		Cancer/Tumors							QS
	MedicalQ		Neurological							QS
	MedicalQ		Transplants							QS
	MedicalQ		Bones/Muscles/Joints							QS
	MedicalQ		Psychological							QS
	MedicalQ		Diabetes/Endocrine							QS
	MedicalQ		Reproduction							QS
	MedicalQ		Lung/Respiratory							QS
	MedicalQ		Intestinal							QS
	MedicalQ		Liver/Kidney/Urinary							QS
CHILD DETAIL (reserved for later use)										
	Child Detail 1		Date of Birth	mmddyyyy	8			R		MT
	Child Detail 1		U.S. Citizen			Y	Y, N	D	Required if Field 43 is blank	MT
	Child Detail 1		Date of Entry into the U.S.	mmddyyyy	8			D	Required if Field 42 is blank	MT
	Child Detail 1		Child's USCIS Number					D	Required if Field 42 is filled	MT
	Child Detail 1		Child Currently insured		1	Y	Y, N	R		MT
	Child Detail 1		Current insurer	A				D	Required if field 45 is yes	MT
	Child Detail 1		Voluntary cancellation within last 2 months		1	Y	Y, N	R		MT
	Child Detail 1		If voluntary cancel, data	mmddyyyy	8			D	Required if Field 47 is yes	MT
INCOME DETAIL (reserved for later use)										
	Earned 1		Anyone in household with income from work	A	1	Y	Y, N	R	If yes, present rest of this submodule	MT
	Earned 1		Household member name	A	38			D	Required if field # is yes	MT
	Earned 1		Student status		1	Y	Y, N	R		MT
	Earned 1		Gross Income from work	N	8			D	Required if field # is yes	MT
	Earned 1		Pay Frequency		1	Y	Every week, every 2 weeks, 2 times a month, once a month	D	Required if field # is yes	MT
	Earned 1		Add another earned income	A	1		Y, N		If no, stop. If yes, present Earned Module again	MT
	Unearned 1		Anyone in household with unearned income	A	1	Y	Y, N	R		MT
	Unearned 1		Household member name	A	38			D	Required if field # is yes	MT
	Unearned 1		Unearned Source			Y	Monthly Social Security benefits, Monthly Supplemental Security Income, child support, unemployment, investments, other		Required if field # is yes	MT
	Unearned 1		Gross income	N	8				Required if field # is yes	MT
	Unearned 1		Add another unearned income			Y	Y, N	R	If no, present field #. If yes, present Unearned Module again	MT
	Child Suprt Pd		Anyone in household pay child support			Y	Y, N	R	If yes, present rest of this submodule	MT
	Child Suprt Pd		Person that pays child support					D	Required if field # is yes	MT
	Child Suprt Pd		Amount monthly child support paid	N	8			D	Required if field # is yes	MT
	Child Suprt Received		Anyone receiving child support		1	Y	Y, N	R		MT
	Child Suprt Received		Name of child receiving child support		38			D	Required if field # is yes	MT
	Child Suprt Received		Amount of monthly child support received	N	8			D	Required if field # is yes	MT
	Child Suprt Received		Add another child receiving support		1	Y	Y, N	R	If no, stop. If yes, present Child Suprt Received submodule again.	MT
	Child Suprt Received									MT
	Day Care		Child or disabled adult in day care		1	Y	Y, N	R		MT
	Day Care		Person in care					D	Required if field # is yes	MT
	Day Care		Monthly amount paid	N	8			D	Required if field # is yes	MT
	Day Care		Payor		38				Required if field # is yes	MT