



Iowa Department of Human Services  
**Addendum to Application for  
Presumptive Eligibility**

Applicants requesting Presumptive Eligibility must complete the  
“Application for Health Coverage and Help Paying Costs” (Form 470-5170) and the  
“Addendum to Application for Presumptive Eligibility” (Form 470-5192).

Do you want to apply for ongoing Medicaid?

Yes  No

Have you received Presumptive Eligibility (PE) for Medicaid in the last 12 months?

Yes  No

*Note: If you are pregnant, only **answer YES** to this question if you had Presumptive Eligibility during your current pregnancy. **Answer NO** if you had Presumptive Eligibility in the last 12 months but not during your current pregnancy.*

Do you have any dependents living with you?

Yes  No

Do they all have other medical coverage or are they all currently applying for other medical coverage?

Yes  No

Were you concurrently enrolled in foster care and Medicaid in Iowa when you were age 18 or older?

Yes  No