



COVER MONTANA
CONNECTING YOU TO HEALTH INSURANCE COVERAGE

**Cover Montana Monthly Webinar
Focus of the Medicare Savings Program**

Montana Primary Care Association

Agenda

Welcome – please share your name and organization in the chat

About us

Quick updates

Get Covered Again Campaign reminders

Focus on the Medicare Savings Program

- Background
- MSP basics
- How to use apply.mt.gov to apply for MSP
- Questions



Who Are We?

Montana Primary Care Association (MPCA) Membership

- 14 FQHC's
- 5 Urban Indian Health Centers
- Over 120,000 Montanans served by members
- Supports members in:
 - Quality/Data
 - Workforce
 - IBH/SUD
 - Social Needs

Cover MT/Cover Native MT

- Founded in 2014 for first enrollment period
- In-person Navigators
 - 7 across Montana
 - Collaborate with assisters at clinics throughout the state
- Helpline – 844 682-6837
- Website – www.covermt.org

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Where are Navigators Located?

Free, confidential, local help.

Missoula & Western
(406) 438-3410

Helena & Southwest
(406) 461-6991

Billings & Southeast
(406) 591-9139

Kalispell & Northwest
(406) 471-7049

Browning & Central
(406) 845-2376

Miles City & Eastern
(406) 853-5753

Visit covermt.org or call (844) 682-6837.

Quick Updates

Montana completed Medicaid redeterminations during unwinding and is now back to regular, annual Medicaid/HMK renewals

The PAHL no longer has a tiered system

Medicaid/HMK coverage loss Special Enrollment Period extended to November 30, 2023

Health Coverage

Annual Renewal

It's time to renew your Medicaid / Healthy Montana Kids health coverage. Don't lose your benefits!

Dear _____,

It's time to renew your Medicaid/Healthy Montana Kids coverage. You must provide us with your updated information for us to determine if you are eligible for ongoing health coverage.

The following individuals are due for renewal: .

_____ health coverage will end if you do not renew.

Here's what you need to do by May 10, 2024 :

The best ways to renew your coverage are:

- Call the Public Assistance Helpline at 1-888-706-1535 (TTY: 711) or
- Renew online at apply.mt.gov.

Renewing by phone or online allows you to apply for or renew SNAP and/or TANF benefits at the same time.

You can also renew by filling out the enclosed form, making sure to sign and date it then:

- Mail to:
DPHHS
PO Box 202925
Helena, MT 59620-2925
- Fax: 1-877-418-4533
- Drop off at your local OPA: To find an office near you, visit <https://dphhs.mt.gov/hcsd/OfficeofpublicAssistance>

What happens next?

Your current coverage will continue until May 31, 2024 . After we receive your updated information, we will see if you still qualify for health coverage after May 31, 2024.

We will send you a letter telling you if you qualify to keep your Medicaid/Healthy Montana Kids.

If you no longer qualify, we will send you a letter at least 10 days before your coverage ends. We will also tell you about other affordable health coverage you might qualify for and how you can get help signing up.



Questions? Call the Montana Public Assistance Helpline at 1-888-706-1535. The call is free. (TTY: 711). You can call Monday - Friday, 8:00am - 5:00pm Mountain Time.



GET COVERED AGAIN

Have you lost Medicaid or
Healthy Montana Kids (HMK)?
It's not too late to Get Covered Again.



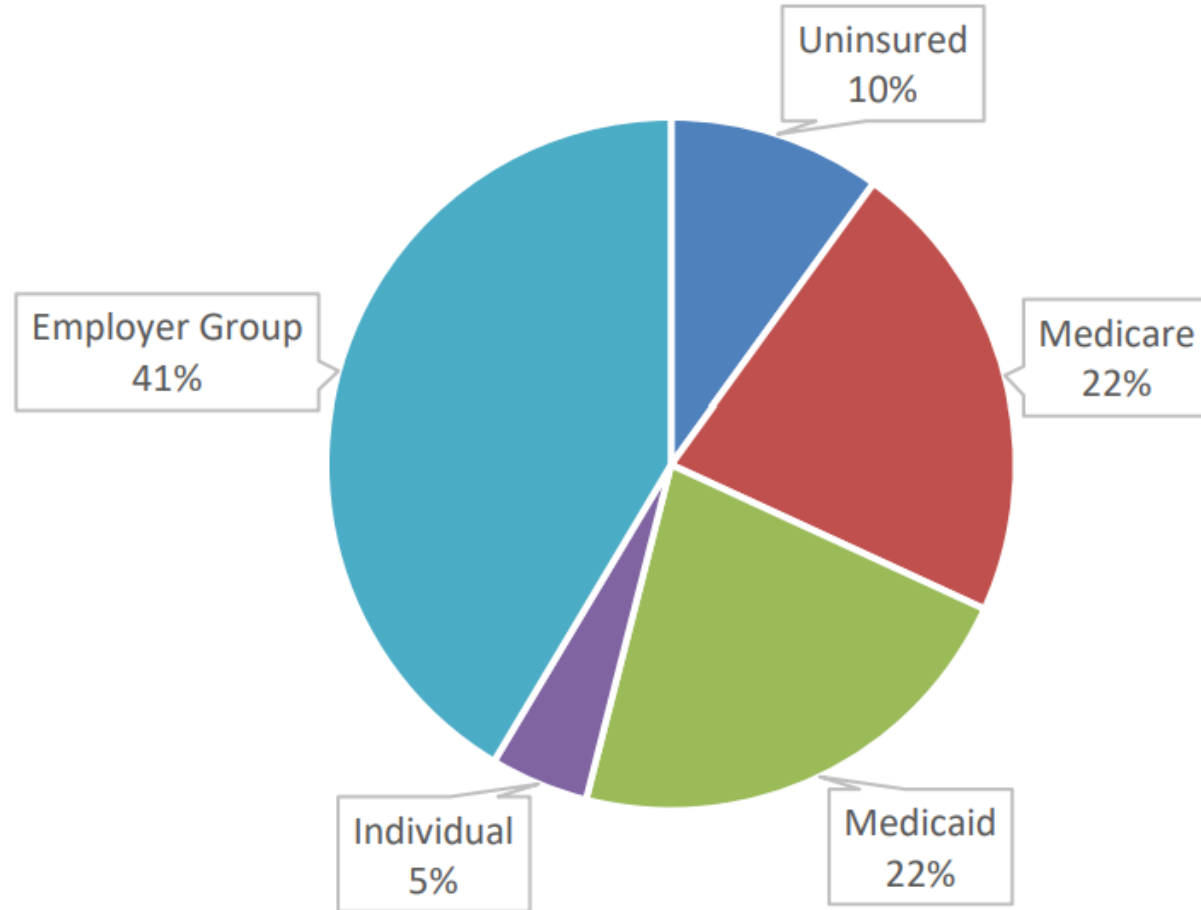
covermt.org



1 in 10 Montanans have lost coverage in the last year

Montana Insurance

Estimated Health Insurance Coverage 2020



Source: Montana Healthcare Foundation
[report by Christina Goe](#)



Medicaid - Eligibility

Montana Medicaid provides coverage for the following groups/populations:

- Infants and Children
- Subsidized Adoptions, Subsidized Guardianship, and Foster Care
- Pregnant Women
- Low Income Families with Dependent Children
- Low Income Adults
- Low Income Adults with an SDMI
- Aged, Blind/Disabled and/or receiving Supplemental Security Income
- Breast and Cervical Cancer Treatment
- Montana Medicaid for Workers with Disabilities (MWD)
- Medically Needy

More information is available at:

[Montana Healthcare Programs – Member Services](#) and [Offices of Public Assistance \(OPA\)](#)

Montana's Medicaid Coverage

Source: 2023 Medicaid in Montana [Report](#)

Aged, Blind, and Disabled (ABD) Programs

❖ Aged, Blind, Disabled (ABD)

❖ Medicare Savings Programs

❖ Qualified Medicare Beneficiary (QMB)

❖ Specified Low-Income Medicare Beneficiary (SLMB)

❖ Qualifying Individuals (QI)

❖ Medicaid for recipients of SSI Cash Assistance

❖ Medically Needy

❖ Has a spend down

❖ Medicaid for residents in nursing facilities

❖ Medicaid for Workers with Disabilities (MWD)

❖ Home and Community Based Services Waiver Medicaid (Waiver)

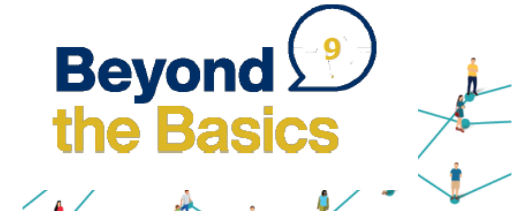
MAGI v. Non-MAGI Medicaid

MAGI

- Basis for most children, pregnant people, parents/caretaker relatives, and adults
- Considers taxable income and tax filing relationships
- No income disregards that vary by state or eligibility group
- No asset or resource test
- NHeLP [Advocate's Guide to MAGI](#)
- Beyond the Basics: [Income Definitions for Marketplace and Medicaid Coverage](#)

Non-MAGI

- Basis for populations with complex needs
- Unique challenges in accessibility to eligibility and enrollment processes
- Different income eligibility rules than MAGI
- Most are subject to asset test
- Not every state has every non-MAGI category (check state Medicaid websites)



The Parts of Medicare



Part A

Original Medicare - coverage for inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care

Original Medicare



Part B

Original Medicare - coverage for doctors and other healthcare providers



Part C

Medicare Advantage - includes all the benefits of Original Medicare Parts A & B, and most plans include coverage for Rx drugs and dental, vision and hearing care

Medicare Advantage



Part D

An optional stand-alone plan offering coverage for prescription drugs
(May be added to Original Medicare)



Medicare Supplement (Medigap)

Optional plans to help pay costs not covered by Original Medicare, like copayments, coinsurance and deductibles
(May be added to Original Medicare)

Different “parts” of Medicare pay for different types of coverage.





MEDICARE SAVINGS PROGRAMS (MSPS)

APRIL 18, 2024



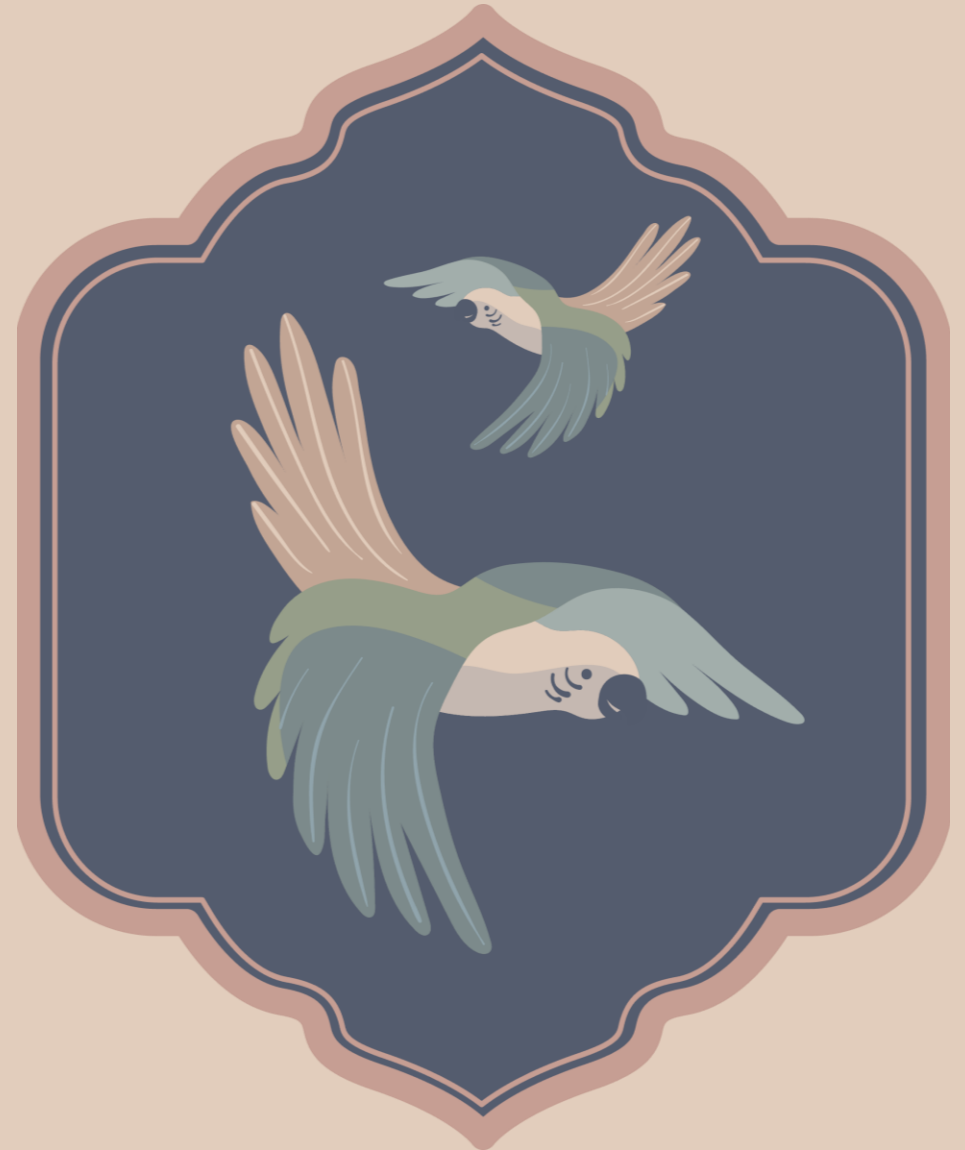
MEDICARE SAVINGS PROGRAMS



Qualified Medicare Beneficiary
(QMB)

Special Low-Income Medicare
Beneficiary (SLMB)

Qualified Individual (QI)



QUALIFIED MEDICARE BENEFICIARY (QMB)



- Pays Medicare Part A premium - (\$505)
- Pays Medicare Part B premium - (\$174.70)
- Pays Medicare Deductibles
 - Part A Deductible = \$1,632
 - Part B Deductible - \$240
- Co-payments/Co-insurance - 20% Medicare doesn't pay.
- Eligible for Low-Income Subsidy/Extra Help
- Special Enrollment Period (SEP) - 1st three quarters of the year.
- Starts month after application is submitted
- Waives Part A & B Late Enrollment penalties.



SPECIAL LOW-INCOME MEDICARE BENEFICIARY (SLMB)

- Pays Medicare Part B premium ONLY - \$174.70
- Can be backdated 3 months from application month, if eligible..
- Eligible for Low-Income Subsidy/Extra Help
- Special Enrollment Period (SEP) - 1st three quarters of the year.
- Waives Medicare Part B Late Enrollment penalty.



QUALIFIED INDIVIDUAL (QI)

- Pays Medicare Part B premium ONLY - \$174.70
- Can be backdated 3 months from application month, if eligible..
- Eligible for Low-Income Subsidy/Extra Help
- Special Enrollment Period (SEP) - 1st three quarters of the year.
- Waives Medicare Part B Late Enrollment penalty.
- Can either have QI or Medicaid, but not both.



2024 MEDICARE SAVINGS PROGRAM INCOME/RESOURCE GUIDELINES

EFF. 04/01/2024	QMB – Qualified Medicare Beneficiary Program	SLMB – Special Low-Income Medicare Beneficiary Program	QI – Qualified Medicare Beneficiary Program
<u>Income Limits</u> –			
Single Individual	\$1,255	\$1,506	\$1,694
Couple	\$1,704	\$2,044	\$2,300
<u>Resource Limits</u> –			
Single Individual	\$9,430	\$9,430	\$9,430
Couple	\$14,130	\$14,130	\$14,130
Benefits	Medicare Part A & B premiums, deductibles and Coinsurance	Medicare Part B premium	Medicare Part B premium
*Income guidelines change in April. Resource guidelines change in October.	Starts month after application is submitted	Starts month that application is submitted. May be backdated 3 months.	Starts month that application is submitted. May be backdated 3 months. **Cannot be eligible for another Medicaid

THANK YOU

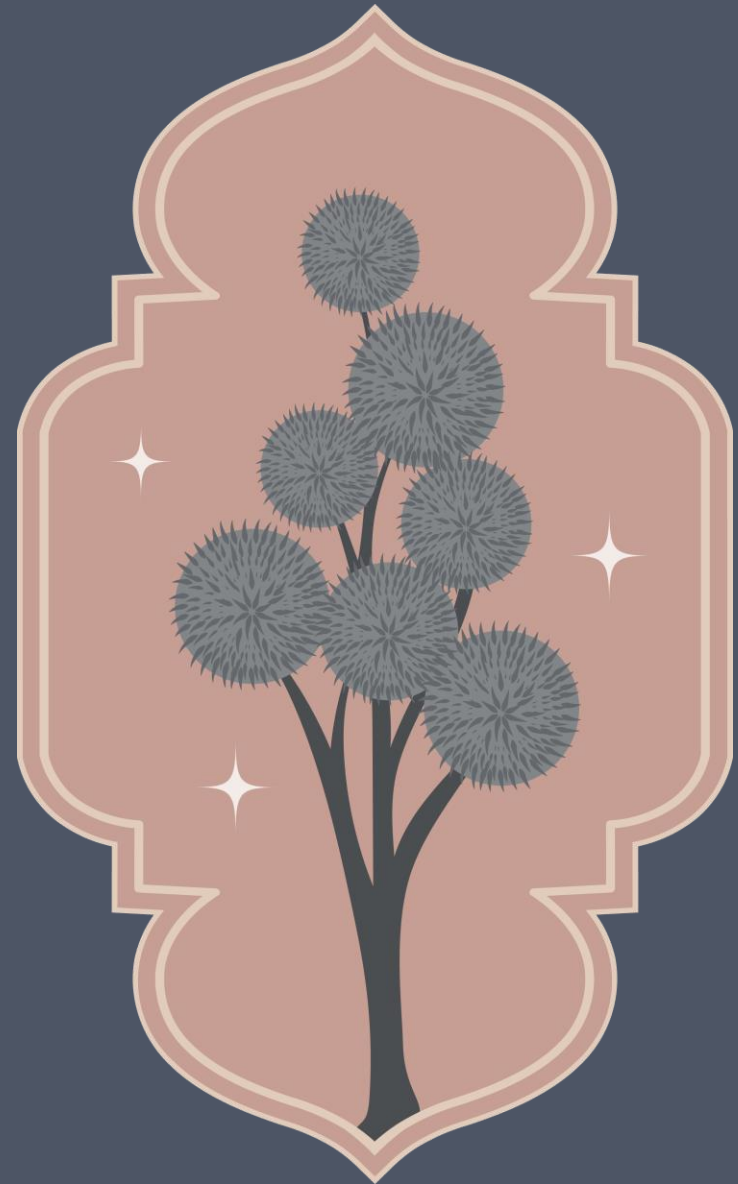


Janet Stellmon

Montana SHIP Director

jstellmon@mt.gov

406-202-1450



HOW TO APPLY FOR MEDICARE SAVINGS PROGRAMS (MSP)

- Apply at www.apply.mt.gov
- Complete hardcopy application form
- Apply for Low-Income Subsidy (LIS)/Extra Help at www.socialsecurity.gov
 - If beneficiary wants their information sent to the Medicaid office for MSP processing, leave checkbox blank that says, IF YOU DON'T WANT YOUR INFORMATION SENT TO THE MEDICAID OFFICE, CHECK THIS BOX

Medicaid vs Medicare

MediCARE for the elderly- MedicAID for the needy

- Medicaid is *usually* an income driven program, nationally. Medicare is *usually* a guaranteed benefit at a certain age (65) or 24 months post SSDI determination.

Medicaid transitions to a RESOURCE driven program upon enrollment in Medicare, in all instances.



Resource Driven, explained

Resource limits for QMB,SLMB, and QI are all the same; however, the income limits for each program are different.

Resource limits effective Jan 1, '24	
Individual	\$9,430
Married Couple	\$14,130

Resources counted & **Income information**	
Bank accounts-checking and saving	Retirement accounts **
Vehicles (in excess of one)	Life Insurance (cash value must be known)
Proof of Medicare Premium	Burial Plots
Stocks, Bonds, CDS	Land, equipment, assets
Employment ver. (wages, self employment) **	SS Payment amount- pre Medicare and post Medicare deduction **



Self Service Portal (SSP) Tips

Cover Montana guide:

[SSP_FAQ_FINAL_DecUpdate.pdf](#)
[f \(covermt.org\)](#)

Using Self-service Portal (SSP) for Medicaid Redetermination:

Account Creation:

- DPHHS has instructions for account creation here: [SSP-Okta User Workflow \(mt.gov\)](#)
- To create an account on <http://apply.mt.gov> you must have an active email account that you have current access to in order to verify your account

DO YOU RECEIVE MEDICAID? PLEASE ENSURE DPHHS HAS YOUR CURRENT ADDRESS SO YOU RECEIVE IMPORTANT INFORMATION ABOUT YOUR BENEFITS. TO UPDATE YOUR CONTACT INFORMATION CLICK HERE: <https://mt.accessgov.com/dphhs/Forms/Page/medicaid/changeofaddress>

If you have signed up to receive email notifications when correspondence is available for your case, you will start receiving emails from sspnotification@announcements.mt.gov. To ensure you receive these emails, please add this email address to your contact list.

Welcome to the Department of Public Health and Human Services online application. Here you can apply for food, medical, or cash assistance. Find out more about the programs by clicking the links below.

Supplemental Nutrition Assistance Program (SNAP) – Formerly Food Stamps
Temporary Assistance for Needy Families (TANF) – Cash assistance
Health Coverage Assistance – Medicaid, Healthy Montana Kids, health insurance assistance and tax credits through the federal Health Insurance Marketplace

Buttons on the right side of the page:

- Am I Eligible?
- Apply for Assistance
- Check My Benefits
- My Mail
- Report Change & Renew

Buttons at the bottom:

- Apply Now
- Sign In/Create Account

- Click “Sign In/Create Account”
- DPHHS uses a multi-factor authentication system called Okta that manages login information for Montana.gov

MPCA
Montana Primary Care Association



*For Which Assistance Would You Like to Apply?

Please select the type(s) of assistance you would like to apply for. Then click the NEXT button at the bottom of this page.

Health Coverage Assistance

Health Coverage Assistance provides medical coverage for eligible adults, children, pregnant women, elderly and disabled people. Health Coverage may help pay medical bills, doctor's visits and Medicare premiums.

Does anyone in your household need nursing home assistance, institutional coverage, or waiver services?

Is anyone in your household 65 or older or blind or disabled?

Has anyone in your household stopped receiving health coverage in the last 3 months?





More About Assistance

Here is more information about the programs you are applying for.

Health Coverage Assistance

- ✓ Health coverage assistance programs provide medical coverage for adults, children, pregnant women, elderly and disabled people. Health coverage assistance may help pay medical bills, doctor's visits and Medicare premiums.
- ✓ When you apply for Health Coverage Assistance, we will screen you for all Health Coverage Assistance programs and evaluate you for all programs for which you may be eligible.
- ✓ Health coverage assistance is offered to elderly or disabled adults, pregnant women, children and families.
- ✓ The program that you qualify for depends on several factors including your income, living arrangements and in some cases, resources.





About You

Let's get started on the application! First, please give us some basic information about you.

Information About You

* First Name :	Middle Name :	* Last Name :	Suffix :
<input type="text" value="Ivan"/>	<input type="text" value="T"/>	<input type="text" value="Covered"/>	< click here to choose > ▾
Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female		
Date of Birth :	<input type="text" value="07/04/1952"/> <input type="text"/> <input type="text"/> Ex: mm/dd/yyyy		
Select Language:	<input type="text" value="English"/> ▾		
* What county do you live in?	<input type="text" value="Custer"/> ▾		
What is your marital status?	<input type="text" value="Widowed"/> ▾		

You do not have to answer these questions if this person is not asking for assistance.

The collection of information on the application including my (our) Social Security number(s) will be used by state and federal agencies to check identity of household members, to prevent duplicate participation, and to exchange information by computer with other agencies (Social Security Administration, Internal Revenue Service, employers, and banks). The information obtained from these sources may affect my eligibility or benefit level and may be verified through collateral contacts when discrepancies are found by the State agency. The Social Security number(s) may also be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending fleeing felons/probation or parole violators. It will also be used for claims collection purposes and used to monitor compliance with program regulations and program management. For SNAP the collection of this information on the application, including SSN of each household member, is authorized under the Food and Nutrition Act of 2008, As Amended, 7 U.S.C 2011-2036.

Social Security Number: --

If you are homeless but you have a mailing address, please type your mailing address in the next section.

* Street Address:	<input type="text" value="123 Main St"/>		
* City :	* State:	* Zip Code :	
<input type="text" value="Miles City"/>	<input type="text" value="Montana"/> ▾	<input type="text" value="59301"/>	
* Do you live within the boundaries of an Indian Reservation?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If you are homeless please describe how to get to your home:	<input type="text"/>		

Mailing Address

Street Address or P.O. Box Number :	<input type="text" value="PO Box 1111"/>		
City :	State:	Zip Code :	
<input type="text" value="Miles City"/>	<input type="text" value="Montana"/> ▾	<input type="text" value="59301"/>	

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you don't have information we ask for, just leave it blank.

Home Phone :	<input type="text" value="4064443111"/>	
Work Phone :	<input type="text"/>	Ext : <input type="text"/>
Cell/Message Phone :	<input type="text" value="4064443111"/>	
Email Address :	<input type="text" value="ivantcovered@email.com"/>	





Tax Information

Please tell us more about tax information for the household.

Ivan's Tax Information

Will Ivan file a federal income tax return NEXT YEAR? Yes No

Spouse Information

Will Ivan file jointly with a spouse? Yes No

Dependent Information

Will Ivan claim any dependents on their tax return? Yes No

Will Ivan be claimed as a dependent on someone else's tax return? Yes No



*Blindness or Disability

Please check the box for anyone who is disabled or blind. Otherwise, check "No one."

No one



Ivan

*Health Condition

Please check the box for anyone that has a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or lives in a medical facility or nursing home.

No one



Ivan

*Military Discharge

Please check the box for anyone that has been discharged from the military in the last 12 months.

No one



Ivan

*Student Status

Please check the box for anyone that is enrolled in any Montana University system unit, a tribal college or any other accredited college within Montana offering at least an associate degree.

No one



Ivan

*Current / Past / Pending Public Assistance

Please check the box for anyone who ever applied for, received, or is receiving public assistance(CHIP, SNAP, TANF, or Medicaid). Otherwise, check "No one."

No one



Ivan

*Current or Offered Health Insurance

Please check the box for anyone who is currently enrolled in health coverage or is offered health coverage from a job.

No one



Ivan

*Current Medicare Details

Please check the box for anyone who is currently enrolled in Medicare (Part A, B, C or D)

No one



Ivan



More About Ivan's Disability or Blindness

You've told us that Ivan is disabled or blind. Please tell us a little bit more about this.

Ivan's Disability or Blindness

When did Ivan become blind or disabled?

Input field with calendar icon and example text: Ex: mm/dd/yyyy

Expected Length of Disability

Dropdown menu with text: < click here to choose >

* Has Ivan ever applied for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits as a disabled person?

Radio buttons for Yes and No

* Has Ivan ever received Supplemental Security Income (SSI)?

Radio buttons for Yes and No

Navigation buttons: PREVIOUS, SAVE & EXIT, NEXT

SSI approval with Social Security should auto enroll a person in Medicaid. Because the process for disability through SSA can be lengthy, the OPA may not know a person is eligible for months- could be years. This can help trigger enrollment with SSI Medicaid.



*Blindness or Disability

Please check the box for anyone who is disabled or blind. Otherwise, check "No one."

No one



Ivan

*Health Condition

Please check the box for anyone that has a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or lives in a medical facility or nursing home.

No one



Ivan

*Military Discharge

Please check the box for anyone that has been discharged from the military in the last 12 months.

No one



Ivan

*Student Status

Please check the box for anyone that is enrolled in any Montana University system unit, a tribal college or any other accredited college within Montana offering at least an associate degree.

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Ivan

*Current / Past / Pending Public Assistance

Please check the box for anyone who ever applied for, received, or is receiving public assistance(CHIP, SNAP, TANF, or Medicaid). Otherwise, check "No one."

No one



Ivan

*Current or Offered Health Insurance

Please check the box for anyone who is currently enrolled in health coverage or is offered health coverage from a job.

No one



Ivan

*Current Medicare Details

Please check the box for anyone who is currently enrolled in Medicare (Part A, B, C or D)

No one



Ivan



Liquid Resources

Other Resources

Liquid Resources

Next, please tell us about the people in your home who have liquid resources. Liquid resources are cash, financial accounts, bank accounts, etc.

If someone owns a resource with another person, please check the box for just one owner. Later we'll ask about who else owns the resource.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying. We may need this information to approve your application.

Cash

Please check the box for anyone who has cash on hand and not in the bank.

No one



Ivan

Financial Account

Please check the box for anyone who has a financial account. Be sure to check the box if you own:

- Checking account
- Credit union account
- Special welfare fund account
- Certificates of deposit or money market account

- Savings or investment account
- Individual development account
- Patient funds for people in nursing facility or Assisted living facility
- Child Support MAC Account

No one



Ivan

Other Liquid Resources

Other Liquid Resources

Please check the box for anyone who owns any other liquid resources. Be sure to check the box if you own:

- Stocks or bonds
- Pension plan
- Promissory notes
- Mutual funds

- Trust funds
- Retirement accounts
- Deeds of trust
- IRAs or annuities

No one



Ivan

Money from Settlement or Lawsuit

Please check the box for anyone expecting to receive money due to a legal suit involving personal injury or property damage.

No one



Ivan

Sold, Given Away or Transferred Resources

Please check the box for anyone who has sold, given away or transferred a resource in the last five years.

No one



Ivan



More About Ivan's Financial Account

Please tell us more about Ivan's financial account. If Ivan has more than one account, please enter one at a time.

What is the amount in Ivan's financial account?

Type of Account:

**Bank or Company**

Please tell us about the bank or company where Ivan has an account.

Name of bank or company:

Address Line:

City:

State:



Zip Code:

What is Ivan's financial account number?

Purpose of Ivan's Financial Account

Is this account used for business, trade, or farming purposes?

 Yes No**Other Owners**

Please check the boxes for anyone who owns this account with Ivan.

Someone outside of the home

Does Ivan have any other financial account?

 Yes No

Liquid Resources

Other Resources

More About Ivan's Individual Retirement Account (IRA)

Please tell us more about Ivan's individual retirement account (IRA). If you have more than one individual retirement account (IRA), please enter one at a time.

What is the amount of Ivan's individual retirement account (IRA)? \$43000

Bank or Company

Please tell us about the bank or company where Ivan has individual retirement account (IRA).

Name of bank or company: American Funds Capital Group
Address Line: PO Box 231233
City: Carmel
State: Indiana
Zip Code: 46032
What is the account number for Ivan's individual retirement account (IRA)? 101002011
What date was this account acquired? 04/01/2016 Ex: mm/dd/yyyy

Other Owners

Please check the boxes for anyone who owns the individual retirement account (IRA) with Ivan.

Someone outside of the home

Does Ivan have any other individual retirement account (IRA)? Yes No

<< PREVIOUS SAVE & EXIT NEXT >>



Other Resources

Next, please tell us about the people in your home who have other kinds of resources.

If someone owns a resource with another person, please check the box for just one owner. Later, we'll ask about who else owns the resource.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying. We may need this information to approve your application.

*** Vehicles**

Please check the box for anyone who owns a vehicle. By vehicles, we mean licensed and unlicensed vehicles such as cars, trucks, vans, motorboats, motor homes, recreational vehicles, or motorcycles/mopeds etc. Otherwise, check "No one".

No one



Ivan

*** Real Estate**

Please check the box for anyone who owns real estate. By real estate, we mean life estates, land, buildings, or mobile homes. Otherwise, check "No one".

No one



Ivan

*** Personal Property**

Please check the box for anyone who owns personal property. By personal property, we mean Mobile Homes, tools of trade, equipment, supplies, livestock, etc. Otherwise, check "No one".

No one

*** Personal Property**

Please check the box for anyone who owns personal property. By personal property, we mean Mobile Homes, tools of trade, equipment, supplies, livestock, etc. Otherwise, check "No one".

No one



Ivan

***Burial Resources**

Please check the box for anyone who owns a burial plot, burial contract or burial insurance. Otherwise, check "No one".

No one



Ivan

***Life Insurance**

Please check the box for anyone who owns a life insurance policy. Otherwise, check "No one".

No one



Ivan




Liquid Resources

Other Resources

Vehicles
Next, please check the boxes to tell us which types of vehicles each person owns. If a resource has more than one owner, you only need to tell us about that resource once.

*** Ivan's Vehicles**

 Ivan	<input checked="" type="checkbox"/> Car/van/truck	<input type="checkbox"/> Motor home
	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor boat
	<input type="checkbox"/> Recreational vehicle (e.g., atv, snowmobile)	<input type="checkbox"/> Tractor
	<input type="checkbox"/> Non-motorized camper	
	<input type="checkbox"/> None	



More About Ivan's Car/van/truck

Please tell us more about Ivan's car/van/truck.

Year :

Ex: yyyy

Make :

Model :

License Plate Number :

Is this car/van/truck registered?

Yes

No

What is the estimated value of Ivan's car/van/truck

Is this vehicle Ivan's home?

Yes

No

How much does Ivan owe on this car/van/truck?

Explain how vehicle is used

Other Owners

Please check the boxes for anyone who owns the Car/van/truck with Ivan.

Someone outside of the home

Does Ivan own another car/van/truck?

Yes

No

This question can be tricky- this is one resource confirmed through interfaces- and ANY vehicle with a title connected to consumer pulls in

The OPA uses KBB or NADA- user preference- to confirm market value

If not input on initial app- the OPA will send a letter showing which vehicles pull in on interface- they will THEN have to submit a title.



Case Name:

Case Number:

VEHICLE STATEMENT

A vehicle is a car, truck, trailer, boat, ATV, etc.

Please indicate whether or not you have the following vehicles. If you have more than one vehicle in your household, and owe any monies on your vehicles, please provide pay-off verification for each. For all vehicles you **do not have**, please indicate **“sold” “traded” “junked”**, etc. along with the date it was “sold, traded, or junked”. If any trailer listed is actually your home, please indicate.

If any vehicle is used for **“business”** purposes, please indicate. If there is a vehicle listed that you have never owned, but is in the same name as you, please indicate.

For each vehicle that you do own, please attach pay-off verification, if any. Please provide a current market value statement from a car dealer or other reliable source if you disagree with the value listed below.

Please provide a detailed description of any vehicle you own that is not listed above including model number and provide payoff amount.

Date _____

Signed _____ Signed _____

Vehicle Year, Make, Model	Value	Own	Sold	Traded/Junked/Sold	Never Owned	Home	Used for Business



More About Ivan's Car/van/truck

Please tell us more about Ivan's car/van/truck.

Year :
 Ex: yyyy

Model :

Is this car/van/truck registered?

What is the estimated value of Ivan's car/van/truck

Is this vehicle Ivan's home?

How much does Ivan owe on this car/van/truck?

Explain how vehicle is used

Make :

License Plate Number :

Yes No

Yes No

property"/>

Other Owners

Please check the boxes for anyone who owns the Car/van/truck with Ivan.

Someone outside of the home

Does Ivan own another car/van/truck?

Yes No



Real Estate

Next, please check the boxes to tell us the type of real estate that each person owns. If a resource has more than one owner, you only need to tell us about that resource once.

* Ivan's Real Estate



Ivan

- Land
- Other Property Rights (minerals, leases, etc.)
- None
- Life Estate
- Other Real Estate

PREVIOUS SAVE & EXIT NEXT

More About Ivan's Other Real Estate

Please tell us more about Ivan's other real estate.

Does Ivan live here? Yes No

If this is not your home, do any of these apply?

- Currently Rented
- Income Producing
- Currently For Sale
- None of the above

What is the fair market value of Ivan's other real estate? \$275000

How much does Ivan owe on this other real estate? \$118000

Other Owners

Please check the boxes for anyone who owns the other real estate with Ivan

- Someone outside of the home

Does Ivan own any other other real estate? Yes No

PREVIOUS SAVE & EXIT NEXT



Liquid Resources

Other Resources

Burial Resources

Next, please check the boxes to tell us the types of burial resources that each person owns. If a resource has more than one owner, you only need to tell us about that resource once.

*Ivan's Burial Resources



Ivan

- Burial Plot
- Burial Trust
- Burial Account
- None
- Burial Contract
- Burial Insurance

PREVIOUS SAVE & EXIT NEXT

Will need copy of contract/agreement with funeral home submitted.

Liquid Resources

Other Resources

More About Ivan's burial plot

What is the location of Ivan's burial plot?	<input type="text" value="Broadus Montana Cemetary"/>
What is the value of the burial plot?	<input type="text" value="\$9000"/>
How much does Ivan owe on the burial plot?	<input type="text" value="\$0"/>
How many burial plots does Ivan own?	<input type="text" value="3"/>
How many are designated for family members?	<input type="text" value="2"/>
Who is this designated for?	<input type="text" value="Ivan T Covered"/>

Other Owners

Please check the boxes for anyone who owns the burial plot with Ivan.

- Someone outside of the home

Does Ivan own any other burial plot? Yes No

PREVIOUS SAVE & EXIT NEXT



Liquid Resources

Other Resources

Life Insurance

Please check the box to tell us what kind of life insurance each person has. If you aren't sure, please click the Help button to read more about each type of life insurance. If a resource has more than one owner, you only need to tell us about that resource once.

* Ivan's Life Insurance



Ivan

- Whole Life
- Universal
- None

- Term
- Other

PREVIOUS SAVE & EXIT NEXT

There is a difference in Term Life and Whole Life- typically a Term Life exists for a set amount of years, then terminates. A Whole Life exists indefinitely until a person passes- It is imperative to know the difference in what a consumer has during the application.



Ivan's Whole Life Insurance

You have told us that Ivan has life insurance. Please tell us more about Ivan's Whole Life policy.

What is the face value of this Whole Life policy? By face value, we mean the benefit that will be paid out upon Ivan's death. In most cases, this is the amount written on the policy.

What is the cash surrender value of this Whole Life policy? By cash surrender value, we mean the amount Ivan would get if Ivan cancelled the policy now.

If enrolled, what is the policy number?

Please check the box next to the person who is insured through this policy.

Someone outside of the home

Life Insurance Company

Please tell us more about Ivan's insurance company.

Company Name :

Address Line:

City :

State:

Zip Code :

Phone Number :

Other Owners

Please check the boxes for anyone who owns the Whole life insurance with Ivan.

Someone outside of the home

Does Ivan own any other Whole Life insurance policy?

Yes

No

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NEXT >>



Ivan's Term Life Insurance

You have told us that Ivan has life insurance. Please tell us more about Ivan's Term policy.

What is the face value of this Term policy? By face value, we mean the benefit that will be paid out upon Ivan's death. In most cases, this is the amount written on the policy.

\$

If enrolled, what is the policy number?

Please check the box next to the person who is insured through this policy.

Someone outside of the home

Life Insurance Company

Please tell us more about Ivan's insurance company.

Company Name :

Address Line:

City :

State:

< click here to choose >

Zip Code :

Phone Number :

Other Owners

Please check the boxes for anyone who owns the Term life insurance with Ivan.

Someone outside of the home

Does Ivan own any other Term insurance policy?

Yes

No

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Money From Other Sources

Next, please tell us about the money that the people in your home receive or are expected to receive from sources other than a job or self-employment. If you're not sure about a source of income, click on Help for more information.

Note: Please be sure to answer the questions for everyone in your home, even if they are not applying. We may need this information to approve your application.

*Alimony

Which one of these persons is getting or will get Alimony income? Choose one. If no one is getting or will get Alimony income, choose "No One"

No one



Ivan

* Supplemental Security Income (SSI)

Please check the box for anyone who is receiving or will receive Supplemental Security Income (SSI). Otherwise, check "No one".

No one



Ivan

*Social Security Benefits

Please check the box for anyone who is receiving or will receive any Social Security benefits. Otherwise, check "No one".

No one



Ivan

*Other Types of Income

Please check the box for anyone who is receiving or will receive any type of income or payments from a source other than a job, child support or Social Security. By Other Income, we mean Tribal Income, Unemployment Benefits, Veteran Benefits, Workers Compensation, Pension or Retirement, etc. Otherwise, check "No one".

No one



Ivan

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Employment Income

Other Income

More About Ivan's Social Security Benefits

You have told us that Ivan gets money from Social Security Benefits. Please answer the questions below to tell us more about this payment.

When did Ivan start getting payments from Social Security Benefits?
(If you don't know the exact date, please give us your best guess)

07/04/2019  Ex: mm/dd/yyyy

How much is the total monthly payment from Social Security Benefits?

\$1243

How often?

Monthly 

Does Ivan have any other Social Security Benefits?

Yes No

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Estimating when payments start- What age did you start, was it close to your birthday, do you remember the season? Etc

They are asking for the GROSS amount, not the NET.





Other Types of Income

Next, check the boxes to tell us which types of other income each person receives. If you need to know more about a type of income listed below, please click on Help.

*Ivan's Other Types of Income



Ivan

- | | |
|---|--|
| <input type="checkbox"/> All Food, Clothing, Utilities or Rent | <input type="checkbox"/> Black Lung Benefits |
| <input type="checkbox"/> Cash, Gifts or Contribution | <input type="checkbox"/> Disability Benefits |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Insurance Settlement | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Land Contract, Mortgage or Other Notes | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Military Allotments | <input type="checkbox"/> Money from Another Person |
| <input type="checkbox"/> Net Farming/Fishing Income | <input type="checkbox"/> Other Income |
| <input type="checkbox"/> Pension or Retirement | <input type="checkbox"/> Prize Winning |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Railroad Retirement |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Resettlement Income |
| <input type="checkbox"/> Room /Board Income | <input type="checkbox"/> Royalty Income |
| <input type="checkbox"/> Strike Benefits | <input type="checkbox"/> Student Financial Aid |
| <input type="checkbox"/> Training Allowances including WIA | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Trust Fund Payments | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Veteran Benefits | <input type="checkbox"/> Workers Compensation |
| <input checked="" type="checkbox"/> None | |



More About Ivan's Pension or Retirement

You have told us that Ivan gets money from Pension or Retirement. Please answer the questions below to tell us more about this payment.

When did Ivan start getting payments from Pension or Retirement ?
(If you don't know the exact date, please give us your best guess)

12/31/2024  Ex: mm/dd/yyyy

How much is the total monthly payment from Pension or Retirement?

\$466

How often?

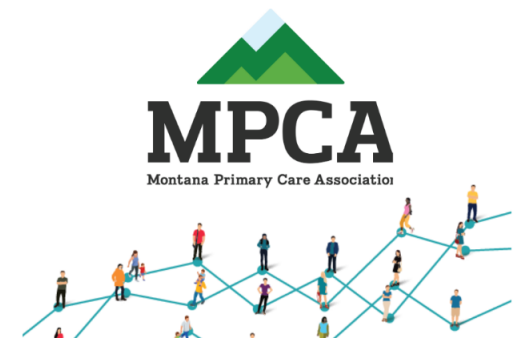
Yearly 

Does Ivan have any other Pension or Retirement?

Yes No

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Some people take a monthly check from retirement, some folks hold off as long as possible and do a once yearly payout. Will need to provide hard copy proof



Housing and Utility Bills

Next, please tell us about the people in your home who pay for housing and utilities. If you pay a bill together (for example, you and your spouse), just check the box for one person. On the pages that come next, give us the total amount that you pay together.

Keep in mind that we may only be asking about housing and utility bills for some of the people in your home. If someone isn't listed below, we don't need to know about his or her housing and utility bills.

*Housing Bills

Please check the box for anyone who is responsible for paying housing bills. Otherwise, check "No one".
By housing bills, we mean rent or mortgage, real estate tax, property tax on a mobile home, or homeowner's insurance

No one



Ivan

*Utility Bills

Please check the box for anyone who is responsible for paying utility bills. Otherwise, check "No one".
By utility bills, we mean things like gas, electricity, water, sewer, and telephone.

No one



Ivan

*Shelter Expense For Home Temporarily Not Lived In

Please check the box for anyone who has a shelter expense for a home (rented or owned) that is temporarily not lived in because of employment or training away from home, illness, or a disaster. Otherwise, check "No one".

No one



Ivan



Housing Bills

Other Bills

Housing Bills

Please check the box for all of the housing bills that each person is responsible for paying. Please select taxes or insurance only if they are not included in your rent or mortgage payments.

* Ivan's Housing Bills



Ivan

Rent or Mortgage

Homeowner's Insurance

None

Property Tax

Other

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Housing Bills

Other Bills

Ivan's Rent or Mortgage Payment

You've told us that Ivan makes Rent or Mortgage payments. Please answer the questions below to tell us more about this payment.

How much is Ivan supposed to pay monthly for Rent or Mortgage?

Does someone else help Ivan pay this bill? Yes No

Does any agency help you in paying your shelter costs? Yes No

Is Ivan responsible for any other Rent or Mortgage payments? Yes No

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Housing Bills

Other Bills

Ivan's Property Tax Payment

You've told us that Ivan makes Property Tax payments. Please answer the questions below to tell us more about this payment.

How much is Ivan supposed to pay monthly for Property Tax?

Does someone else help Ivan pay this bill? Yes No

Is Ivan responsible for any other Property Tax payments? Yes No

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Housing Bills

Other Bills

Ivan's Homeowner's Insurance Payment

You've told us that Ivan makes Homeowner's Insurance payments. Please answer the questions below to tell us more about this payment.

How much is Ivan supposed to pay monthly for Homeowner's Insurance?

Does someone else help Ivan pay this bill? Yes No

Is Ivan responsible for any other Homeowner's Insurance payments? Yes No

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*Ivan's Utility Payments

You have told us that Ivan pays for utilities. Please fill in the table below to tell us more about these payments.
Do not enter any utilities that are already included in your rent.

Utility Type	Total Monthly Amount
Electricity	\$85
Natural Gas/ Propane	\$45
Kerosene	\$
Coal	\$
Oil	\$
Wood	\$
Water/Sewer	\$56
Garbage	\$25
Utility Installation Fee	\$
Basic Phone Rate	\$65
Other	\$
Other	\$
Other	\$

Are utilities included in your rent?

Yes

No

Does someone else help Ivan pay these bills?

Yes

No

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Get Started Resources Income **Bills** Finish & Submit

Housing Bills Other Bills

Standard Utility Expense

If approved for Medicaid, are you interested in receiving a discount on your telephone bills? Yes No

PREVIOUS SAVE & EXIT NEXT

QLINK WIRELESS

About Program Activate Phone Shop Help Center

Login Sign Up

GOVERNMENT BENEFIT PROGRAM

FREE Government Cell Phone Service

NO CONTRACT AND NO MONTHLY BILLS

Zip Code

Email Address

Get It Now

No credit check or credit card required

You may also apply for our Lifetime only plan, by selecting this option during the application process.

On one of America's Largest 4G LTE/5G networks

*Unlimited Data, Talk and Tablet is an offer funded by the ACP. *Subject to a contribution of a \$10.01 co-payment. Offer varies by State.



Your Other Bills

Next, please tell us about some of your other bills.

*Legally Obligated Alimony Support Payments

Please check the box for anyone who pays legally obligated alimony support to someone not living in the household.

No one
 
Ivan


*Dependent Care Bills

Please check the box for anyone who pays someone to care for a child, for an adult with a disability or for an elderly person living in your home.

No one
 
Ivan


*Medical Bills

Please check the box for anyone who has unpaid medical bills from prior months or has ongoing medical bills.

No one
 
Ivan


*Medicare Part A or Part B or Advantage Plan or Drug Plan

Please check the box for anyone who is getting Medicare Part A or Part B or Advantage Plan or Drug Plan or who is entitled to Part A or Part B or Advantage Plan or Drug Plan. By entitled, we mean you are able to receive the benefits, even if you aren't actually receiving them.

No one
 
Ivan


*Medicare Part A or Part B or Advantage Plan or Drug Plan

Please check the box for anyone who is getting Medicare Part A or Part B or Advantage Plan or Drug Plan or who is entitled to Part A or Part B or Advantage Plan or Drug Plan. By entitled, we mean you are able to receive the benefits, even if you aren't actually receiving them.

No one
 
Ivan


*Student Loan Interest

Please check the box for anyone who pays student loan interest

No one
 
Ivan

*Other Bills

Please check the box for anyone who pays other bills.

No one
 
Ivan



Housing Bills

Other Bills

Medical Bills

You told us that Ivan has unpaid medical bills from prior months or has ongoing medical bills.

Does this person want Medical coverage for the services received in those months?

Yes No

Does this person want help paying for medical bills from the last three (3) months?

Yes No

Please select the months:

January

February

March

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More About Medicare

Next, please tell us more about Ivan's Medicare. If you only get one type of Medicare, leave the other questions blank.

Ivan's Medicare Part A
Is Ivan entitled to Medicare Part A?
Is Ivan receiving Medicare Part A?
When did Ivan's Medicare Part A begin?
What is Ivan's Medicare Part A end date?
How much is Ivan's Medicare Part A premium?
How is Ivan's Medicare Part A premium paid?

Ivan's Medicare Part B
Is Ivan entitled to Medicare Part B?
Is Ivan receiving Medicare Part B?
When did Ivan's Medicare Part B begin?
What is Ivan's Medicare Part B end date?
How much is Ivan's Medicare Part B premium?

Ivan's Medicare Advantage Plan
Is Ivan entitled to Medicare Advantage Plan?
Is Ivan receiving Medicare Advantage Plan?
When did Ivan's Medicare Advantage Plan begin?
What is Ivan's Medicare Advantage Plan end date?
How much is Ivan's Medicare Advantage Plan premium?
How is Ivan's Medicare Advantage Plan premium paid?

Ivan's Medicare Drug Plan
Is Ivan entitled to Medicare Drug Plan?
Is Ivan receiving Medicare Drug Plan?
When did Ivan's Medicare Drug Plan begin?
What is Ivan's Medicare Drug Plan end date?
How much is Ivan's Medicare Drug Plan premium?
How is Ivan's Medicare Drug Plan premium paid?



More About Medicare

Next, please tell us more about Ivan's Medicare. If you only get one type of Medicare, leave the other questions blank.

Ivan's Medicare Part A

Is Ivan entitled to Medicare Part A?

Yes No

Is Ivan receiving Medicare Part A?

Yes No

When did Ivan's Medicare Part A begin?

Ex: mm/dd/yyyy

What is Ivan's Medicare Part A end date?

Ex: mm/dd/yyyy

How much is Ivan's Medicare Part A premium?

How is Ivan's Medicare Part A premium paid?

Ivan's Medicare Part B

Is Ivan entitled to Medicare Part B?

Yes No

Is Ivan receiving Medicare Part B?

Yes No

When did Ivan's Medicare Part B begin?

Ex: mm/dd/yyyy

What is Ivan's Medicare Part B end date?

Ex: mm/dd/yyyy

How much is Ivan's Medicare Part B premium?

How is Ivan's Medicare Part B premium paid?

Start date is found on Original Medicare Card

Through training with SSA and SHIP, 12/31/2099 is standard end date for these apps

MOST people DO NOT pay for Part A premium. Almost always \$0

Amount for Part B Premium is *typically* universal for individuals



If not enrolled in Part B- need to use MSP app as way to enroll in Part B, will leave blank

Ivan's Medicare Part B

Is Ivan entitled to Medicare Part B? Yes No

Is Ivan receiving Medicare Part B? Yes No

When did Ivan's Medicare Part B begin? Ex: mm/dd/yyyy

What is Ivan's Medicare Part B end date? Ex: mm/dd/yyyy

How much is Ivan's Medicare Part B premium? \$

How is Ivan's Medicare Part B premium paid?

If consumer had other credible coverage and chose to enroll in Part B later (had employer sponsored or state benefit plan) start dates could differ from Part A

Ivan's Medicare Part B

Is Ivan entitled to Medicare Part B? Yes No

Is Ivan receiving Medicare Part B? Yes No

When did Ivan's Medicare Part B begin? Ex: mm/dd/yyyy

What is Ivan's Medicare Part B end date? Ex: mm/dd/yyyy

How much is Ivan's Medicare Part B premium? \$

How is Ivan's Medicare Part B premium paid?



Ivan's Medicare Advantage Plan

Is Ivan entitled to Medicare Advantage Plan?

Yes No

Is Ivan receiving Medicare Advantage Plan?

Yes No

When did Ivan's Medicare Advantage Plan begin?

 Ex: mm/dd/yyyy

What is Ivan's Medicare Advantage Plan end date?

 Ex: mm/dd/yyyy

How much is Ivan's Medicare Advantage Plan premium?

\$

How is Ivan's Medicare Advantage Plan premium paid?

< click here to choose > 

Ivan's Medicare Drug Plan

Is Ivan entitled to Medicare Drug Plan?

Yes No

Is Ivan receiving Medicare Drug Plan?

Yes No

When did Ivan's Medicare Drug Plan begin?

 Ex: mm/dd/yyyy


What is Ivan's Medicare Drug Plan end date?

 Ex: mm/dd/yyyy

How much is Ivan's Medicare Drug Plan premium?

\$

How is Ivan's Medicare Drug Plan premium paid?

Social Security benefit deduction 

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Card will be from a private insurance company



Ivan's Medicare Drug Plan

Is Ivan entitled to Medicare Drug Plan?

Yes No

Is Ivan receiving Medicare Drug Plan?

Yes No

When did Ivan's Medicare Drug Plan begin?


 Ex: mm/dd/yyyy

What is Ivan's Medicare Drug Plan end date?

 Ex: mm/dd/yyyy

How much is Ivan's Medicare Drug Plan premium?

How is Ivan's Medicare Drug Plan premium paid?



- < click here to choose >
- Paid by another program
- Paid by employer
- Railroad Retirement payment deduction
- Self payment
- Social Security benefit deduction**

NEXT



Finish

Submit



School Enrollment

Next, we have a few questions about whether **Ivan** is in school.

School Enrollment Details

Please select **Ivan's** school enrollment status:

- Full time
- More than part time
- Part Time

Please choose highest grade Ivan has successfully completed in school

- Tenth grade
- Eleventh grade
- Twelfth grade
- GED
- First year college
- Second year college
- Third year college
- Fourth year college
- College graduate
- Masters degree
- Doctorate degree
- Business school
- Vocational training
- None
- Unknown
- Preschool
- Head Start
- Pre-Kindergarten
- Vocational Certificate
- 2 yr Degree

< click here to choose >



Authorized Representative

An Authorized Representative is someone you authorize to help you with your Medicaid, HMK, SNAP, LIHEAP or Cash Assistance application. Would you like to add an authorized representative on your application.

Yes No

If you would like to authorize a representative to help you with your Medicaid, HMK, SNAP, LIHEAP or Cash Assistance enter the details below. The authorized representative must be 18 years or older.

Please tell us the program(s) for which you would like to appoint this person as an authorized representative.

SNAP Health Coverage Assistance TANF LIHEAP

Name of the Authorized Representative:	<input type="text" value="Your Name Here"/>
* Address Line:	<input type="text" value="123 Big Sky Street"/>
* City:	<input type="text" value="Miles City"/>
* State:	<input type="text" value="Montana"/>
* Zip Code:	<input type="text" value="59301"/>
Phone Number:	<input type="text" value="4064443310"/>
Organization Name	<input type="text" value="Your Clinic/Organization"/>
ID Number	<input type="text" value="SHIP ID or CAC ID"/>

Please tell us what you want the authorized representative to do.

- Apply for benefits
- Access to your Montana SNAP account and use your benefits to buy food for you
- Receive all notices and letters
- Discuss my case with the department

I allow the Authorized Representative above to view my data. Yes No

Is this individual a certified application counselor, navigator, agent, and/or broker? Yes No



Finish

Submit

Additional Information

In the box below, you may provide us with any information related to the changes that you have reported. Space is limited, so please be brief.

This is a great section to reiterate or inform the case workers of case information.
Info to include- if a person is retired, disabled, what kind of retirements they receive.

Include what programs they are requesting to be evaluated for- MSP, Med Needy, Categorically Needy, etc.

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Other Information

Montana works with the Federally Facilitated Marketplace (FFM) to determine eligibility for health coverage. If you are determined to not be eligible for Medicaid and/or HMK, your application will be referred to the FFM for selecting a health insurance plan and possible tax credits. If the FFM determines that you are eligible for health insurance assistance you will need to periodically renew your coverage. To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me make any changes, and I can opt out any time. Yes, renew my eligibility automatically for the next: 5 years, 4 years, 3 years, 2 years, 1 year, don't use information from tax returns to renew my coverage (the options are all check boxes).

- 5 Years 2 Years
 4 Years 1 Year
 3 Years Don't use information from tax returns to renew my coverage

* Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
IF YOU LEAVE BOTH THE "YES" AND "NO" BOXES BLANK YOU WILL BE CONSIDERED NOT TO APPLY TO REGISTER TO VOTE AT THIS TIME. 42 U.S.C § 1073gg-5(a)(6)(B)(iii)
Applying to register or declining to register to vote will NOT affect the amount of assistance this agency will provide you.

- *
- Yes, I would like to register to vote here today.
 No, I would NOT like to register to vote here today.
 No, I am already registered to vote and therefore do NOT want to register to vote here today.

If you believe that someone has interfered with your right to register to vote or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State, PO Box 202801, Helena, MT 59620-2801; toll free telephone number: 1-888-884-8683.

Would you like us to help you in filling out the Voter Registration Application form?

We will help if you want our help. The decision is yours as to whether or not you wish to seek or accept our help in filling out the Voter Registration Application form. You may fill out the Voter Registration Application form in private.

- *
- Yes, I would like help in filling out the Voter Registration Application form.
 No, I would NOT like help in filling out the Voter Registration Application form.

Submitting a completed voter registration application to the DPHHS office is free. If you choose to complete the voter registration application later, you will be responsible for postage.

Electronic Signature

I certify that the above statements are true and correct to the best of my knowledge. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud.

I agree to submit this application by electronic means. By signing this application electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically signing my application.

* First Name: Middle Initial: * Last Name: Suffix:

Would you like to see your case information through apply.mt.gov after your application has been processed?
Note: You can also decide to do this later by signing back in and visiting the Manage My Account page.

Yes

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