

ACA "General Hardship" Questionnaire Worksheet

Check off each month that one of the following hardships had occurred during the year.

1. You were homeless, evicted or facing eviction or foreclosure?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

2. You received a shut-off notice from a utility company?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

3. You experienced domestic violence?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

4. You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

5. You filed for bankruptcy?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

6. You had medical expenses you could not pay?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

7. You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member, or experienced a death of a close family member?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

8. Your child was denied Medicaid and CHIP, and another person is required by court order to provide coverage to that child?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

9. You were without coverage while awaiting an appeals decision from the Marketplace?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

10. You were determined ineligible for Medicaid in a state that did not expand Medicaid coverage?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

11. You experienced personal circumstances that create a hardship, such as when no affordable plans provide access to needed specialty care or you lived in a country where no qualified health plan was offered, there is only one issuer offering coverage, or all affordable plans provided abortion coverage contrary to your beliefs?

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

12. You experienced a hardship not included in this list that prevented you from getting health insurance? If so, what was that hardship? _____

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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I have disclosed the above information to my income tax preparer to prepare my 2018 tax return and I further submit that this information is correct to the best of my knowledge and **I can prove and produce records if requested.**

Signature: _____ **Date:** _____ **Reviewed by** _____