

## MEDICAID

### Apply for Medicaid

In order to receive health coverage through one of the Adult Medicaid programs, you must complete the application process and meet certain eligibility requirements such as:

#### Eligibility

- Must be a U.S. citizen or legal immigrant
- Must be resident of the state of Idaho
- Your household income must be less than the [program income limits](#) for your household size (see the specific income limits by selecting a Medicaid Program in the menu)
- Your resources must not exceed the program resource limits

#### How do I apply?

##### Apply online

- Apply: [Online using Idalink https://idalink.idaho.gov/](https://idalink.idaho.gov/)
- Be prepared to provide this information with the application:
  - Verification of identity (ex. driver's license)
  - Household income
  - Current monthly expenses
  - If applicable, immigration status

##### Apply over the phone or in person

- Interview
  - **Call:** 877-456-1233 (toll free)
  - **Visit:** [Closest field office](#)
- Medicaid Services
- 208-528-5750
- **Idaho Falls Office**
- 150 Shoup Ave., Idaho Falls, ID 83402
- **Monday - Friday:** 8:00 am-5:00 pm
- **Saturday - Sunday:** Closed
- Closed on holidays. Some services are only available by phone. Please call before going to an office.
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- Be prepared to provide this information with the application:
  - Verification of Identity (ex. driver's license)
  - Household income
  - Current monthly expenses
  - If applicable, immigration status

##### Apply by mail, email or fax

- Download and complete an [application](#)
- Then apply by either:
  - **Email:** [MyBenefits@dhw.idaho.gov](mailto:MyBenefits@dhw.idaho.gov)

- **Fax:** 1-866-434-8278 (toll free)
- **Mail:** Self Reliance Programs, PO Box 83720, Boise, ID 83720-0026
- Be prepared to provide this information with the application:
  - Verification of identity (ex. driver's license)
  - Household income
  - Current monthly expenses
  - If applicable, immigration status

#### **After application submission**

- After you submit your application, you may be asked to verify certain information about your household. We will mail you a notice in the mail requesting this information. Please respond quickly.
- After a decision on eligibility is determined, you will receive a written notice of eligibility in the mail.
- After your application is approved, a [Medicaid Benefits Plan](#) will be chosen for you.

#### **Non-discrimination**

The Idaho Department of Health and Welfare is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Learn more about your rights by viewing our non-discrimination information.