

Department of Public Health  
and Human Services

Section:  
Application Processing

HEALTHY MONTANA KIDS

Subject:  
Application Filing

**Supersedes: New to HMK Manual**

**General Rule** – Individuals may make written application for the Healthy Montana Kids Plan (HMK) on behalf of:

1. a natural, step or adoptive child who resides in the household at least 50% of the time;
2. a child for whom the individual has legal guardianship; or
3. him or herself.

**APPLICATION  
FORM**

On a paper form designed and approved by the Department of Public Health and Human Services (DPHHS), the applicant must:

1. attest to the truth, accuracy and completeness of the information provided on the form;
2. attest to the identity of children under 16 years of age; and
3. declare that he/she understands misinformation will be investigated and prosecuted.

► **NOTE:** An application is not 'complete' until all documentation necessary to determine a family's financial and non-financial eligibility is provided.

**► ON-LINE  
APPLICATION**

Individuals may access an online application at [www.hmk.mt.gov](http://www.hmk.mt.gov) or [www.app.mt.gov/mtc/appy/index/html](http://www.app.mt.gov/mtc/appy/index/html).

As with paper applications, the applicant must:

1. attest to the truth, accuracy and completeness of the information provided on the form;
2. attest to the identity of children under 16 years of age; and
3. declare that he/she understands misinformation will be investigated and prosecuted.

- **NOTE:** An application is not 'complete' until all documentation necessary to determine a family's financial and non-financial eligibility is provided.

## PLACE OF APPLICATION

An application for HMK benefits can be filed through the HMK Central Office:

1. during regular working hours at Human and Community Services Division Reception desk, 5<sup>th</sup> floor, Arcade Building, 111 N Jackson St., downtown Helena;
2. mailed to PO Box 202951, Helena, MT 59620-2951;
3. faxed to the HMK Office in Helena (toll free 1-877-418-4533); or
4. completed on-line at [www.hmk.mt.gov](http://www.hmk.mt.gov)

Applications can also be filed with any of Montana's county Offices of Public Assistance (OPA).

## DATE OF APPLICATION

The application date is the date the HMK office or county OPA :

1. receives and date-stamps a signed application;
2. receives and date-stamps a faxed application; or
3. an on-line application is sent via the internet.

The first day of the 45-day application processing period is the date the application is date-stamped.

## ► REFERRALS TO OPAs

An application received in the HMK office will be:

1. date-stamped on the day it is received;
2. scanned into DMS; and
3. processed in CHIMES to determine the appropriate HMK coverage group (HMK or HMK **Plus**).

**REAPPLICATION**

A new application must be submitted when:

1. an application is closed (e.g., 12 months of coverage is exhausted, the family moved out of state, etc.); or
3. eligibility is denied.
4. When reapplication occurs, HMK will align the family span for all covered family members to achieve consistent renewal dates
5. Re-applications are processed in the same manner as new applications.

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