HEALTH INSURANCE ELIGIBILITY SCREENING WORKSHEET

Family Name:	Worksheet of
1. Applicants for Health Insurance on this Worksheet (from section I Adult Pregnant woman Child Child	B of the application) Child Child
Line # line # line #	
Adult 19-20 year old Child Child	_ Child Child
Line # line # line # line	e# line # line #
2. Family Size*(from Section B of the application)	
a. # of applying adults	
b. # of applying/non-applying	
children under age 21	
c. # of non-applying legally	
responsible relatives (spouse for applying spouse; parent for	
applying children)	
TOTAL	
*Count pregnant woman as 2	
3. Monthly Income	
Family's total countable gross monthly income (from Section E of the a	• • • • • • • • • • • • • • • • • • • •
(Weekly gross x 4.333333; biweekly gross x 2.166666)	<u> </u>
4. Immigration Status (from Section D of the Application)	
a. For pregnant women, skip this part; GO TO #5.	
b. For persons who are citizens or immigrants who checked A or B in	Section D. GO TO #5.
c. For children under 19 who are not citizens and who checked "NON	
d. For persons age 19 or over who are <u>not</u> citizens and who checked	
(Ineligible unless require emergency medical treatment)	THORE III OCCURN B, GO TO #11.
5. Medicaid/Child Health Plus A/PCAP Net Monthly Income	
a. DEDUCTIONS	
# of working family members X \$90/month= \$	
Childcare costs (actual or \$200, whichever is less)	
# of children under 2 years X \$ = \$	
Childcare costs (actual or \$175, whichever is less)	
# of children age 2 years and over X \$ = \$	
Adult Dependent Care costs (actual or \$175,	
whichever is less)= \$	
Health Insurance premium* =.\$	
\$50 from total child support received = \$	
\$5.00 per day per child for informal daycare = \$	
Appropriate expenses from roomer/boarder income = \$	
\$20 from Social Security Disability payment	
(single persons and childless couples only)= \$	
(ag.a paraent anna anna arap arap aray)	
<u>TOTAL DEDUCTIONS</u> = (\$)
* health insurance is not a deductible item for non-disabled single adults and chil	ldless couples, age 21 or over.
b. MEDICAID MONTHLY INCOME: subtract Total Deductions (#5.a.)	
from Monthly Income (#3). Enter result:	\$
Children under age 19 and pregnant women, GO TO #7.a.	
Persons age 19 and over, GO TO #6.	

Rev 10-26-01 1

 Medicaid Resource Screen (persons 19-64 only; not for pregnant women) The applicant has attested that the value of the family's resources is equal to or less than the Medicaid resource level for the family size. Parents, 19-20 year olds, and disabled adults: GO TO #7.a. Non-disabled single adults and childless couples, age 21-64, GO TO #7.b. The applicant has attested that the value of the family's resources is greater than the Medicaid resource level for the family size. GO TO #8
7.a. Income Screen for CHPlus A / Medicaid / PCAP: Use for parents, persons under age 21, pregnant women, and disabled adults. (Non-disabled single adults and childless couples, age 21-64, go to #7.b.).
Compare the Medicaid Monthly Income (#5.b. \$) to the CHPlus A, Medicaid and PCAP Monthly Income Level Chart for the family size (#2.). If the income is equal to, or less than the allowable level, circle "yes." If the income is above the allowable level, circle "no."
Adult, line # Yes/No Pregnant Woman, line # Yes/No Adult, line # Yes/No Person 19-20, line # Yes/No
Child, line # Yes/No Yes/No Child, line # Yes/No Yes/No Child, line # Yes/No Yes/No Child, line # Yes/No Child, line # Yes/No Child, line # Yes/No Child, line # Yes/No Ye
Children under age 19: If "YES," GO TO #11. (eligible for Child Health Plus A) If "NO," GO TO #8. Pregnant woman: If "YES," GO TO #11. (eligible for PCAP) If "NO," GO TO #11 (ineligible) Persons age 19 and over: If "YES,", GO TO #11 (eligible for Medicaid) If "NO," GO TO #8.
7.b. Income Screen for Medicaid: Use for non-disabled single adults and childless couples, age 21-64)
Compare the Medicaid Monthly Income (#5.b.) to the Public Assistance Standard of Need Chart for the family size (#2.). If the income is equal to, or less than the allowable level, circle "yes." If the income is above the allowable level, circle "no."
Adult, line # Yes/No Adult, line # Yes/No
If "YES,", GO TO #11 (eligible for Medicaid) If "NO," GO TO #8.
8. Equivalent Health Insurance (Section C of the Application) Do any of the persons applying for Family Health Plus or Child Health Plus B have equivalent health insurance?
Children under age 19: If "YES," GO TO #11. (ineligible) If "NO," GO TO #9. Persons age 19 and over: If "YES,", GO TO #11 (ineligible) If "NO," GO TO #10.

Rev 10-26-01 2

b. Family's monthly Income (#3): Compare the family's monthly income to the Child Health Plus B premium levels chart for the family size (#2). # of applying children X \$ = \$ (premium/child*) *For \$9 & \$15/month, the maximum premium total per family per month is \$27 & \$45, respectively. GO TO #11. (eligible for Child Health Plus B) 11. Summary (Results from sections 4, 7.a. and b., 8, 9, 10) Applicant Medicaid FHPlus CHPlus A CHPlus B Ineligible Adult / line # Child	9. Child Health Plus B Screen	10. Family Health Plus Screen					
Compare the family's monthly income to the Famil Health Plus levels chart for the family size (#2). If the income is equal to, or less than the allowable level, circle "yes." If the income is above the allowable level, circle "yes." If the income i	a. Is the parent a public employe	ee who can get	family	Family's mor	nthly Inco	ome (#3):	\$
Health Plus levels chart for the family size (#2). If the income is equal to, or less than the allowable level, circle "yes." If the income is equal to, or less than the allowable level, circle "yes." If the income is above the allowable level, circle "no." Description of the family is monthly income to the Child Health Plus B premium levels chart for the family size (#2). Health Plus levels chart for the family size (#2). If the income is equal to, or less than the allowable level, circle "no." Adult, line # Yes/No Adult, line # Yes/No (#2). Health Plus levels chart for the family size (#2). If the income is equal to, or less than the allowable level, circle "no." Adult, line # Yes/No Adult, line # Yes/No (#2). Health Plus levels chart for the family size (#2). If the income is equal to, or less than the allowable level, circle "no." Adult, line # Yes/No Adult, line # Yes/No (#2). If "YES," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (ineligible) The income is equal to, or less than the allowable level, circle "no." Adult, line # Yes/No Adult, line # Yes/No (#2). If "YES," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (ineligible) If "NO," GO TO #11. (ineligible) If "NO," GO TO #11. (ineligible) The income is equal to, or less than the allowable level, circle "no." Adult, line # Yes/No Adult, line # Yes/No (#2). If "YES," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus) If "NO," GO TO #11. (eligible for Family Health Plus)					•	, ,	
If "YES," GO TO #11. (ineligible) If "NO," continue. b. Family's monthly Income (#3): Compare the family's monthly income to the Child Health Plus B premium levels chart for the family size (#2). # of applying children X \$ = \$ (premium/child') # For \$9 & \$15/month, the maximum premium total per family per month is \$27 & \$45, respectively. GO TO # 11. Summary (Results from sections 4, 7.a. and b., 8, 9, 10) Applicant Medicaid FHPlus CHPlus A CHPlus B Ineligible Adult / line #	does the agency pay for all or pa	art of the cost?					
If "NO," continue. b. Family's monthly Income (#3): Compare the family's monthly income to the Child Health Plus B premium levels chart for the family size (#2). #for \$9 & \$15/month, the maximum premium total per family per month is \$27 & \$45, respectively. GO TO #11. (eligible for Child Health Plus B) #I. Summary (Results from sections 4, 7.a. and b., 8, 9, 10) Applicant Adult, line # Yes/No Adult, line # Yes/No (19 – 20 year old, line #	If "YES," GO TO #11. (ineligible	e)					
b. Family's monthly Income (#3): Compare the family's monthly income to the Child Health Plus B premium levels chart for the family size (#2). # of applying children X \$ = \$ (premium/child*) "For \$9 & \$15/month, the maximum premium total per family per month is \$27 & \$45, respectively. GO TO #11. (eligible for Family Health Plus B) 11. Summary (Results from sections 4, 7.a. and b., 8, 9, 10) Applicant Medicaid FHPlus CHPlus A CHPlus B Ineligible Adult / line # Adult / line	If "NO," continue.	•		level, circle "	yes." If t	he income is a	
Compare the family's monthly income to the Child Health Plus B premium levels chart for the family size (#2). # of applying children X \$ = \$ (premium/child*) *For \$9 & \$15/month, the maximum premium total per family per month is \$27 & \$45, respectively. GO TO #11. (eligible for Child Health Plus B) 11. Summary (Results from sections 4, 7.a. and b., 8, 9, 10) Applicant	b. Family's monthly Income (#3)): \$		allowable lev	ei, circie	no.	
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Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	#11. (eligible for Child Health F	ius b)					
Adult / line # Adult / line # 19-20 year old / line # Child / line #				1 0 0 40			
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19-20 year old / line # Child / line #	11. Summary (Results from Applicant	sections 4, 7			lus A	CHPlus B	Ineligible
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Child / line #	11. Summary (Results from Applicant Adult / line # Adult / line #	sections 4, 7			lus A	CHPlus B	Ineligible
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Child / line #	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7			lus A	CHPlus B	Ineligible
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Child / line # Child / line # Child / line #	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line # Child / line # Child / line #	sections 4, 7			lus A	CHPlus B	Ineligible
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Child / line #	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7			lus A	CHPlus B	Ineligible
	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7			Plus A	CHPlus B	Ineligible
Pregnant Woman / line # PCAP EDC (if eligible) Ineligible	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7			Plus A	CHPlus B	Ineligible
	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7			Plus A	CHPlus B	Ineligible
	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7 Medicaid	FHPI	us CHP	Plus A	CHPlus B	
	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7 Medicaid	FHPI	us CHP	Plus A	CHPlus B	Ineligible
Write the results in the "Office Use Only" section of the application.	11. Summary (Results from Applicant Adult / line # Adult / line # 19-20 year old / line # Child / line #	sections 4, 7 Medicaid	FHPI	us CHP	Plus A	CHPlus B	

Rev 10-26-01 3