

ELIGIBILITY DETERMINATION

| A. CHILD'S NAME | | | | | | | | |
|---|---------------------|--|---|---|---|----------------------------|--|--|
| | | | | | | | | |
| B. DATE OF CUSTODY | C. DCN | | DATE ADDITION E | TOD CON (CO. 5) COMPLETED | D. BIRTHDATE | | | |
| E. DOES CHILD HAVE A SOCIAL SECURITY I | | | NO | N FOR SSN (SS-5) COMPLETED | | | | |
| F. CHILD IS A U.S. CITIZEN OR LEGAL ALIEN | | | G. CHILD IN AN ELIGIE | | | | | |
| YES NO CHILD NOT ELIGIBLE FOR TITLE XIX FF | | P YES NO | | ☐ YES ☐ NO | CHILD NOT ELIGIBLE FOR TITLE XIX FFP | | | |
| H. CHILD'S UNEARNED INCOME. DOES THE CHILD RECEIVE MONEY | | FROM ANY OF THE FOLLOWING SOURCES? | | WING SOURCES? | | | | |
| SOURCE | | MONTHLY | | AMOUNT | IOUNT HOW VERIFIED | | | |
| OASDI/SSI | | \$ | | | | | | |
| CHILD SUPPORT/PARENTAL CONTRIBUTIONS | | | | | | | | |
| VETERAN'S BENEFITS | | | | | | | | |
| UNEMPLOYMENT COMPENSATION | | | | | | | | |
| INTEREST FROM SAVINGS ACCOUNT, ETC. | | | | | | | | |
| OTHER, EXPLAIN | | | | | | | | |
| TOTAL UNEARNED INCOME | | \$ | | | | | | |
| CHILD'S EARNED INCOME Does child have earned i Yes (Go to A) | | | | | | | | |
| A. Compute gross earnin | gs in one of two m | nethods as | follows: | | | | | |
| Hourly Wage | \$ | | | NAME OF EMPLOYER | | | | |
| Hours/Week | Х | | | | | | | |
| = | | но | | | HOW VERIFIED | | | |
| | Х | X 4.33 | | | | | | |
| = | | | | GROSS WAGES | S | | | |
| – OR – | | | | | | | | |
| B. Average several past | months' earnings i | f reflective | of currer | nt and future earr | nings. | | | |
| Total Earned Income \$ | | | | | | | | |
| Total Earned and Unearned Income (add H & I) \$ Go to 2) | | | | | | | | |
| 2. Is child a full time student ☐ Yes (Go to 3) | (or part time stude | ent, but not | | | school, college, trade, techn ned and unearned income) | ical, or business schools) | | |
| 3. Has child worked six months or more in this calendar year? ☐ Yes (Go to 4) ☐ No | | | | (Go to J, use unearned income only, set priority for month child will have worked six months in this calendar year) | | | | |
| ☐ Yes (Go to J - use | only) \square N | come less than 185% of need? (\$727.00 for a child 19 to 21*, \$1,194.00 for a nly) \square No \square (Go to 5) | | | ,194.00 for a child 6-18?) | | | |
| 5. Do gross monthly earnings plus unearned inc Yes (Child currently ineligible, set priority for Jan.) | | | No (Go to J, use unearned income only. Set priority for 6th month child will have had earnings over 185%) | | | ity for 6th month | | |
| J. BUDGETABLE INCOME Total earned income | Net earned | | ı | Jnearned | Budgetable inco | ime | | |
| | 0.00 = | | 7 + [| , nouniou | | | | |
| | | | | | | | | |
| * Disregard SSI Income when | calculating unearn | ad incoma | for a chi | ild 10 to 21 | | | | |

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| J. CON'T CHILD IS: | | | | | | |
|--|---|---------------------|---|----------------|---|--|
| AGE | BUDGETABLE INCOME (J) | ELIGIBLE? | | | | |
| 0 to 1 | Less than \$858.00 | | Yes-Child is eligible-use Medicaid Source Code 3 No-Go to line below | | | |
| 0 to 1 | Between \$858.00 and \$1,194.00 | | Yes-Child is eligible-use Medicaid Source Code 4 No-Go to K | | | |
| 1-5 | Less than \$858.00 | | Yes-Child is eligible-use Medicaid Source Code 3 | | | |
| 6-18 | Less than \$645.00 | | | is eligible-us | se Medicaid Source Code 3 | |
| Born after 9-30-83 6-18 | Less than \$645.00 | | No-Go to Yes-Child | | se Medicaid Source Code 4 | |
| Born before 10-1-83 | | | □ No-Go to K | | | |
| NOTE: If any of the above "B | ELIGIBLE" are yes, the child is eligible for | Title XIX FFP re | gardless of | resources. | | |
| 19-21 | Less than \$136.00 (consider resources) | | Yes-Go to No-Go to | | | |
| K. DOES CHILD RECEIVE S ☐ YES Go to L | SSI? NO Child is not eligible | | <u></u> | | | |
| L. Child has less than \$1,000 |) in available resources? (i.e, Checking and vehicle which exceeds \$1,500, etc.) | d savings accour | nts, available | trusts, Ch | ildren's Income Disbursement | |
| AMOUNT | SOURCE | | Н | OW VERIFII | ED? | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | ☐ YES Child is eligible-use Medicaid | Source Code 3 | ☐ No | Child not | eligible | |
| TOTAL M. SIGNATURE OF ELIGIBILITY | <u> </u> | Source Code 3 DATE | □ No | Child not | eligible DATE OF ELIGIBILITY INELIGIBILITY | |
| | <u> </u> | | □ No | Child not | DATE OF ELIGIBILITY | |
| M. SIGNATURE OF ELIGIBILITY | <u> </u> | | □ No | Child not | DATE OF ELIGIBILITY | |
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