

Presumptive Eligibility Worksheet

+***HOUSEHOLD INFORMATION:

Complete a separate worksheet for each individual being tested for Presumptive Medicaid Eligibility.

Check here to indicate that a check for current Medicaid eligibility was made and the individual is not currently eligible for Medicaid

① Applicant Name: _____ ② Date of Birth: ___/___/_____

③ Will Applicant voluntarily provide SSN? (Y/N): _____ SSN: _____-_____-_____

④ Is Applicant a U.S. Citizen or Qualified Noncitizen? (Y/N) _____

⑤ Is Applicant a Florida resident? (Y/N) _____

⑥ Is the Applicant: A pregnant woman
 A parent or relative caring for a child under age 18
 An infant under 1 year of age
 A child age 1 through age 18
 A former foster child under 26 years of age

⑦ If Applicant is pregnant, how many babies expected? _____

⑧ Is anyone else in Applicant's household pregnant? (Y/N) _____ How many babies expected? _____

⑨ Household Size: _____

⑩ Which household member(s) have income and how much? _____

***INCOME ELIGIBILITY CALCULATION:

STEP	Description	Amount
①	Income Limit for Household Size/Eligibility Category:	\$
②	Monthly Household Income:	\$
③	Is Monthly Household Income Equal To/Less Than Income Limit? (Circle one)	YES NO

***PRESUMPTIVE ELIGIBILITY DETERMINATION RESULTS

④	Eligibility Determination: (Circle one)	Eligible	PE Eligibility Start Date ___/___/_____
		Ineligible	Reason: _____

PE Determination Completed By _____

Date Completed _____

Instructions for Presumptive Eligibility Worksheet

---HOUSEHOLD INFORMATION:

Before you begin: Verify that the applicant is not currently eligible for Medicaid and check box to confirm that the applicant is not currently eligible.

Item	Description	Instructions
1	Applicant Name	Enter name of individual for whom presumptive eligibility is being determined.
2	Date of Birth	Enter applicant's birthdate (MM/DD/YYYY).
3	<ul style="list-style-type: none"> Will Applicant voluntarily provide SSN? SSN: 	Enter Y or N to indicate whether applicant will voluntarily provide SSN. If Y, enter SSN. Note: You cannot require an applicant to provide or document an SSN.
4	U.S Citizen or Qualified Noncitizen?	Enter Y or N to indicate whether applicant states he/she is a U.S. citizen or qualified noncitizen. If the answer to this question is NO , applicant is ineligible .
5	Is Applicant a Florida resident?	Enter Y or N to indicate whether applicant states he/she is lives in Florida and intends to remain in Florida. If the answer to this question is NO , applicant is ineligible .
6	Is the Applicant:	Check the appropriate box to indicate the individual's eligibility group. If the applicant does not fit into any group, the applicant is ineligible . Note: If the applicant is a former foster child under age 26 only select that category if the individual does not fit into any of the other categories.
7	If Applicant is pregnant, how many babies expected?	If applicant is pregnant, enter the number of babies expected to be born. Note: Be sure to count the number of expected babies when determining household size.
8	Is anyone else in Applicant's household pregnant? (Y/N)	Enter Y or N to indicate whether anyone else in the applicant's household is pregnant. If the answer to this question is YES , enter the number of babies expected to be born.
9	Household Size:	Enter the number of individuals who will be counted as household members for the eligibility determination. If the applicant is a child under age 19, count: <ul style="list-style-type: none"> The applicant The applicant's natural, adopted, step parents

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		<ul style="list-style-type: none"> The applicant's natural, adopted, step siblings under age 19 <p>If the applicant is NOT a child under age 19, count:</p> <ul style="list-style-type: none"> The applicant The applicant's spouse The applicant's natural, adopted, step children under age 19 <p>Note: This may be different from the number of individuals living with the applicant.</p> <p>Note: Be sure to count the number of expected babies when determining household size.</p>
10	Which household member(s) have income and how much?	<p>Use the space provided to indicate who has income and the monthly amount before taxes.</p> <p>Note: Do NOT count Social Security payments to or on behalf of a child under age 19, child support payments, or Supplemental Security Income (SSI) payments as income.</p>

---INCOME ELIGIBILITY CALCULATIONS:

Note: If applicant is in the former foster care group, do not complete the income eligibility calculations. The applicant is automatically eligible.

Item	Description	Instructions
①	Income Limit for Household Size:	Based on the applicant's eligibility group and household size, enter the appropriate income standard from the PE Income Standards and Disregards Chart.
②	Monthly Household Income:	Enter the total of the combined gross monthly earned income for all individuals who must be counted in the applicant's household.
③	Eligibility Determination:	<p>Compare result to item ①, Income Standard for Household Size.</p> <ul style="list-style-type: none"> If item ② is less than or equal to item ①, the individual is eligible based on income. Circle YES. If item ② is greater than item ①, the individual is ineligible based on income. Circle NO.

---PRESUMPTIVE ELIGIBILITY DETERMINATION RESULTS

Item	Description	Instructions
④	Eligibility Determination:	<p>Circle the result of the applicant's presumptive eligibility determination.</p> <ul style="list-style-type: none"> If the applicant meets all applicable eligibility group, citizenship, residency, and income eligibility requirements,

Instructions for Presumptive Eligibility Worksheet

Item	Description	Instructions
		<p>he/she is eligible. Enter the PE start date (date eligibility decision is made).</p> <ul style="list-style-type: none">• If the applicant fails to meet one or more of the eligibility group, citizenship, residency, or income requirements, he/she is ineligible. Enter the reason for ineligibility.