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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESFAMILY SUPPORT DIVISION**QUALIFIED ENTITY PRESUMPTIVE ELIGIBILITY DETERMINATION WORKSHEET** |
| HEAD OF HOUSEHOLD OR REPRESENTATIVE LEGAL NAME (LAST, FIRST, MIDDLE)      | DCN (IF YOU CANNOT LOCATE THE DCN, PLEASE PROVIDE SSN,DATE OF BIRTH, **AND** PHOTO ID)      |
| APPLICANT LEGAL NAME (LAST, FIRST, MIDDLE)      | DCN      | IF APPLICANT IS PREGNANT, ENTER ESTIMATED DUE DATE      |
| **Upon receipt of completed and signed PE-1SSL application this document must be completed to make a PE determination.** Please check if a regular MO HealthNet application was also completed: [ ]  On-line [ ]  Telephone [ ]  IM-1SSL |

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| **CALCULATION FOR HOUSEHOLD SIZE** |
| For each question below, enter the number of persons.  |  |  |  |
| 1. Applicant
 |  |       |  |
| 1. If applicant is pregnant, how many children are expected this pregnancy
 |  |       |  |
| 1. Enter 1 if Spouse lives with applicant
 |  |       |  |
| 1. \*If applicant files taxes, enter number of tax dependents claimed on federal tax return.

\*If applicant does not file taxes, enter number of children under age 19 living in their household. **NOTE: DO NOT include people listed in lines a or c.** |  |       |  |
| 1. \*If applicant claimed by parent(s) on their federal tax return, count the parent(s) including step parent(s) and other siblings who are claimed by the parents and enter that number here.

\*If parent(s) not filing taxes and applicant is under age 19 and living in their household, count parent(s) including step parent(s) and other siblings under age 19. **NOTE:** **DO NOT include people listed in lines a, c or d.** |  |       |  |
| 1. Total Household size (add lines a, b, c, d, and e. This will be used to determine the income standard on page 2):
 |  |       |  |
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| A | **Is the individual currently receiving MO HealthNet benefits other than Uninsured Women's Health Services, Extended Women's Health Services, or Gateway To Better Health? [ ]  YES [ ]  NO**IF YES TO A, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. |
| B | **Has the individual received Presumptive Eligibility for Children, Parent/Caretaker Relative, or Former Foster Care Youth within the last twelve (12) months or, if individual is pregnant, have they received TEMP/SMHB-PE during the current pregnancy?** **[ ]  YES** **[ ]  NO** IF YES TO B, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. |
| C | **Is the individual a resident of the state of MISSOURI? [ ]  YES [ ]  NO** IF NO TO C, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. |
| D | **If the applicant is a parent or caretaker, do they have a child in their care and control, under age 18 or a full time student under age 19, in their home? [ ]  YES [ ]  NO [ ]  N/A Skip to next question.**IF NO TO D, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. |
| E | **If determining presumptive eligibility for a child or parent/caretaker relative, is the individual a U.S. citizen, or a lawfully present non-citizen? [ ]  YES [ ]  NO [ ]  N/A Skip to next question.**IF NO TO E, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. |
| F | **If presumptive eligibility for foster care youth is requested determine if applicant meets eligible foster care youth criteria. [ ]  YES [ ]  NO [ ]  N/A Skip to next question.**IF NO TO F, INDIVIDUAL IS NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY, SKIP TO SECTION J. IF YES, STOP HERE, COMPLETE SECTION J AND BOTTOM OF FORM ON PAGE 2, THEN FORWARD PAPERWORK TO COLE.MHNPOLICY@DSS.MO.GOV.  |
| G | **If presumptive eligibility for Breast and Cervical Cancer is requested, refer the applicant to a Show me Healthy Women Provider for screening.** <http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/providerlist/> |
| H. **INCOME ELIGIBILITY DETERMINATION (Do not include the income of children who are not required to file taxes** **on their earnings.)** |
|  1. **Gross** monthly earned income. (Wages and salary only. Self-employment goes in line 3.) |  |  |
|  If paid weekly, multiply by 4.333. |  $      |  |
|  If paid bi-weekly, multiply by 2.166. | + $      |  |
|  If paid twice monthly, multiply by 2. | + $      |  |
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|  2. Total gross monthly **earned** income(Example: Wages before deductions, etc.) | = $      |  |
|  |  |
|  3. Net Monthly **self-employment** income  | + $      |  |
|  |  |  |
|  4. Total monthly **unearned** income (Example: Social Security, Unemployment Compensation, etc. Do not count SSI, Child Support or Alaskan Native and American Indian payments) | + $      |  |
|  |  |
|  5. Total **monthly gross** income (add lines 2, 3, and 4) | = $      |  |
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|  6. **SUBTRACT** monthly deductions (Example: Alimony paid, student loan interest paid, and other expenses allowed by the IRS to calculate adjusted gross income.) |  - $      |  |
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|  7. **TOTAL** monthly adjusted income (Line 5 minus line 6) | = $      |  |
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|  8. **STANDARD** income limit (on Appendix A.) for number of members shown in Calculation for Household Size.  |  $      |  |
|  **If the individual is pregnant** enter the income standards for TEMP and SMHB-PE below to determine for which program they are eligible. Always determine for TEMP first and if not eligible, look at SMHB-PE.  Income standards for TEMP $      / SMHB $      |  |  |
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| I. Is the **STANDARD** above more than **TOTAL** monthly adjusted income? (Is line 8 greater than line 7?) [ ]  YES [ ]  NO  **IF YES, INDIVIDUAL is ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY. If yes, which PE program is applicant eligible for?**  |
|  | [ ]  | PE for Children | [ ]  | Temporary MO HealthNet During Pregnancy | [ ]  | Show-Me Healthy Babies Presumptive Eligibility (SMHB-PE) | [ ]  | PE for Parents/ Caretaker Relatives | [ ]  | PE for Former Foster Care Youth |  |
| J. [ ]  **ELIGIBLE (ADMISIBLE)**  [ ]  **INELIGIBLE** **(RECHAZADO)** **If ineligible, check reason (Seleccione el motivo del rechazo):**   |
|  [ ]  Parent/Caretaker Relative has no eligible child (El Progenitor/Cuidador no tiene un hijo o un menor bajo su cuidado que  cumpla con los requisitos) |
|  [ ]  Not a Missouri Resident (No es habitante de Missouri) |
|  [ ]  Not a U.S. Citizen or qualified and eligible immigrant. **Do not use this reason if applicant is pregnant.**  (No es ciudadano estadounidense ni immigrante calificado que cumpla con los requisitos) |
|  [ ]  Individual not pregnant (La persona no está embarazada) |
|  [ ]  Excessive income (Ingresos superiores al límite) |
|  [ ]  Has active MO HealthNet (Cuenta con MO HealthNet activo) |
|  [ ]  Individual is over age 19 (El individuo es mayor de 19 años) |
|  [ ]  Received Presumptive Eligibility during the last 12 months. (Recibió Elegibilidad Presunta durante los últimos 12 meses) |
|  [ ]  Received TEMP or SMHB-PE during current pregnancy (Recibió TEMP o SMHB durante el embarazo actual) |
|  [ ]  Not eligible as a Foster Care Youth. (No cumple con los requisitos como joven en régimen de acogimiento familiar) |
| QE Name:  | QE Number: | QE Certified Employee Signature | Date |
|       |       |  |       |
| Applicant Name:      | Applicant Signature | Date      |