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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY 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](mailto: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) | | | | | | | | | | | | = $ | |  | |
|  | | | | | | | | | | | |  | | | |
| 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 $ | | | | | | | | | | | |  | |  | |
|  | | | | | | | | | | | |  | |  | |
| 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 | | | |