



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
PRESUMPTIVE ELIGIBILITY DETERMINATION

NAME (LAST, FIRST, MIDDLE)	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (IF LISTED ON IM-1UA)
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ADDRESS		
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COUNTY	DATE OF BIRTH	RACE
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QUALIFIED PROVIDER USE ONLY

A. RESIDENT OF THE STATE OF MISSOURI? ☐ YES ☐ NO

IF NO, CHILDREN ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

B. INCOME ELIGIBILITY DETERMINATION

1. **STANDARD** Income limit from chart below for number of parents and children listed in Section B of IM-1UA) \$

2. **COMPUTE** gross monthly household income (Section C of IM-1UA) \$

If paid weekly, multiply by 4.333.

If paid bi-weekly, multiply by 2.166.

If paid twice monthly, multiply by 2

3. Total monthly **earned income** (Example: Wages before deductions, self-employment income, etc.) \$

4. Total monthly **unearned income** (Example: Social Security, Unemployment Compensation, Child Support, etc.) \$

5. TOTAL MONTHLY INCOME (Add 3 and 4) \$

Is STANDARD more than HOUSEHOLD INCOME? ☐ YES ☐ NO

IF NO, CHILDREN ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

C. HAVE THE CHILDREN RECEIVED PRESUMPTIVE ELIGIBILITY FOR CHILDREN WITHIN THE LAST TWELVE (12) MONTHS? ☐ YES ☐ NO

IF YES, CHILDREN ARE NOT ELIGIBLE FOR PRESUMPTIVE ELIGIBILITY.

INCOME STANDARDS

ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$1300	7	\$4000
2	\$1750	8	\$4450
3	\$2200	9	\$4900
4	\$2650	10	\$5350
5	\$3100	11	\$5800
6	\$3550	12	\$6250

<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE Reason:
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