



# Medicaid Eligibility

OMB Control Number 0938-1148  
 OMB Expiration date: 10/31/2014

**AFDC Income Standards** S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
 AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

**MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988**

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

**Enter the statewide standard**

	Household size	Standard (\$)		
+	1	174	X	Additional incremental amount <input checked="" type="radio"/> Yes <input type="radio"/> No  Increment amount \$ <input style="width: 50px;" type="text" value="48"/>
+	2	235	X	
+	3	305	X	
+	4	360	X	
+	5	417	X	
+	6	471	X	
+	7	521	X	
+	8	569	X	
+	9	608	X	
+	10	666	X	

The dollar amounts increase automatically each year

- Yes    No



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## AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

### Enter the statewide standard

	Household size	Standard (\$)	
+	1	180	X
+	2	241	X
+	3	303	X
+	4	364	X
+	5	426	X
+	6	487	X
+	7	549	X
+	8	610	X
+	9	671	X
+	10	733	X

Additional incremental amount

- Yes    No

Increment amount \$

The dollar amounts increase automatically each year

- Yes    No

## MAFL-equivalent AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region



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- Standard varies by living arrangement
- Standard varies in some other way

**Enter the statewide standard.**

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	289	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	387	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	486	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	585	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	684	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	783	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	882	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	981	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	1,079	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	1,179	<input checked="" type="checkbox"/>

Additional incremental amount

- Yes
- No

Increment amount \$

The dollar amounts increase automatically each year

- Yes
- No

**AIDC Need Standard in Effect As of July 16, 1996**

**Income Standard Entry - Dollar Amount - Automatic Increase Option** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

- Yes
- No



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The dollar amounts increase automatically each year

Yes  No

## Medicaid equivalent TANF payment standard

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

Yes  No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.