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:

<table>
<thead>
<tr>
<th>STEP</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>①</td>
<td>Income Limit for Household Size/Eligibility Category:</td>
<td>$</td>
</tr>
<tr>
<td>②</td>
<td>Monthly Household Income:</td>
<td>$</td>
</tr>
<tr>
<td>③</td>
<td>Is Monthly Household Income Equal To/Less Than Income Limit? (Circle one)</td>
<td>YES  NO</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicant Name</td>
<td>Enter name of individual for whom presumptive eligibility is being determined.</td>
</tr>
<tr>
<td>2</td>
<td>Date of Birth</td>
<td>Enter applicant’s birthdate (MM/DD/YYYY).</td>
</tr>
</tbody>
</table>
| 3    | • 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 a Florida resident 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:  
      • The applicant  
      • The applicant’s natural, adopted, step parents |
# Instructions for Presumptive Eligibility Worksheet

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<tr>
<td>①</td>
<td>Income Limit for Household Size:</td>
<td>Based on the applicant’s eligibility group and household size, enter the appropriate income standard from the PE Income Standards and Disregards Chart.</td>
</tr>
<tr>
<td>②</td>
<td>Monthly Household Income:</td>
<td>Enter the total of the combined gross monthly earned income for <strong>all individuals who must be counted</strong> in the applicant’s household.</td>
</tr>
</tbody>
</table>
| ③   | Eligibility Determination: | Compare result to item ①, Income Standard for Household Size.  
- 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.** |

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### 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.

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| ④   | Eligibility Determination: | Circle the result of the applicant’s presumptive eligibility determination.  
- If the applicant meets all applicable eligibility group, citizenship, residency, and income eligibility requirements, |
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<tr>
<td></td>
<td></td>
<td><strong>he/she is eligible.</strong> Enter the PE start date (date eligibility decision is made).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If the applicant fails to meet one or more of the eligibility group, citizenship, residency, or income requirements, <strong>he/she is ineligible.</strong> Enter the reason for ineligibility.</td>
</tr>
</tbody>
</table>