

## JUVENILE MEDICAID TRACKER (JMT) SCREENING WORKSHEET

Use this form to assist you in obtaining information for submitting a referral in JMT; if the family is already accessing Medicaid/CHIP it is not necessary to complete this form, <u>but do submit the JMT referral</u>.

1. Does the family want to apply for Mer If no, no further action is needed. Pla	Yes No					
2. Is the child a U.S. Citizen or Legal Pe If no, the child will not be eligible for	Yes No					
3. Does the family have accessible finan	Yes No					
<ul> <li>4. List the names and income for all applicable family members who are living in the home to which the child will be returning. Include the child, legal parent(s), step-parent(s) and siblings under 18 who are living in the home.</li> <li>NOTE: The earned income of a child under 18 is not counted if the child is attending school full or part-time and working less than 30 hours per week.</li> </ul>						
NAME	AGE	RELATIONSHIP	INCOME SOURCE	GROSS MONTHLY INCOME		
		Subject Child				
	\$					
EN						
ENTER INCOME LIMIT						

FAMILY SIZE	100% FPIL*	185% FPIL*	200% FPIL*
FAMIL I SIZE	Medicaid Age (6-18)	Medicaid Pregnant Girls	CHIP Age (6-18)
1	958	1772	1915
2	1293	2392	2585
3	1628	3011	3255
4	1963	3631	3925
5	2298	4251	4595
6	2633	4871	5265
7	2968	5490	5935
8	3303	6110	6605
9	3638	6730	7275
10	3973	7350	7945
11	4308	7969	8615
12	4643	8589	9285
13	4978	9209	9955
14	5313	9829	10625
15	5648	10448	11295
For each additional member	335	620	670

FPIL – Federal Poverty Income Level

Completed by: Name of Juvenile Probation/TJJD Staff