**AHCCCS (Title XIX/XXI) Eligibility Screening**
(This form to be completed on all Non-Title XIX/XXI behavioral health recipients.)

- Initial Screen
- Annual Screen
- Update (change in person’s income/expenses)

**Name:** ______________________  
**Date:** ___________________

**NOTE:**
The income limitations noted below are guidelines. Outreach workers may consider submitting the application even if the potential applicant is over the income limit listed so that an Eligibility Specialist can review the application and determine if the potential applicant can establish AHCCCS eligibility.

### Section A

A.1 Is the applicant already AHCCCS eligible?  
- Yes  If yes, only complete Section A of this form.  
- No  If no, proceed to question A.2.

A.2 Does the applicant have an AHCCCS application pending?  
- Yes  If yes, only complete Section A of this form.  
- No  If no, proceed to Section B.

### Section B

B.1 Size of family household _________ (includes person and spouse, child, stepchild, child’s children, child’s spouse, parents if under age 19, related child in the care of the applicant, child age 19-21 who is a student)

B.2 Gross monthly family income __________ (includes the income of the immediate family before deductions; i.e., spouse to spouse, parent to child, parent to adoptive child, but not stepparent to stepchild or grandparent to grandchild)

### Section C

C.1 Do any of the following conditions exist?  
- Is the applicant pregnant?  
- Is there a step-parent in the household with income?  
- Does the household have fluctuating income from month to month?  
- Are there more than six (6) persons in the household?  
- Has the applicant or family been financially responsible for current or prior month medical expenses, so that family gross income is reduced 40% or less of the Federal Poverty Level due to medical expenses?  
- Has the applicant experienced any significant changes within the last year?

If yes to any of the above C.1 questions, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.

If no, complete Section D.

### Section D

D.1 Is the applicant under age 18?  
- Yes  If yes, answer question D.2.  
- No  If no, proceed to Section E.

D.2 Is the child in or will the child be placed in an out of home placement and is there documentation by a medical practitioner stating that it is anticipated that the child will be out of the home for at least 30 days?  
- Yes  If yes, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.  
- No  If no, answer question D.3 or D.4.

D.3 Answer the following question for children through 5 years of age:  
Is the child’s family income equal to or below the following amounts?

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Family</td>
<td>$1,201</td>
<td>$1,615</td>
<td>$2,030</td>
<td>$2,444</td>
<td>$2,859</td>
<td>$3,273</td>
</tr>
</tbody>
</table>
Income*  
*Increase the gross monthly family income limit by $100 for each person who is employed.  
*Increase the gross monthly family income limit up to $200 per month for each person who incurs dependent care expenses.  
*Do not count earned income of students under 19 years of age.  
[ ] Yes  If yes, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.  
[ ] No  If no, answer question D.5.

D.4 Answer the following question for children age 6 through 17 years of age:  
Is the child's family income equal to or below the following amounts?

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Family Income*</td>
<td>$903</td>
<td>$1,215</td>
<td>$1,526</td>
<td>$1,838</td>
<td>$2,150</td>
<td>$2,461</td>
</tr>
</tbody>
</table>

*D.5 Is the child's family income equal to or below the following amounts?  

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Family Income</td>
<td>$1,805</td>
<td>$2,429</td>
<td>$3,052</td>
<td>$3,675</td>
<td>$4,299</td>
<td>$4,922</td>
</tr>
</tbody>
</table>

[ ] Yes  If yes, the applicant may be KidsCare (Title XXI) eligible. Assist the person in completing an Application and send it to AHCCCS Central Screening Unit.  
[ ] No  If no, potential eligibility has not been established.

Section E  
E.1 Is the person age 18 through 21 and was the person in DES foster care on the date the person became 18 years old?  
[ ] Yes  If yes, the person may be AHCCCS (Title XIX) eligible, assist the person in completing an Application and send it to DES.  
[ ] No  If no, continue to Section F.

Section F  
Answer the following questions for adults (age 18 and older):

F.1 Do any of the following conditions exist?  
Is the person age 65 or older?  
[ ] Yes  [ ] No  
Is the person blind or disabled?  
[ ] Yes  [ ] No  
Has the person been determined to have a serious mental illness by ADHS/T/RBHA?  
[ ] Yes  [ ] No  
Is the person receiving Social Security disability benefits?  
[ ] Yes  [ ] No  
Is the person receiving Medicare benefits?  
[ ] Yes  [ ] No

Do any of the above F.1 questions apply and is the person’s family income equal to or below the following amounts:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Family Income</td>
<td>$1,084</td>
<td>$1,457</td>
<td>$1,831</td>
<td>$2,206</td>
<td>$2,579</td>
<td>$2,953</td>
</tr>
</tbody>
</table>

[ ] Yes  If yes, the person may be SSI-MAO (AHCCCS -Title XIX) eligible. Assist the person in completing an Application and send it to AHCCCS Central Screening Unit.  
[ ] No  If no, answer F.2.
### F.2 Is the person’s family income equal to or below the following amounts?

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
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<td>$1,838</td>
<td>$2,150</td>
<td>$2,461</td>
</tr>
</tbody>
</table>

*Increase the gross monthly family income limit by $100 for each person who is employed.*

*Increase the gross monthly family income limit up to $200 per month for each person who incurs dependent care expenses.*

*Do not count earned income of students under 19 years of age.*

- **Yes** If yes, the person maybe AHCCCS (Title XIX) eligible, assist the person in completing an Application and send it to SSI-MAO.
- **No** If no and 18 years of age, go to D.5; if over 18 years of age, potential eligibility has not been established.

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Staff Signature  

Date