

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? Yes No
- Is there a step-parent in the household with income? Yes No
- Does the household have fluctuating income from month to month? Yes No
- Are there more than six (6) persons in the household? Yes No
- 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? Yes
 No
- Has the applicant experienced any significant changes within the last year? Yes No
- 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?

Family Size	1	2	3	4	5	6
Gross Monthly Family	\$1,201	\$1,615	\$2,030	\$2,444	\$2,859	\$3,273

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?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$903	\$1,215	\$1,526	\$1,838	\$2,150	\$2,461

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

Family Size	1	2	3	4	5	6
Gross Monthly Family Income	\$1,805	\$2,429	\$3,052	\$3,675	\$4,299	\$4,922

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?

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:

Family Size	1	2	3	4	5	6
Gross Monthly Family Income	\$1,084	\$1,457	\$1,831	\$2,206	\$2,579	\$2,953

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?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$903	\$1,215	\$1,526	\$1,838	\$2,150	\$2,461

**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.

Staff Signature

Date