ES-DZA 05-11-15

**Documentation of Eligibility for Issuance of Temporary Medical Card**

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| --- | --- |
| Medical ID Number: | Case Number: |
| Name (first, middle, last): |
| Gender: | Date of Birth: | SSN: |
| Home Address: |
| City: | State: | Zip: | County: |
| Phone Number: |
|  | Clearinghouse |  | DCF Office: |
| Case Head Name (first, middle, last): |
| Responsible Person (first, middle, last): |
| Responsible Person Address:  |
| City: | State: | Zip: |
| Type of Coverage Approved:  | Start Date: |
| LOC: | LA: | Effective Date: |
| MCO:  |  | Amerigroup |  | Sunflower |  | United Healthcare |
| Reason for the temporary medical card approval/request:  |

|  |
| --- |
|  The following non-financial eligibility factors have been met: |
|  | Citizenship |  | Identity |  | Residency |  | Categorical: |
|  |
|  The following financial eligibility factors have been met: |
|  MAGI Determination |  Non-MAGI Determination |
| Household Size: | Household Size: |
| Countable Income: | Countable Income: |
| Income Limit: | Income Limit: |
|  | Countable Resources: |
|  | Resource Limit: |
| Staff Name: | Date: |

Use the following budget/tools to determine eligibility during the Downtime. Attach completed copies of all forms used in the determination for the above individual:

ES- 3104.5, Determination of Need

PA-3103.5, MacrSSI Disregard Worksheet

Family Medical Eligibility Worksheets (use MAGI – Building Individual Budget Units and the Kansas Medical Assistance Standards (KEESM F8)