MEDICAID SCREENING WORKSHEET

TEXAS JUVENILE JUSTICE DEPARTMENT

1. Is the family residing in the home to which the youth is returning already accessing Medicaid or CHIP? ☐ Yes ☐ No
2. Is the child a U.S. Citizen or a Legal Permanent Resident (LPR)? ☐ Yes ☐ No
   If no, the child will not be eligible for Medicaid and the family should be referred to the local CBO.
3. Does the family have accessible financial resources (money in the bank) in excess of $2000.00? ☐ Yes ☐ No
4. List the names and income for all applicable family members who are living in the home to which the youth will be returning. Include the child, legal parent(s), step-parent(s) and siblings under 18 who are living in the home.

   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.

NAME	AGE	RELATIONSHIP	INCOME SOURCE	GROSS MONTHLY INCOME
			TOTAL GROSS MONTHLY INCOME	$
			ENTER TOTAL NUMBER OF FAMILY MEMBERS IN THE HOME	
			ENTER INCOME LIMIT FOR THE HOME *(See Medicaid/CHIP Income Limits Chart below)*	

FAMILY SIZE	100% FPIL	185% FPIL	200% FPIL
	Medicaid Age (6-18)	**Medicaid Pregnant Girls**	**CHIP Age (6-18)**
1	931	1723	1862
2	1261	2333	2522
3	1591	2944	3182
4	1921	3554	3842
5	2251	4165	4502
6	2581	4775	5162
7	2911	5386	5822
8	3241	5996	6482
9	3571	6607	7142
10	3901	7217	7802
11	4231	7828	8462
12	4561	8438	9122
13	4891	9049	9782
14	5221	9659	10422
15	5551	10270	11102
For each additional member	330	611	660

5. Does the family residing in the home to which the youth is returning want to be covered by Medicaid or CHIP? ☐ Yes ☐ No

Juvenile Probation/TJJD Staff _____ Date _____