

JUVENILE MEDICAID TRACKER (JMT) SCREENING WORKSHEET

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

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 but do submit the JMT referral.

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1. Does the family want to apply for Medicaid or CHIP for this child? If no, no further action is needed. Place this form in the child's case file.							
2. Is the child a U.S. citizen or Legal Permanent Resident (LPR)? If no, the child will not be eligible for Medicaid and the family should be referred to the local community-based organization.							
3. Does the family have accessible financial resources (money in the bank) in excess of \$2000.00?							
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. 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 RELAT		ΓΙΟΝSHIP	INCOME SOU	IRCE	GROSS MONTHLY INCOME	
	Subject Child		ect Child				
		~					
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)							
ENTER INCOME EN	WILL TOK THE HO	MIL (See Me	arcara, CIIII In	come Limits Chart	ocion)		
	133% FPIL*		198% FPIL*		T .	201% FPIL*	
FAMILY SIZE					CHIP Age (0-18)		
1		Medicaid Age (6-18)		Medicaid Pregnant Girls		1,990	
1	1,317		1,961		2,684		
2	1,776 2,235		2,644 3,327		3,377		
3	· · · · · · · · · · · · · · · · · · ·		4,010		4,071		
4	2,694 3,153					4,764	
5			4,693		·		
6	3,611		5,376		5,458 6,153		
7	4,071		6,061				
8	4,532		6,747		6,850		
9	4,994		7,434		7,546		
10	5,455		8,120 8,807		8,243 8,940		
12	5,916					9,637	
	6,377		9,493 10,179			10,334	
13 14	6,838 7,299		10,179			11,030	
15	7,299		11,552			11,727	
For each additional member	462		687			697	
*FPIL – Federal Poverty Income Limit	402			007		071	
111D 1 Cuciai 1 Overi, income Binu							
Completed by: Name of Juvenile Probation/TJJD Staff Date							