

**Public and Private Insurance  
Intake Form**

Child's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Child's SS#: \_\_\_/\_\_\_/\_\_\_

**1. Does the family have Private Health Insurance?**

- Yes - Complete the FIT Program - Private Health Insurance Form.
- No – Move to Question 2.

**2.a. Is the child currently Medicaid Eligible?**

- Yes - Medicaid #: \_\_\_\_\_
- Have applied for Medicaid or are in the process of renewing. Date applied / renewed \_\_\_\_\_
- No - Complete Medicaid eligibility table (below)

**2.b. Complete Medicaid eligibility screening table** - for children birth to age five.

(note: no documents needs to be gathered for this screening)

1. Household / Family Size	2. Household Monthly Income	3. Income Deduction (\$750 per household)	4. Child Care Deduction (\$375 or actual amount)	5. Countable Household Income (Column 2 – column 3 & 4)	6. Medicaid Monthly Income Limit (235% of poverty)*
1					\$2,123
2					\$2,856
3					\$3,587
4					\$4,320
5					\$5,053
6					\$5,784
7					\$6,517
8					\$7,250
Add \$705 for each additional family member					

**Note:** Completion of this table does not qualify the child for Medicaid and is meant as a guide to whether to refer the family apply for Medicaid for their child.

\* Valid until 04/01/2011 as Federal poverty rates are adjusted annually.

**2.b. Determine if column 5. is less than column 6.** for the appropriate household / family size?

- Yes - Assist the family in applying to Medicaid either through Presumptive Eligibility – Medicaid On Site Application Assistance (PE-MOSAA) or through the Income Support Division (ISD) office.
- No - Child is probably not eligible for Medicaid. Inform family about – Premium Assistance for Kids (see handout) where the Human Services Department may be able assist with up to 50% of the monthly premium payment for private health insurance.