

DSHS FUNDING SOURCE – Worksheet Instructions

Eligibility and Benefits by 2013 Federal Poverty Level (FPL)

FAMILY SIZE	MEDICAID								CIHCP		PHC	Title V MCH WIC	CHIP CSHCN	FP
	Medically Needy		Children under 1 / Pregnant Females 185% FPL		Children 1 thru 5 133% FPL		Children 6 thru 18 100% FPL		21% FPL Min. Income Standard		150% FPL	185% FPL	BCCS EPILEPSY 200% FPL	250% FPL
	No Job	W/Job	No Job	W/Job	No Job	W/Job	No Job	W/Job	No Job	W/Job	N/A Statewide			
1	\$104	\$224	\$1,772	\$1,892	\$1,274	\$1,394	\$958	\$1,078	\$202	\$423	\$1,437	\$1,772	\$1,915	\$2395
2	216	336	2,392	2,512	1,720	1,840	1,293	1,413	272	528	1,939	2,392	2,585	3233
3	275	395	3,011	3,131	2,165	2,285	1,628	1,748	342	633	2,442	3,011	3,255	4070
4	308	428	3,631	3,751	2,611	2,731	1,963	2,083	413	740	2,944	3,631	3,925	4908
5	357	477	4,251	4,371	3,056	3,176	2,298	2,418	483	845	3,447	4,251	4,595	5745
6	392	512	4,871	4,991	3,502	3,622	2,633	2,753	553	950	3,949	4,871	5,265	6583
7	440	560	5,490	5,610	3,947	4,067	2,968	3,088	624	1056	4,452	5,490	5,935	7420
8	475	595	6,110	6,230	4,393	4,513	3,303	3,423	694	1161	4,954	6,110	6,605	8258
9	532	652	6,730	6,850	4,838	4,958	3,638	3,758	764	1266	5,457	6,730	7,275	9095
10	567	687	7,350	7,470	5,284	5,404	3,973	4,093	835	1373	5,959	7,350	7,945	9933
For each additional Member	57		611		439		330				495	611	660	825

Effective April 1, 2013

- **Family Composition Section** – Enter the total number of family members in each category listed. Total should include a person living alone or a group of two or more persons related by birth, marriage (including common-law), or adoption, which reside together and are legally responsible for the support of the other person. For example: If an unmarried applicant lives with a partner, ONLY count the partner's income and children as part of the budget group IF the applicant and his/her partner have mutual children together. Unborn children should also be included.
- **Residency Section** – Must be physically present within the geographic boundaries of Texas.
- **Income Section** - Income may be either earned or unearned. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:
 - Weekly income x 4.33
 - Every two weeks x 2.17
 - Twice a month x 2.0
 Dependent childcare expenses and legally obligated child support payments shall be deducted from total income in determining eligibility. Allowable deductions are actual expenses up to \$200 per child per month for children under age 2 and \$175 per child per month for children age 2 to 12 or age 2 – 18 if child is disabled. The net countable income is used to determine eligibility based on the appropriate FPL percentage.
- **FPL Used** – Determine the appropriate FPL used for each individual program.
- **Other Benefits Section** – Provider staff shall document other benefits received by or denied to the applicant that are applicable to this application. An applicant or family member is eligible for the Medicare Prescription Drug Plan (Part D) if he/she is eligible and/or receives Medicare Part A and/or Part B benefits and shall be referred to this program for prescription drug benefits.
- **Special Circumstances** – Provider staff may document any special circumstances not already noted using this section of the application, if applicable.
- **Co-Pay/Fees** – Document co-pay/fees per program policies.
- **Eligible Household Members** – Identify each eligible household member and program (via number association listed on Family Composition).
- **Provider-Staff Signature/Date** – The provider staff that completes the eligibility determination process must sign and date this form.