

**DSHS FUNDING SOURCE – Worksheet Instructions  
Eligibility and Benefits by 2014 Federal Poverty Level (FPL)**

**Effective April 1, 2014**

F A M I L Y	S I Z E	MEDICAID								CIHCP		Title V- MCH WIC	PHC EPHC CHIP BCCS CSHCN EPILEPSY	FP
		Medically Needy		Children under 1 / Pregnant Females 185% FPL		Children 1 thru 5 133% FPL		Children 6 thru 18 133% FPL		21% FPL Min. Income Standard		185% FPL	200% FPL	250% FPL
		No Job	W/Job	No Job	W/Job	No Job	W/Job	No Job	W/Job	No Job	W/Job			
<b>1</b>		\$104	\$224	\$1,800	\$1,920	\$1,294	\$1,414	\$1,294	\$1,414	\$205	\$428	\$1,800	\$1,945	\$2,432
<b>2</b>		216	336	2,426	2,546	1,744	1,864	1,744	1,864	276	534	2,426	2,622	3,277
<b>3</b>		275	395	3,051	3,171	2,194	2,314	2,194	2,314	347	641	3,051	3,299	4,125
<b>4</b>		308	428	3,677	3,797	2,644	2,764	2,644	2,764	418	747	3,677	3,975	4,970
<b>5</b>		357	477	4303	4,423	3,094	3,214	3,094	3,214	489	854	4,303	4,652	5,815
<b>6</b>		392	512	4,929	5,049	3,544	3,664	3,544	3,664	560	960	4,929	5,329	6,662
<b>7</b>		440	560	5,555	5,675	3,994	4,114	3,994	4,114	631	1,067	5,555	6,005	7,507
<b>8</b>		475	595	6,181	6,301	4,444	4,564	4,444	4,564	702	1,173	6,181	6,682	8,352
<b>9</b>		532	652	6,807	6,927	4,894	5,014	4,894	5,014	773	1,280	6,807	7,359	9,200
<b>10</b>		567	687	7,433	7,553	5,344	5,464	5,344	5,464	844	1,386	7,433	8,035	10,045
<b>For each additional Member</b>		57		611		439		439				611	660	825

- **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 or older. And \$175 per month for each adult with disabilities. 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.