

Instructions for Completing PE for Children Screening Form

Section 1:

- **Name:** List name of parent(s)/guardian(s) of the applying child(ren)
- **Address:** List the address where the child(ren) live(s) including house number, street name, apt number, city, and zip code
- **County of Residence:** Enter county in which above address is located
- **Presumptive Screening Date:** List today's date
- **Home Phone / Contact/Message Number:** Enter home, contact/message number
- **Application Site:** List the name of the Qualified Entity Site
- **Authorization Number/Name:** Call NYSDOH to obtain authorization number for children who screen eligible. Document the name of the person who provided you with the number.

Section 2:

- **Child(ren)'s Names:** List all children who are being screened for PE for Children
- Enter **SSN** (if known), SSN or proof of application for SSN will have to be provided for full Medicaid determination
- **A/B: Citizenship/Immigration Status:** Check boxes as appropriate. Explain that Medicaid is available to people who are US Citizens or have satisfactory immigration status. Others may receive treatment only for an emergency medical condition. If unsure of the child(ren)'s status, ask if they have any of the following: a Green Card, a Passport, a Visa or any other document that allows them to stay here indefinitely. Also ask if they are working with immigration services to get permanent status.

Section 3:

- **Health Insurance:** Complete as much information as known. Inquire about recent applications for Child Health Plus, Medicaid, and Family Health Plus. If yes, indicate when and where the application was taken.

Section 4:

- **Family Size:** Enter numbers to identify number of persons living in the household. If the mother of the applying child is pregnant, count as 2 (mom plus the unborn child). Count the legal spouse and/or father of the child, if they live in the household. Count 1 for Caretaker Relative (if no parents live in the household) and if they will also be applying for Medicaid. Count all of the children under age 21 in the household whether or not they are applying. Do not count persons who receive Temporary Cash Assistance or SSI cash assistance. Total number of household members will be recorded on line 4.a.

Section 5:

- **Income:** On line 5a. enter the total amount of the monthly gross (before taxes and deductions) household income. Verification is not required for PE. Weekly wages are converted to monthly by multiplying by 4.3333. Do not count grants, loans, student's wages, Temporary Cash Assistance or SSI Cash Assistance. Enter caretaker relative's income if they are in the household count and are applying for MA. Enter monthly amounts as allowed in b. Child care expenses may be deducted only if parent/guardian is employed. Only one \$50 deduction per household is allowed if anyone (or more than one person) in the HH receives child support payments. Enter the total monthly premium paid out for health insurance premiums. Add deductions and enter on line 5.b. The Net Monthly Income amount, entered on line 5.c., is the figure that results when the total allowable deductions (line 5b) is subtracted from the household gross income (line 5a).

Section 6:

- **Compare the net monthly income** with the income standards chart for the appropriate household size (4.a.) and percentage of the Federal Poverty Level for the age of each child. If the child(ren) is found to be eligible, the corresponding box(es) is checked, the child(ren)'s name(s) is listed and a Presumptive Eligibility Screening Determination letter is given to the applying parent or guardian with the names of the children who are Presumptively Eligible for Medicaid. This letter advises households of next steps to take to apply for ongoing Medicaid. This completed screening form, an accompanying Medicaid application, determination letter and all documentation are forwarded to the appropriate county Local Department of Social Services (LDSS) within 21 days for further review and a determination for ongoing Medicaid.
- If any child applying is ineligible, list the name of the child(ren) that is ineligible and refer to the phone numbers at the bottom of the screening sheet for information on applying for Child Health Plus, and/or refer to the nearest Facilitated Enroller for application assistance. If all children on the screening are ineligible, do not send the PE screening form to the LDSS, but retain copies in a locked, secure area.

Section 7:

- **Qualified Provider must enter their name, address, telephone number, and sign the bottom of the form.**