

## AHCCCS (Title XIX/XXI) Eligibility Screening

(This form to be completed on all Non-Title XIX/XXI behavioral health recipients.)

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE:**

The income limitations noted below are **guidelines**. Outreach workers may consider submitting the application even if the potential applicant is over the income limit listed so that an Eligibility Specialist can review the application and determine if the potential applicant can establish AHCCCS eligibility.

**Section A**

**A.1** Is the applicant already AHCCCS eligible or do they have an AHCCCS application pending?

- Yes    If **yes**, only complete Section A of this form.  
 No      If **no**, proceed to Section B.

**Section B**

**B.1** Size of family household \_\_\_\_\_ (includes person and spouse, child, stepchild, child's children, child's spouse, parents if under age 19, related child caring for, child age 19-21 who is a student)

**B.2** Gross monthly family income \_\_\_\_\_ (includes the income of the immediate family before deductions; i.e., spouse to spouse, parent to child, parent to adoptive child, but not stepparent to stepchild or grandparent to grandchild)

**Section C**

**C.1** Do any of the following conditions exist?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the applicant pregnant?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a step-parent in the household with income?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the household have fluctuating income from month to month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there more than six (6) persons in the household?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If **yes** to any of the above C.1 questions, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.

If **no**, complete Section D

**Section D**

**D.1** Is the applicant under age 18?

- Yes    If **yes**, answer question D.2.  
 No      If **no**, proceed to Section E.

**D.2** Is the child in or will the child be placed in an out of home placement and is there documentation by a medical practitioner stating that it is anticipated that the child will be out of the home for at least 30 days?

- Yes    If yes, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.  
 No      If no, answer question D.3 or D.4.

**D.3 Answer the following question for children through 5 years of age:**

Is the child's family income equal to or below the following amounts?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$1,086	\$1,463	\$1,840	\$2,217	\$2,594	\$2,971

*\*Increase the gross monthly family income limit by \$100 for each person who is employed.*

*\*Increase the gross monthly family income limit up to \$200 per month for each person who incurs dependent care expenses*

*\*Do not count earned income of students under 19 years of age.*

- Yes    If **yes**, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.  
 No      If **no**, answer question D.5.

**D.4 Answer the following question for children age 6 through 17 years of age:**

Is the child's family income equal to or below the following amounts?

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$817	\$1,100	\$1,384	\$1,667	\$1,950	\$2,234

\*Increase the gross monthly family income limit by \$100 for each person who is employed.

\*Increase the gross monthly family income limit up to \$200 per month for each person who incurs dependent care expenses.

\*Do not count earned income of students under 19 years of age.

Yes If **yes**, the person may be AHCCCS (Title XIX) eligible. Assist the person in completing an Application and send it to DES.

No If **no**, answer question D.5.

**D.5 Is the child's family income equal to or below the following amounts?**

Family Size	1	2	3	4	5	6
Gross Monthly Family Income	\$1,634	\$2,200	\$2,767	\$3,334	\$3,900	\$4,467

Yes If **yes**, the applicant may be KidsCare (Title XXI) eligible. Assist the person in completing an Application and send it to AHCCCS Central Screening Unit.

No If **no**, potential eligibility has not been established.

**Section E**

**E.1 Is the person age 18 through 23 and was the person in DES foster care on the date the person became 18 years old?**

Yes If **yes**, the person may be AHCCCS (Title XIX) eligible, assist the person in completing an Application and send it to DES

No If **no**, continue to Section F.

**Section F**

**Answer the following questions for adults (age 18 and older):**

**F.1 Do any of the following conditions exist?**

Is the person age 65 or older?  Yes  No

Is the person blind?  Yes  No

Has the person been determined to have a serious mental illness by ADHS/RBHA?  Yes  No

Is the person receiving Social Security disability benefits?  Yes  No

Do any of the above F.1 questions apply and is the person's family income equal to or below the following amounts:

Family Size	1	2	3	4	5	6
Gross Monthly Family Income	\$980	\$1,320	\$1,661	\$2,000	\$2,340	\$2,680

Yes If **yes**, the person may be SSI-MAO (AHCCCS -Title XIX) eligible, assist the person in completing an Application and send it to AHCCCS Central Screening Unit.

No If **no**, answer F.2.

**F.2 Is the person's family income equal to or below the following amounts?**

Family Size	1	2	3	4	5	6
Gross Monthly Family Income*	\$817	\$1,100	\$1,384	\$1,667	\$1,950	\$2,234

\*Increase the gross monthly family income limit by \$100 for each person who is employed.

\*Increase the gross monthly family income limit up to \$200 per month for each person who incurs dependent care expenses.

\*Do not count earned income of students under 19 years of age.

Yes If **yes**, the person maybe AHCCCS (Title XIX) eligible, assist the person in completing an Application and send it to DES.

No If **no** and 18 years of age, go to D.5; if over 18 years of age, potential eligibility has not been established.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date