Patient's Name: _____ Patient's Social Security #: _____

Home Telephone Number: _____ Cell Phone Number: _____

DSH ELIGIBILITY

Was date of service related to an auto accident? _____

Income:

What is the household gross income for the past year? $_____

What is the household gross income for the past 3 months? $_____

What is the household gross income for the next 3 months? $_____

Estimate current monthly income: $_____

Resources:

Do you have any of the following? ❑ Yes ❑ No (If no, please skip this section and move to Household members)

	Bank Name	Balance/Value
❑ Checking or Savings Account		
❑ Certificate of Deposit		
❑ Money Market		
❑ Mutual Fund		
❑ Stocks		
❑ Bonds		
❑ Other		

Household members:

Name	Relationship	Age

Household Size	Resource Limit	100% of the Poverty Level	100% of the Poverty Level
1	$2,000.00	$ 957.50	$11,490.00
2	$4,000.00	$1,292.50	$15,510.00
3	$4,050.00	$1,627.50	$19,530.00
4	$4,100.00	$1,962.50	$23,550.00
5	$4,150.00	$2,297.50	$27,570.00

Add an additional $4,020.00 for each person. *Income limits are effective April 1, 2013.

IF YOU HAVE NO INCOME PLEASE INITIAL HERE: _____

MEDICAID ELIGIBILITY

1) Is the patient pregnant? ❑ Yes ❑ No
2) Is the patient disabled? ❑ Yes ❑ No (If yes, what is the date you filed your Disability Claim? _____)
3) Is the patient under the age 18? ❑ Yes ❑ No
4) Is the patient a single parent of minor children? ❑ Yes ❑ No