



Medicaid Eligibility Client Declaration Worksheet

Application
 Review
 H1200-EZ
 H1200/H1200-A

Client Name	Application/Client No.	Cat.	TP	Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Intent to Remain <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name	Application/Client No.	Cat.	TP	Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Intent to Remain <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Interview	Name of Person Interviewed			<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Client <input type="checkbox"/> RP <input type="checkbox"/> Telephone <input type="checkbox"/> Other:

Form H1200 properly signed?
 Yes
 No
 NA
 If "No," explain:

Applications only:	Client		Spouse	
	Yes	No	Yes	No
A. Age Established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. (1) Disability or Blindness Established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of onset from WTPY or 3035.....				
(2) Permanently Excused from Further Exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. (1) U.S. Citizen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) If alien, were client/spouse lawfully admitted for permanent residence?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alien Registration Number				
E. (1) Medicare Enrollment – Part A effective date				
(2) Medicare Enrollment – Part B effective date				

Financial Management:
 Through checking account
 Through PTF
 Financial management letter in file

Other (explain): _____

Support Maintenance: _____

Living Arrangement: _____

RESOURCES (Check if client declaration used):

Client statement accepted without verification of unquestionable resources. Proper documentation included for any resources that are verified. (Document reason if verification is requested from an outside source.)

12:01 a.m. on	Yes	No	Countable Amount	
Bank Account(s).....	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit
Stocks/Bonds/Annuities.....	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Cash	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Notes	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Prepaid Burial	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Burial Spaces.....	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Property	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Oil, Gas, Mineral Rights	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL Resources: Compare to appropriate limits			\$	
\$2,000/3,000 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
\$4,000/6,000 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				

INCOME (Check if client declaration used):

Client statement accepted without verification of unquestionable income. Proper documentation included for any income that is verified. (Document reason if verification is requested from an outside source.)

Source	Yes	No	Client	Spouse
Earned Income.....	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Veteran's Payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Civil Service	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Pvt. Retirement/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Interest.....	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Mineral/Royalty	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Gift Income	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Other:	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
TOTAL Income:			\$	\$

ELIGIBILITY TEST:

2333 in case record.

Eligibility Test – All Type Programs	
A. Client's Income	\$
B. Spouse's Income.....	\$
C. Total Income (A & B).....	\$
D. General Exclusion (N/A to TP14).....	\$ 20.00
E. Other Exclusions*	\$
F. Countable Income (C-D-E).....	\$

Check program and use appropriate limit to compare income for individual/couple

- QMB QI-1
 SLMB TP14
 TP 03

*The RSDI COLA is excluded in determining eligibility under TP 03, 18 & 22 and in determining QMB/SLMB eligibility for the months of January through February.

APPLIED INCOME: RSDI COLA Programs Note: VA A&A, HB & Unreimbursed Medical are exempt income from Eligibility and Applied Income.

A. Total Income	\$		
B. Less Exclusions.....	\$		
C. Personal Needs *	\$		
D. SMIB.....	\$		
E. TPR Deduction.....	\$		
F. Other IME Deduction(s).....	\$		
G. Applied Income.....	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">\$ Client</td> <td style="width: 50%; text-align: center;">\$ Spouse</td> </tr> </table>	\$ Client	\$ Spouse
\$ Client	\$ Spouse		

Any unpaid/reimbursable medical bills in 3 months prior? Yes No

Were income and resources the same for all prior months? Yes No

If no, document:

THREE MONTHS PRIOR (MAO/SLMB)

Months	Client	Spouse
	\$	\$
	\$	\$
	\$	\$

Additional Documentation: _____

TPR: _____

VA Referral: _____

Alternate Care: _____

ACTION TAKEN:	Granted/Sustained	Denied	MED	Special Review Date	Reason for Special Review
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Signature – HHSC Staff

Date

