JUVENILE MEDICAID TRACKER (JMT) SCREENING WORKSHEET

TEXAS JUVENILE JUSTICE DEPARTMENT

Use this form to assist you in obtaining information for submitting a referral in JMT; if the family is already accessing Medicaid/CHIP it is not necessary to complete this form, but do submit the JMT referral.

1. Does the family want to apply for Medicaid or CHIP for this child? ☐ Yes ☐ No
   If no, no further action is needed. Place this form in the child's case file.
2. Is the child a U.S. Citizen or Legal Permanent Resident (LPR)? ☐ Yes ☐ No
   If no, the child will not be eligible for Medicaid and the family should be referred to the local CBO.
3. Does the family have accessible financial resources (money in the bank) in excess of $2000.00? ☐ Yes ☐ No
4. List the names and income for all applicable family members who are living in the home to which the child will be returning. Include the child, legal parent(s), step-parent(s) and siblings under 18 who are living in the home.

   NOTE: The earned income of a child under 18 is not counted if the child is attending school full or part-time and working less than 30 hours per week.

NAME	AGE	RELATIONSHIP	INCOME SOURCE	GROSS MONTHLY INCOME
		Subject Child		
			TOTAL GROSS MONTHLY INCOME	$
			ENTER TOTAL NUMBER OF FAMILY MEMBERS IN THE HOME	
			ENTER INCOME LIMIT FOR THE HOME *(See Medicaid/CHIP Income Limits Chart below)*	

FAMILY SIZE	100% FPIL*	185% FPIL*	200% FPIL*
	Medicaid Age (6-18)	Medicaid Pregnant Girls	CHIP Age (6-18)
1	958	1772	1915
2	1293	2392	2585
3	1628	3011	3255
4	1963	3631	3925
5	2298	4251	4595
6	2633	4871	5265
7	2968	5490	5935
8	3303	6110	6605
9	3638	6730	7275
10	3973	7350	7945
11	4308	7969	8615
12	4643	8589	9285
13	4978	9209	9955
14	5313	9829	10625
15	5648	10448	11295
For each additional member	335	620	670

FPIL – Federal Poverty Income Level

Completed by: Name of Juvenile Probation/TJJD Staff

Date