



Pre-Screening Questionnaire for Presumptive Eligibility

Applicant Name: _____

Applicant Date of Birth: _____

Applicant Phone Number: _____

Please answer the following questions to determine if potentially eligible for Medicaid.

How many family members are in your home? _____

What is your household's total gross monthly income?
(before tax deductions) _____

Are you a Kansas Resident? Yes No

Are you a US Citizen or Eligible Non-Citizen? Yes No

Are you the primary caretaker for a child under age 19 living in your home? Yes No

Are you pregnant? Yes No

Have you been diagnosed with breast or cervical cancer? Yes No

Were you in Foster Care at the time of your 18th Birthday and between the ages of 18 to 26? Yes No



Determining Eligibility

Use the household income limit chart (below) to determine if the household income is below the applicable income standard for the category for which the individual's presumptive eligibility is being determined.

Household Size	Adult Caretakers	Pregnant Women	Children
1	477	N/A	3201
2	648	2913	4344
3	818	3680	5487
4	988	4446	6630
5	1159	5213	7774
6	1329	5980	8917
7	1500	6746	10060
8	1670	7513	11203
Extra Person	171	767	1144