

Texas Women's Health Program Medicaid Screening Tool

Step	Question	Yes / No
Current recipients of Medicaid, Medicare (A or B), or CHIP cannot receive WHP benefits. *		
1.	Does the female applicant live in Texas?	<input type="checkbox"/> Yes: Continue to next step
		<input type="checkbox"/> No: Applicant does not qualify for WHP *
2.	Is the female applicant between the ages of 18 through 44? <i>Applicants are considered 18 the month of their 18th birthday and 44 until the end of the month of their 45th birthday</i>	<input type="checkbox"/> Yes: Continue to next step
		<input type="checkbox"/> No: Applicant does not qualify for WHP *
3.	Is the female applicant pregnant?	<input type="checkbox"/> Yes: Applicant does not qualify for WHP *
		<input type="checkbox"/> No: Continue to next step
4.	Is the female applicant sterile due to surgery or a condition resulting in sterilization?	<input type="checkbox"/> Yes: Applicant does not qualify for WHP *
		<input type="checkbox"/> No: Continue to next step
5.	Is the female applicant a U.S. Citizen?	<input type="checkbox"/> Yes: Attach a copy of the U.S. citizenship verification with the application and continue to Step 7
		<input type="checkbox"/> No: Continue to next step
6.	Is the female applicant a legal immigrant?	<input type="checkbox"/> Yes: Attach a copy of the legal immigrant verification with the application and continue to next step
		<input type="checkbox"/> No: Applicant does not qualify for WHP *
7.	Does the female applicant have a child who currently receives Medicaid?	<input type="checkbox"/> Yes: Attach a copy of the Medicaid ID verification with the application and continue to Step 10
		<input type="checkbox"/> No: Continue to next step
8.	Does anyone in the household currently receive WIC? <i>Acceptable forms of verification are WIC Verification of Certification or Active WIC Voucher/EBT Shopping List.</i>	<input type="checkbox"/> Yes: Attach a copy of the WIC verification with the application and continue to Step 10
		<input type="checkbox"/> No: Continue to next step
9.	What is the household countable monthly income? \$ _____ How many are in the household? _____ Use 185% FPL income chart located at: http://www.dads.state.tx.us/handbooks/TexasWorks/C/100/131.htm Is the countable monthly income less than or equal to 185% FPL for the household size?	<input type="checkbox"/> Yes: Attach a copy of the income verification with the application and continue to the next step
		<input type="checkbox"/> No: Applicant does not qualify for WHP *
10.	Does the female applicant have existing health insurance that covers family planning?	<input type="checkbox"/> Yes, Keep confidential, provide application
		<input type="checkbox"/> Yes, Not confidential, Applicant does not qualify for WHP*
		<input type="checkbox"/> No: Provide application

The applicant needs to provide as much verification of the above as possible prior to certification.

*** If applicant screens ineligible, offer her an application to apply at any local HHSC office.**

Common sources of acceptable verification as listed in Tables 1-3. There may be other documents we can accept to prove citizenship and/or identity. Please contact your local HHSC benefits office to discuss other possibilities.

Acceptable Verification for Step 2

If the applicant cannot provide one of the combined forms of verification found in Table 1, the applicant must provide one form of citizenship from Table 2 and one form of identity from Table 3. Note: Current Medicare or SSI recipients are exempt from this verification requirement.

Table 1 (Primary Evidence of Combined Citizenship and Identity)

- U.S. passport
- Certificate of Naturalization
- Certificate of U.S. citizenship

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Table 2 Evidence of Citizenship (Use only when primary evidence from Table 1 is not available.)

Examples of documents that can be accepted as proof of **citizenship** but not of identity are:

- A U.S. Birth Certificate from one of the 50 States, D.C., and in some cases other U.S. territories.
- For a birth out of state, individuals may obtain a birth certificate through <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>
- Report of Birth Abroad of a U.S. Citizen (FS-240), Certification of Birth Abroad (FS 545 or DS-1350) or U.S. Citizen Identification Card (Form I-179 or I-197)

For women born in Texas, HHSC advisors can access Bureau of Vital Statistics (BVS) as a verification source. Required entries include the woman's first and last name, and the mother's maiden name.

Table 3 Evidence of Identity (Use only when primary evidence from Table 1 is not available.)

Documents that can be accepted as proof of **identity**:

- Driver license issued by a state either with a photograph or other identifying information such as name, age, sex, race, height, weight or eye color
- School identification card with a photograph
- U.S. military card or draft record
- Department of Public Safety identification card with a photograph or other identifying information such as name, age, sex, race, height, weight or eye color
- Birth certificate
- Hospital record of birth
- Military dependent's identification card
- Native American Tribal document
- U.S. Coast Guard Merchant Mariner card
- Certificate of Degree of Indian Blood or other U.S. American Indian/Alaskan Native and Tribal document with a photograph or other personal identifying information
- Adoption papers or records
- Work identification with photograph
- Signed application for Medicaid. Accept signature of an Authorized Representative acting on the individual's behalf.
- Health care admission statement

Acceptable Verification for Step 3: Legal Immigrant

Documents that can be accepted as proof of legal immigrant status

- Form I-94, I-151, I-551, I-688-B (with special annotations),
- I-766 (with special annotations), or other valid Immigration and Naturalization Service records

Acceptable Verification for Step 4: Income

<p>EARNED INCOME HHSC Form H1028 –Employment Verification completed by employer Earning statements or check stubs Employer's written statement</p>	<p>VETERANS ADMINISTRATION (VA) BENEFITS Current award notice, letter, or written statement from VA Check (or copy of check)</p>
<p>RSDI (Social Security) Current award notice, letter, or written statement from Social Security Administration Check (or copy of check) Direct deposit slip</p>	<p>OTHER INCOME Check (or copy of check) Statement from bank paying dividends and interest Written statement from company or union providing pensions or union benefits</p>
<p>SUPPLEMENTAL SECURITY INCOME (SSI) Current award notice, letter, or written statement from, Social Security Administration Check (or copy of check) Direct deposit slip</p>	<p>WORKER'S COMPENSATION Current award notice, letter, or written statement from, <input type="checkbox"/> Claims Adjuster <input type="checkbox"/> Attorney <input type="checkbox"/> Insurance company Check (or copy of check)</p>
<p>SELF EMPLOYMENT Most recent IRS tax return (annual or seasonal) Business records and receipts Statement from bank paying dividends and interest Tax Guide for Small Business Receipts for goods/services provided</p>	<p>CHILD SUPPORT Current court records, such as a court order, court support agreement, or divorce or separation papers Written statement from parent providing support Check (or copy of check) Wage-withholding statement County Clerk records Attorney General collection and distribution records Withholding statement from unemployment compensation Cancelled checks (3 months, if possible)</p>
<p>UNEMPLOYMENT COMPENSATION Check (or copy of check) Current award notice, letter, or written statement from Texas Workforce Commission Written statement from former employer</p>	<p>CONTRIBUTIONS Written statement from person or agency providing the money or making payment for you Contribution check (or copy of check) Cancelled check of person making contribution</p>
<p>OTHER GOVERNMENT BENEFITS Current award notice, letter, or official written statement Check (or copy of check)</p>	