***Email completed forms to MCH Outreach (*mchoutreach@everystep.org*)***

**FIRST ASK:**

**Has the family applied for benefits on their own in the past 60 days?** **IF YES, please encourage the family to check application status by calling (855)889-7985**

**Has the family made sure they are not currently enrolled in Medicaid or Hawki? Check status of coverage-**

**Medicaid: (800)338-8366**

**Hawki: (800)257-8563**

|  |  |
| --- | --- |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Referral Source Contact Information (RN, Case Manager, etc.)** | | |
| **Name/Agency** |  |
| **Phone** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| **Family Contact Information** | | |
| **Name** |  |
| **Phone** |  |
| **Primary Language/**  **Interpreter Needed?** |  |

|  |
| --- |
| **Services Needed (check all that apply)**  Presumptive Eligibility – Child or Young Adult (age birth through 20 years)  Presumptive Eligibility – Pregnant |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For Child/Young Adult services, fill out information below:** | | | | | | | | |
| **Child Name (first & last)** | | |  | **Date of Birth** | **US Citizen** | | **If No, Immigration Status** | |
| 1 |  | |  |  |  | |  | |
| 2 |  | |  |  |  | |  | |
| 3 |  | |  |  |  | |  | |
| 4 |  | |  |  |  | |  | |
| 5 |  | |  |  |  | |  | |
| 6 |  | |  |  |  | |  | |
| **Parent Name** | |  | | | | **Parent Date of Birth** | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Pregnant services, fill out information below:** | | | | | | |
| **Client Name (first & last)** | | |  | | | |
| **Date of Birth** | |  | | **Expected Due Date** |  |
| **US Citizen** |  | | **If No, Immigration Status** | |  | |

|  |
| --- |
| **\*Please advise the client to bring the following to the *Presumptive Eligibility Medicaid* application appointment:**   * Social Security Number, document numbers for documented immigrants, and date of birth for those applying   + Social Security numbers are only needed for those members who are applying for ongoing Medicaid or Hawki   + Social Security numbers are **NOT** required *for* ***Pregnant Women to apply for Presumptive Eligibility only*** *(not ongoing)* * Employer, employment start date and income information (pay stubs or Wage statement or W-2 forms and Tax Statements) for working members of the household for the last 30 days * Policy numbers for any current health insurance plans covering members of the household |

**Presumptive Eligibility Medicaid**

If a child (20 and under) or pregnant woman needs insurance, please complete a referral form, and email it to [mchoutreach@everystep.org](mailto:mchoutreach@everystep.org).

EveryStep Care & Support Services has Qualified Entities (QE) that can assist applicants with Presumptive Eligibility (PE) Medicaid and Hawki applications. **We can help clients obtain same day coverage**. The applicant can also request assistance at [www.everystep.org/hawki](http://www.everystep.org/hawki).

**Income Guidelines Effective April 1, 2023**

**Table

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