



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Presumptive Eligibility (PE) Budget Sheet

Please read instructions on pages 3 and 4 before completing.

| | |
|--|------------------------|
| Applicant's name | Social Security number |
| Processing OKDHS human services center (HSC) | |

Section I. Preliminary screening questions.

Are you receiving SoonerCare (Medicaid)? Yes No

If yes, give your client identification (ID) number: _____

If the applicant answers yes, no further action is needed.

Section II. Presumptive eligibility (PE) computation.

| Family size | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 or more |
|---------------------------|---------|---------|---------|---------|---------|---------|---------|----------------------------------|
| Income standard (monthly) | \$2,247 | \$2,823 | \$3,400 | \$3,976 | \$4,553 | \$5,130 | \$5,706 | Add \$577 for each person over 8 |

1. **Enter total monthly gross earned income.** \$ _____
2. Enter total work related expense. \$ _____
3. Line 1 minus line 2. \$ _____
4. Enter monthly dependent care expenses paid by the applicant. \$ _____
5. Total net earned income (line 3 minus line 4). \$ _____
6. **Total monthly unearned income.** \$ _____
7. **Total household net income** (line 5 plus line 6). \$ _____
8. Family size, including _____ **unborn child(ren).** _____
9. Based on line 8, enter income standard from above chart. \$ _____
10. Is line 7 equal to or less than line 9? Yes No

If yes, applicant meets PE income requirements. Regardless of whether presumptively eligible, Oklahoma Health Care Authority (OHCA) Form SC-1, SoonerCare Health Benefits Application, is sent to the OKDHS HSC of the applicant's choice. The applicant is also referred to that office.

Section III. Certification.

I certify that the above named applicant has a **medically** verified pregnancy and based on this preliminary budget information she meets the PE requirements.

Her expected date of delivery is _____

Authorized signature

Date of PE determination

| | |
|---------------------------------------|-----------------|
| Qualified provider's name | |
| Qualified provider's telephone number | Provider number |

Purpose of form

Form 08MA003E is restricted for the use of qualified providers to screen pregnant women for possible PE. It is used to figure the total family net income, certify the medically verified pregnancy, and establish PE.

Instructions

Applicant's name, Social Security number, and processing OKDHS human services center (HSC). Self-explanatory.

Section I. Preliminary screening questions. Check the appropriate answer.

Section II. Presumptive eligibility (PE) computation. The income and expenses used in this section **must** be for the same month as the date of the PE determination date in Section III. The income and expenses used in the following questions are those of the family. Family is defined as the applicant, her spouse, minor dependent child(ren), and the unborn child(ren). If the applicant is under 18 years of age and living with her parent(s), the parent(s) is included.

1. **Earned income:** Enter the family's total monthly gross earnings from employment. If the applicant is under age 18 and living with her parent(s), the earnings of the parent(s) are included. If none, enter 0.
2. **Work related expenses:** Allow \$240 per employed person in the family whose gross earnings are equal to or greater than \$240 per month. If an individual's gross earnings are less than \$240 per month, allow that amount for that individual. Enter total allowed work related expenses for the family. If none, enter 0.
3. Amount determined by subtracting line 2 from line 1. If none, enter 0.
4. **Dependent care expenses:** Payment for dependent care is allowed if it is necessary for a family member to be employed. Allowable dependent care expense is limited to the amount actually paid by the family, and cannot exceed \$200 per month for a dependent under the age of 2, and \$175 per month for a dependent age 2 and above. If none, enter 0.
5. **Total net earned income:** Amount determined by subtracting line 4 from line 3. If none, enter 0.
6. **Total monthly unearned income:** Enter the family's total monthly unearned income, including contributions from the father of the unborn child. If none, enter 0.
7. **Total household net income:** Amount determined by adding line 5 to line 6. If none, enter 0.
8. **Family size:** Enter number of unborn children expected from this pregnancy. Total family size is determined by including applicant, spouse, minor dependent child(ren), and unborn child(ren). If the applicant is under 18 years of age and living with her parent(s) include the parent(s).

9. **Income standard:** Enter the income standard from the chart, using the family size from line 8.
10. Complete to determine approval or disapproval of PE.

Section III. Certification. Complete this section if the answer to Question 10 is yes.

The authorized signature and date of PE determination is entered by the person completing the PE determination. The qualified provider's name is the name of the facility where the PE determination is made.

Routing

The original of this form is attached to the original of the application and sent to the OKDHS HSC of the applicant's choice. The forms must be received in the OKDHS HSC within five working days after the date of the PE determination.