FOR DENIALS, WITHDRAWALS AND TERMINATIONS

Instructions: Check all that apply   ⟹   **then evaluate as appropriate**

☐ A/R is **age 65 or older**
☐ A/R has stated that he is **disabled**.   ⟹   Result   Evaluate for **MAABD*/HCWD/MWD**
☐ A/R has stated that he is legally **blind**.

☐ A/R has **Medicare**   ⟹   Evaluate for **MQB/MWD**
Part A and/or **Part B**   Result

☐ A/R is the **caretaker** of a child   Evaluate for **MAF C/N/M** *
☐ A/R is **under age 21**   ⟹   Result
☐ A/R is **pregnant**

Transitional?

☐ A/R is **male**   ⟹   Evaluate for **FPP (formerly FPW)**
☐ A/R is **female**   Result

☐ A/R is **under age 19**   ⟹   Evaluate for **MIC and NCHC**
(Does **continuous** eligibility apply? ☐ Yes ☐ No)   Result

☐ A/R is known to be **pregnant**   ⟹   Evaluate for **MPW**
Result

☐ A/R is **under age 18** and is   Evaluate for **HSF, IAS,**
or has been **foster/adoptive child**   ⟹   **MAF Special Needs, FFC, and EFCP**
Result

☐ A/R is **age 18 through 20** and   ⟹   Evaluate for **EFCP**
was in **foster care at age 18**   Result

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* FOR MAABD, MAF and HSF MEDICALLY NEEDY

Date of discussion with A/R _____ Spoke with _____
Old bills   ☐ Yes **$**_____   ☐ No   **Current bills**   ☐ Yes **$**_____   ☐ No
Anticipated bills   ☐ Yes **$**_____ **(or list procedure/surgery anticipated** ☐ No
Amt of deductible _____ A/R states he ☐ **can/may be able to** ☐ **cannot** meet deductible.
Based on amounts listed above, does it appear A/R could meet the deductible? _____
_____

FOR WITHDRAWALS ONLY

Document **alternatives** discussed with client   Date of discussion _____
_____
_____

Date completed _____   **Signature of IMC** _____