



Landon State Office Building  
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Sam Brownback, Governor

ES-DZA 05-11-15

## Documentation of Eligibility for Issuance of Temporary Medical Card

Medical ID Number:		Case Number:	
Name (first, middle, last):			
Gender:	Date of Birth:		SSN:
Home Address:			
City:	State:	Zip:	County:
Phone Number:			
	Clearinghouse		DCF Office:
Case Head Name (first, middle, last):			
Responsible Person (first, middle, last):			
Responsible Person Address:			
City:	State:	Zip:	
Type of Coverage Approved:			Start Date:
LOC:	LA:	Effective Date:	
MCO:		Amerigroup	
		Sunflower	
		United Healthcare	
Reason for the temporary medical card approval/request:			

The following non-financial eligibility factors have been met:					
Citizenship		Identity		Residency	Categorical:
The following financial eligibility factors have been met:					
MAGI Determination			Non-MAGI Determination		
Household Size:			Household Size:		
Countable Income:			Countable Income:		
Income Limit:			Income Limit:		
			Countable Resources:		
			Resource Limit:		
Staff Name:					Date:

Use the following budget/tools to determine eligibility during the Downtime. Attach completed copies of all forms used in the determination for the above individual:

ES- 3104.5, Determination of Need

PA-3103.5, MacrSSI Disregard Worksheet

Family Medical Eligibility Worksheets (use MAGI – Building Individual Budget Units and the Kansas Medical Assistance Standards (KEESM F8)