Medicaid Eligibility Handbook
Worksheet Section

MEDICAID NON-FINANCIAL WORKSHEET

Primary Person's Name	Social Security Number	Benefit Month and Year

Household Structure

Units	Name	Name	Name	Name	Name	Name
Initial	P F	P F	P F	P F	P F	P F
MA Extensions	Y N	Y N	Y N	Y N	Y N	Y N
Individual	P F	P F	P F	P F	P F	P F
Sanctions	P F	P F	P F	P F	P F	P F
Unemployed Parent	Y N	Y N	Y N	Y N	Y N	Y N
AFDC-Related	Y N	Y N	Y N	Y N	Y N	Y N
SSI-Related	Y N	Y N	Y N	Y N	Y N	Y N

Fiscal Group(s)	Group #1	Group #2	Group #3
	AFDC/SSI Related: AFDC SSI	AFDC/SSI Related: AFDC SSI	AFDC/SSI Related: AFDC SSI
	Eligible Fiscal Group Members: _____	Eligible Fiscal Group Members: _____	Eligible Fiscal Group Members: _____
	Plus (+) Other Fiscal Group Members: _____	Plus (+) Other Fiscal Group Members: _____	Plus (+) Other Fiscal Group Members: _____

(R.07/02)