Medicaid Eligibility Handbook
Worksheet Section

MEDICAID EXTENSION WORKSHEET

Primary Person's Name			Social Security Number
Benefit Month Benefit Year	Name	Name	Name
1. Primary Person's SSN			
2. AFDC Closure Reason or Pregnancy End Date			
3. Extension Code			
4. Extension Begin Date			
5. Extension End Date			
6. MA Status	C M HS ___	C M HS ___	C M HS ___
7. Best Extension			
1. Primary Person's SSN			
2. AFDC Closure Reason or Pregnancy End Date			
3. Extension Code			
4. Extension Begin Date			
5. Extension End Date			
6. MA Status	C M HS ___	C M HS ___	C M HS ___
7. Best Extension			
1. Primary Person's SSN			
2. AFDC Closure Reason or Pregnancy End Date			
3. Extension Code			
4. Extension Begin Date			
5. Extension End Date			
6. MA Status	C M HS ___	C M HS ___	C M HS ___
7. Best Extension			

(R.07/02)