DSS-EA-203M 01/06
SOUTH DAKOTA
Medical

PLEASE KEEP FOR YOUR RECORDS

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
Children Up To Age 19

MEDICAL COVERAGE

Coverage includes such things as doctor, hospital, glasses, prescription drugs, dental etc. More information regarding covered services will be sent if the child(ren) are determined eligible. If a child with private health insurance is determined eligible, this FREE medical program will pay the deductibles, co-payments and medical services that may not be covered by the policy.

APPLICATION INFORMATION

Mail, Fax, or take your application to the local Social Services office serving the county where you live (SEE LISTING ON BACK). Please do this as soon as the application is completed so the information is current.

- *Start of Medical Coverage* is based on the date the application is received in the Social Services office which serves your county
- *Send proof of income* received in the last 30 days along with the application (current pay stubs, award letters, etc.)
- *Send proof of expenses* for child support paid and child care paid while working

ELIGIBILITY INFORMATION

The worksheet below is provided as a guide to estimate your eligibility. You may wish to use it before filling out the application.

- If a child's income puts the family over the Income Limit, the other children may still be eligible – continue with the application!
- A baby living with his or her teen parent may be eligible for medical WITHOUT looking at the grandparent's income.

WORK SHEET FOR ESTIMATING ELIGIBILITY

- Monthly income includes the income of parents and children (under age 19) living in the home
- Do not use earnings of children
- Do not use income of an adult unless they are a parent (Example – child not living with parent, use only child's income)
- Do not use school grants or loans (do list them on the application)

STEP 1: **MONTHLY INCOME**

$ _____ Gross Pay/Self-employment

(add) + $ _____ All Other Income

(EQUALS) = $ _____ ☒ **TOTAL INCOME** (enter below)

STEP 2: **ADJUSTMENTS ALLOWED**

$ _____ 20% of gross earnings or $90 for each adult who works (whichever is greater)

(add) + $ _____ Child care paid due to job

(add) + $ _____ If Child Support is received, show $50 or the actual amount if less than $50

(add) + $ _____ Child Support paid (to another household, county, or child support agency)

(EQUALS) = $ _____ ☑ **TOTAL ADJUSTMENTS** (enter below)

STEP 3:

$ _____ ☒ **TOTAL INCOME**

(minus) –$ _____ ☑ **TOTAL ADJUSTMENTS**

(EQUALS) =$ _____ ***ELIGIBILITY INCOME***

STEP 4: If ***ELIGIBILITY INCOME*** ↑ is less than the ***PROGRAM INCOME LIMIT CHART #1*** ↓ there may be eligibility (stop here and send in application).
If ***ELIGIBILITY INCOME*** ↑ is more than the ***PROGRAM INCOME LIMIT CHART #1*** ↓ and the child does not have private health insurance, refigure worksheet entering a $0 on the first line in Step 2 and, if the child care paid due to a job is more than $500, reduce the amount to $500. If by using these new figures Eligibility Income in Step 3 is less than the Program Income Limit in Chart #2, there may be eligibility (send in application).

(January, 2006 – changes yearly)
Family Size includes the parents and children (under age 19) living in the home.

PROGRAM INCOME LIMIT CHART #1

FAMILY SIZE	MONTHLY INCOME LIMIT
1	$ 1144
2	1540
3	1936
4	2334
5	2730
6	3126
7	3524
8	3920
9	4316
10	4712

Amount increases with each additional member.

PROGRAM INCOME LIMIT CHART #2

FAMILY SIZE	MONTHLY INCOME LIMIT
1	$ 1634
2	2200
3	2766
4	3334
5	3900
6	4466
7	5034
8	5600
9	6166
10	6732

Amount increases with each additional member.

INFORMATION SHEET