

# MCH Outreach Referral Form

Email completed forms to Gena Fernandez ([gfernandez@everystep.org](mailto:gfernandez@everystep.org))

Date Click or tap to enter a date.

**Referral Source Information (RN, Case Manager, etc.)**

Contact Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Referral Information**

Phone \_\_\_\_\_  
 Primary Language \_\_\_\_\_  
 Interpreter Needed? \_\_\_\_\_

**Services Needed (check all that apply)**

- Presumptive Eligibility – Child or Young Adult (age birth through 20 years)
- Dental Voucher – Child or Young Adult (age birth through 20 years)
- Presumptive Eligibility – Pregnant

**For Child/Young Adult services, fill out information below:**

Child Name (first & last)	Date of Birth	US Citizen	If No, Immigration Status
1 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
2 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
3 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
4 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
5 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
6 _____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

Parent Name \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_

**For Pregnant services, fill out information below:**

Client Name (first & last) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Expected Due Date \_\_\_\_\_  
 US Citizen  Yes  No If No, Immigration Status \_\_\_\_\_

- \*Please advise the client to bring the following to the *Presumptive Eligibility Medicaid* application appointment:**
- Social Security Number, document numbers for documented immigrants, and date of birth for those applying
    - Social Security numbers are only needed for those members who are applying for ongoing Medicaid or Hawki
    - Social Security numbers are **NOT** required for ***Pregnant Women to apply for Presumptive Eligibility only (not ongoing)***
  - Employer, employment start date and income information (pay stubs or Wage statement or W-2 forms and Tax Statements) for working members of the household for the last 30 days
  - Policy numbers for any current health insurance plans covering members of the household

## Presumptive Eligibility Medicaid

If a child (20 and under) or pregnant woman needs insurance, please contact EveryStep’s MCH Outreach team at (515) 558-6243 or (515) 288-1516 to schedule an appointment, or complete a referral form and email it to [gfernandez@everystep.org](mailto:gfernandez@everystep.org).

EveryStep Care & Support Services has Qualified Entities (QE) that can assist applicants with Presumptive Eligibility (PE) Medicaid and Hawki applications. **We can help clients obtain same day coverage.** The applicant may obtain immediate but temporary coverage while DHS is processing the application and the applicant is waiting for a formal decision. The applicant can also request assistance at [www.everystep.org/hawki](http://www.everystep.org/hawki).

### Income Guidelines Effective April 1, 2021

If your family's yearly countable income is in this chart, you may be able to get FREE or low-cost health insurance!						
Persons in Household	Adults 19-64 Years	Children 1 - 18 Years				Infants Birth – 1 Year and Pregnant Women
	Medicaid (133%)	Medicaid (167%)  FREE	Hawki (180%)  Medical + Dental: FREE  Dental Only: \$5/child per month, no more than \$10/family	Hawki (242%)  Medical + Dental: \$10/child per month, no more than \$20/family  Dental Only: \$10/child per month, no more than \$15/family	Hawki (302%)  Medical + Dental: \$20/child per month, no more than \$40/family  Dental Only: \$15/child per month, no more than \$20/family	Medicaid (375%)  FREE  (For pregnant women, include unborn baby in Household size)
1	Up to \$17,131	Up to \$21,510	\$21,511 to \$23,184	\$23,185 to \$31,170	\$31,171 to \$38,898	Up to \$48,300
2	Up to \$23,169	Up to \$29,092	\$29,093 to \$31,356	\$31,357 to \$42,157	\$42,158 to \$52,609	Up to \$65,325
3	Up to \$29,207	Up to \$36,674	\$36,675 to \$39,528	\$39,529 to \$53,144	\$53,145 to \$66,320	Up to \$82,350
4	Up to \$35,245	Up to \$44,255	\$44,256 to \$47,700	\$47,701 to \$64,130	\$64,131 to \$80,030	Up to \$99,375
5	Up to \$41,284	Up to \$51,837	\$51,838 to \$55,872	\$55,873 to \$75,117	\$75,118 to \$93,741	Up to \$116,400
6	Up to \$47,322	Up to \$59,419	\$59,420 to \$64,044	\$64,045 to \$86,104	\$86,105 to \$107,452	Up to \$133,425
7	Up to \$53,360	Up to \$67,001	\$67,002 to \$72,216	\$72,217 to \$97,091	\$97,092 to \$121,163	Up to \$150,450
8	Up to \$59,398	Up to \$74,583	\$74,584 to \$80,388	\$80,389 to \$108,078	\$108,079 to \$134,874	Up to \$167,475
For each additional person, add:	\$6,039	\$7,582	\$8,172	\$10,987	\$13,711	\$17,025

## Dental Voucher Program

Children (20 and under) unable to obtain dental insurance or who have Hawki and have reached their maximum expenditure can be referred to the Dental Voucher Program by emailing a completed MCH Outreach Referral Form to [gfernandez@everystep.org](mailto:gfernandez@everystep.org), or by calling (515) 558-6243 or (515) 288-1516 to schedule an appointment.

### 2021 Dental Voucher Income Guidelines

Family Size	1	2	3	4	5	6	7	8	For each additional person, add:
Annual Income	Up to \$38,898	Up to \$52,609	Up to \$66,320	Up to \$80,030	Up to \$93,741	Up to \$107,452	Up to \$121,163	Up to \$134,874	\$13,711