

**Screening Device for
Determining Family Fees and Eligibility for All Kids & DSCC**

STEP ONE - FAMILY FEES

A. Family's total annual gross income: \$ _____

B. Family Size: _____

STEP TWO

Is the child both an Illinois Resident and either a US Citizen or Legal Immigrant?

- Yes** (Proceed to STEP THREE)
 No (No referral - Proceed to SIGNATURES)
-

STEP THREE – ALL KIDS

- A. Is the child currently enrolled in All Kids? **Yes**(Proceed to STEP FOUR) **No**
B. Has the family already submitted an All Kids application? **Yes** (Proceed to STEP FOUR) **No**
-

Medicaid Monthly Family Gross Income Guidelines

- \$3,384 for a family of 2
- \$4,255 for a family of 3
- \$5,125 for a family of 4
- \$5,996 for a family of 5
- \$6,867 for a family of 6

For family sizes above 7, add \$871 for each additional family member.

- If a family's gross income falls within these guidelines, ask if the family would like to file an All Kids application.
- If a family's gross income exceeds these guidelines, ALWAYS ask if the family has high medical bills. If the family's medical bills exceed \$2,000 per month, do not take an All Kids application. Refer the family to their local Department of Human Services Office/Family Community Resource Center to apply for medical assistance.
- If a family's gross income exceeds these guidelines and the family does not have medical bills over \$2,000 per month, ask if the family would like to file an All Kids application. Never refuse to take or discourage a family from filing an All Kids application.

C. Does the family's gross income fall within these guidelines? **Yes** **No**

D. **Choose one of the following:**

- All Kids application was filed on the following date: _____
 All Kids application was not filed
-

STEP FOUR - DSCC

Is the child currently enrolled in University of Illinois Division of Specialized Care for Children (DSCC) or has the child already been referred to DSCC?

- Yes** (Proceed to SIGNATURES)
 No

Choose one of the following options:

Option 1 Referral to DSCC is not indicated at this time.

Option 2 Referral to DSCC for a diagnostic evaluation. Child MUST have a suspected potentially DSCC medically eligible condition. Check all suspected medical conditions below that apply.

Option 3 Referral to DSCC is indicated due to physician diagnosis or medical condition that is or could be potentially DSCC eligible. (Refer to *Child and Family Connections Procedure Manual, Chapter 9, Eligibility Criteria, Evaluation and Assessment*) Check all diagnosed conditions below that apply.

STEP FOUR - *continued*

DSCC Monthly Family Gross Income Guidelines

- \$3,857 for a family of 2
- \$4,850 for a family of 3
- \$5,843 for a family of 4
- \$6,836 for a family of 5
- \$7,828 for a family of 6

For family sizes above 7, add \$993 for each additional family member.

- DSCC helps families in a variety of ways, only one of which is financial assistance for eligible medical services. Ask if the family would like to apply for DSCC.
- Never refuse to take or discourage a family from filing a DSCC application.

For Options 2 or 3, check all that apply:

- Orthopedic conditions (bone, muscle, joint disease)
- Heart defects
- Hearing loss
- Neurological conditions (nerve, brain, spinal cord, does not include autism or developmental delay)
- Certain birth defects
- Disfiguring defects such as cleft lip, cleft palate, and severe burn scars
- Speech conditions which need medical treatment
- Certain chronic disorders such as hemophilia and cystic fibrosis
- Certain inborn errors of metabolism, including PKU, and Galactosemia
- Eye impairments, including cataracts, glaucoma, strabismus and certain retinal conditions - excluding isolated refractive errors
- Urinary system impairments (kidney, ureter, bladder)

Comments: _____

Contact DSCC for additional technical assistance for referral. If referral to DSCC is indicated and a *Consent for Release of Information* form has been completed and signed by the parent/guardian, send the following Cornerstone screens/reports to your local DSCC office with a copy of these forms: the Participant Enrollment Information (HSPR0770) and Assessment History (HSPR0207).

Note to Parents: If your family's income appears to exceed DSCC financial eligibility criteria, DSCC cannot offer financial assistance for medical treatment services but may have other services that are not financially based. Additional information is available at <http://dsc. uic.edu/browse-resources/available-brochures-pamphlets/>. All available insurance and/or All Kids benefits must be used. Families having no insurance with incomes above DSCC financial eligibility criteria are encouraged but not required to apply for the All Kids program.

SIGNATURES

I certify that the information given above is correct to the best of my knowledge. I understand that I will still be able to receive Early Intervention services and assistive technology devices subject to fees even if I have chosen not to file an All Kids application.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____