

Screening Questionnaire:

- Are you married? (If yes, do both want to apply? Either way, **we need income for both, MassHealth will want to know, plus if they are over income as a couple, they will need a few to separate income**)
- Do you have any dependents 19 and under? (if yes, they need to complete an ACA3, not a SACA2 app, also income and asset guidelines differ. ** I will forward those amounts.
- Are you a citizen? If not, what is your immigration status. If permanent resident/greencard, does the date on the card list that you've been here at least 5 years? (5 yr requirement for green cards/permanent resident card)
- What is your monthly income? Social Security? Pension? Other? (Income other than pension requires verification)
- Do you own a home or rent? (they are allowed to own their primary residence and still qualify, they will need to submit deed or real est. tax bill)
- Do you own a car? Do you drive? (if they own car, only one is allowed and we need registration or excise tax bill)(if they drive and need to qualify for FEW to be eligible, they will NOT qualify)
- Do you have a bank account? How many and what kinds of accts are they? Checking, Savings, Money Market, CD, Passbook, etc? Is the total equal \$2k or less? (We will need recent statements on all if eligible)
- Do you have any other assets? IRA (individual Retirement Account)? Annuity? Stock, bonds, securities? If yes, how much is in the accounts and do you receive a monthly disbursement for any of them? (We will need recent statements on all if eligible)
- Do you have a life Insurance Policy? Whole Life/Term? Do you know the cash value on it? Face value differs from cash value. Policies accrue value over time. **(We will need cash surrender value letter from agency before we can decide if they are eligible)**

- Do you have any burial bank accounts or prepaid burial contract? (If they do we will need to know amount and if eligible we will need verification)
- What insurances do you have and what do you currently pay for your insurance premiums?
- (IF MEMBER CAN ONLY QUALIFY WITH FEW) Do you need assistance with at least 2 daily living activities, such as (mobility, eating/meal prep, medication management, toileting, bathing, dressing) and if so, are you willing to be evaluated and accept a minimum of 2 services (ie. Meals on wheels, cleaning) from your local elder services? Do you currently receive any services? From where? Do you have a case manager there? Name?
- Who is your PCP? (We need to check the PCP against the SCO ACTIVE PCP excel sheet in the S drive to ensure they are on SCO) (I can send most recent one today)

*** income limits single and married