COLORADO
Department of Health Care Policy & Financing

Version 3.3

SCREENING:
Likely Eligibility for Public Health Insurance and Financial Assistance Programs

RESPONSES PROVIDED BY ELIGIBILITY TECHNICIAN	
What is the eligibility technician's full name?	
Hospital facility name?	
Facility phone number?	
What is today's date?	
Earliest date of service applying to cover?	

RESPONSES PROVIDED BY PATIENT	
Patient Contact Information	
Patient's Last Name	
Patient's First Name	
Patient's Middle Initial (OPTIONAL)	
Patient's street address	
Patient's city of residence	
Patient's zip code	
Patient's county	
Patient's primary phone number	
Patient's primary email address	
Patient's preferred method of contact	
Is the patient experiencing homelessness?	
Patient Demographic Information	
What is your birthday? [MM/DD/YYYY]	
Patient Residency	
Are you a resident of or currently living in Colorado? You can say "yes," "no," or "I don't want to answer."	
Pregnancy and Children (Optional)	
Are you currently pregnant? You can say "yes," "no," or "I don't want to answer." People who are pregnant sometimes qualify for some additional programs.	
Is anyone in your household under 19 years old? You can say "yes," "no," or "I don't want to answer." Children sometimes qualify for some programs that adults don't qualify for.	
Disabilities	
Do you have a disability? You can say "yes," "no," or "I don't want to answer." People with disabilities sometimes qualify for programs that people without disabilities don't qualify for.	
Do you receive federal disability income? You can say "yes," "no," or "I don't want to answer." People who receive federal disability income can automatically qualify for Medicare.	
Patient Insurance Status and Benefits	
Do you have insurance? You can say "yes," "no," or "I don't want to answer." ***Health Sharing Ministries count as third party payers but not insurance.***	

Have you ever been covered under Medicaid or CHP+?	
If so, what is your Member ID if you have or know it?	
Do you have an unexpired Colorado Indigent Care Program rating?	

Household Size and Household Income

How many people live in your household, including yourself?	
Do you have any income? If so, about how much money do you receive each month?	$0.00
Is anyone in your household pregnant right now? If so, how many babies are expected? (Add unborn children as household members below) Some programs take pregnancy into account when counting how many people are in your household. When there are more children in your household, you may be more likely to qualify for some programs.	

Household Member 2

Full Name of Household Member 2 (OPTIONAL)	
What is the relationship to Household Member 2 to you?	
Does Household Member 2 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 3

Full Name of Household Member 3 (OPTIONAL)	
What is the relationship to Household Member 3 to you?	
Does Household Member 3 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 4

Full Name of Household Member 4 (OPTIONAL)	
What is the relationship to Household Member 4 to you?	
Does Household Member 4 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 5

Full Name of Household Member 5 (OPTIONAL)	
What is the relationship to Household Member 5 to you?	
Does Household Member 5 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 6

Full Name of Household Member 6 (OPTIONAL)	
What is the relationship to Household Member 6 to you?	
Does Household Member 6 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 7

Full Name of Household Member 7 (OPTIONAL)	
What is the relationship to Household Member 7 to you?	
Does Household Member 7 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 8

Full Name of Household Member 8 (OPTIONAL)	
What is the relationship to Household Member 8 to you?	

Does Household Member 8 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 9

Name of Household Member 9 (OPTIONAL)	
What is the relationship to Household Member 9 to you?	
Does Household Member 9 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 10

Full Name of Household Member 10 (OPTIONAL)	
What is the relationship to Household Member 10 to you?	
Does Household Member 10 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 11

Full Name of Household Member 11 (OPTIONAL)	
What is the relationship to Household Member to you?	
Does Household Member 11 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 12

Full Name of Household Member 12 (OPTIONAL)	
What is the relationship to Household Member 12 to you?	
Does Household Member 12 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 13

Full Name of Household Member 13 (OPTIONAL)	
What is the relationship to Household Member 13 to you?	
Does Household Member 13 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 14

Full Name of Household Member 14 (OPTIONAL)	
What is the relationship to Household Member 14 to you?	
Does Household Member 14 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Household Member 15	
Full Name of Household Member 15 (OPTIONAL)	
What is the relationship to Household Member 15 to you?	
Does Household Member 15 have any income? If so, about how much money do they receive each month? If not, enter $0.	$0.00
Is this household member included in patient/guardian's taxes?	

Facility Deductions

Estimate of monthly deductions per Facility's deduction policies:

[Enter Deduction Type]	
[Enter Deduction Type]	
[Enter Deduction Type]	
[Enter Deduction Type]	
[Enter Deduction Type]	
[Enter Deduction Type]	
Total Monthly Deductions:	$0

AUTO-CALCULATE FEDERAL POVERTY GUIDELINES	
Estimated household size as presented	1
Estimated annual household income as presented	$0.00
Estimated FPG as presented	0

HEALTH FIRST COLORADO, CHP+, EMERGENCY MEDICAID	
Estimated household size	1
Estimated annual household income	$0.00
Estimated FPG	0

HOSPITAL DISCOUNTED CARE	
Estimated household size	1
Estimated annual household income including deductions	$0.00
Estimated FPG	0

SCREENING RESULTS	
Note these are not official determinations of eligibility. For an official determination, the patient must apply for the program.	
Health First Colorado (Medicaid)	Likely eligible
CHP+ (Minors and Pregnant People only)	Likely not eligible
Medicare	Potentially eligible
Hospital Discounted Care	Could not determine residency
If the patient does not qualify for Health First Colorado due only to immigration status and they received emergency services, the patient should qualify for Emergency Medicaid	
If the patient does not qualify for Health First Colorado, CHP+, or Medicare, they may be eligible for financial assistance to purchase private health insurance through the Marketplace	

Assistance Mapping Tool: https://apps.colorado.gov/apps/maps/hcpf.map

Screening Notes