N.C. Department of Health and Human Services  
Division of Medical Assistance  

PRESUMPTIVE ELIGIBILITY DETERMINATION BY HOSPITAL

1.  

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
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2.  

<table>
<thead>
<tr>
<th>Mailing Address (if different)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
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</table>

3.  

<table>
<thead>
<tr>
<th>Daytime Phone</th>
<th>If none, where can we leave a message?</th>
<th>E-Mail</th>
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</thead>
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4.  

<table>
<thead>
<tr>
<th>Name (First, M.I., Last)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Relationship to applicant</th>
<th>Are you the parent or caretaker relative of a child under age 18?</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Social Security Number (Not req’d for non-applicant)</th>
<th>U.S. Citizen, U.S National or eligible immigration? (Not req’d for non-applicant)</th>
<th>Will this person file federal income taxes for the current year?</th>
<th>If tax dependent, who will claim them?</th>
<th>Does the tax dependent meet any exceptions?</th>
<th>Does applicant claim anyone not living in the home as a tax dependent? If so, who?</th>
<th>Are you being treated for breast and/or cervical cancer?</th>
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<tbody>
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<td>SELF</td>
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6. Medicaid Household Composition – Document in section 7 below all members of the applicant’s Medicaid household.

   **NOTE:** Use MAGI Household Composition Chart

7. Household Income – Document gross income of all individuals determined to be in applicant’s Medicaid Household

<table>
<thead>
<tr>
<th>Name (First, M.I., Last)</th>
<th>Income Type</th>
<th>Amount</th>
<th>Frequency</th>
<th>Gross Monthly Income</th>
<th>Calculation space</th>
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Total Gross Income:

No. in Family Size:

Family Size
Income Limit:

I understand that this is a temporary determination of my eligibility for Medicaid and that if I do not file an official application for Medicaid by the last day of the month following the month this form is signed my eligibility will stop on that date. I also attest that I have provided true and accurate information about my household and income.

________________________  __________________________
Date                              Signature

________________________
Provider Name/NPI#                Completed by (print)

________________________  __________________________  __________________________
Title                                 Signature/Date

DMA-5032(H) 11/14
INSTRUCTIONS FOR PROVIDER

I. General
   A. Use black ink.
   B. Complete 3 copies
   C. Mail or deliver to the County DSS of the applicant’s county of residence no later than 5 working days after the presumptive determination.

II. Patient information
   A. Give the patient’s current mailing address.
   B. Indicate the name of the county to which the DSS referral will be sent.
   C. Document whether patient was determined eligible or ineligible for presumptive.

III. Household – refer to Administrative Letter 18-13 for instructions on how to determine family size.
   A. Enter family members names in the following order:
      1. Patient
      2. Patient’s spouse, if married
      3. Other household members
   B. Enter birth date for household members.
   C. Enter household member’s relationship to the patient.
   D. Enter sex code for each member.
   E. Enter Social Security number for patient. Optional for other household members.
   F. Indicate if patient is a resident of North Carolina.
   G. Indicate if patient attest to: U.S. Citizenship, U.S. National or eligible immigration.

Eligible Immigration:
Lawful Permanent Resident (LPR/Green Card holder)     Asylee
Refugee                                             Cuban/Haitian Entrant
Paroled into the U.S.                                Conditional Entrant Granted before 1980
Battered Spouse, Child and Parent                    Victim of Trafficking and his/her spouse, child, sibling or parent
Temporary Protected Status (TPS)                     Deferred Enforced Departure (DED)
Lawful Temporary Resident                            Resident of American Samoa
Individual with Non-immigration status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
Granted withholding of Deportation/Removal, under the immigration Convention against Torture (CAT)
Deferred Action Status