

CHS Case Summary

___ Walk in ___ Mailed ___ Appt.

Application # _____ Case # _____ PE tech. name: _____ Date of appl.: _____ Date appl. submitted.: _____

Applicant name: _____ Phone# _____ Lang : Eng. Span. Other Referred By: _____

Applicant address: _____ County: _____

Total number of children _____ + Total number of adults _____ = Total family size _____

Household Members	Relationship	DOB	Age	SSN	Client ID	State ID	Ethnic Group	Verification Provided (Only for applicant members)				
								Work Income	SS Card	Citizen Verif.	ID Verif. or Affidavit	Medicaid/ CHP+ card

Work Income - Pay Frequency and Amount	
Adult #1	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Total \$ _____
Adult #2	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Total \$ _____

Allowable Monthly Expenses:

___ Child Care/Elderly Care \$ _____

___ Medical Expenses \$ _____

___ Health Ins. Prem. \$ _____

___ Outgoing Alimony/Child Support \$ _____

Self-Employment - Gross Amount Minus Expenses	
Adult #1	<input type="checkbox"/> Gross Monthly \$ _____ - Expenses \$ _____ = Total Income _____
Adult #2	<input type="checkbox"/> Gross Monthly \$ _____ - Expenses \$ _____ = Total Income _____

Unearned Income - Type and Amount				
Adult #1	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Un-employment \$ _____	<input type="checkbox"/> Other _____ \$ _____
Adult #2	<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Un-employment \$ _____	<input type="checkbox"/> Other _____ \$ _____

Results	<input type="checkbox"/> PE Medicaid	<input type="checkbox"/> Medicaid No PE Reason: _____	<input type="checkbox"/> Denied Reason: _____
	<input type="checkbox"/> PE CHP+	<input type="checkbox"/> CHP+ No PE Reason: _____	

HMO Choice	<input type="checkbox"/> Co Access <input type="checkbox"/> KP <input type="checkbox"/> Denver Health <input type="checkbox"/> Other:
PCP Choice	(if noted) <input type="checkbox"/> CHS <input type="checkbox"/> Other Clinic Name: _____

Notes	

Application Income Citizenship Identity SS Transmittal PE worksheet Portal veri. PE card Other _____