

Iowa Family Planning Program Case Record Checklist

SS card copied?	Client name		Date of birth		
Residency: Do they have an lowa living address?					
have they moved to IA? Yes No	SS card copied? Yes No	Driver's licensed copie	ed?	☐ No	
Residency: Do they have an lowa living address?					
Do they have an lowa living address?		have they moved to IA	∴? ∐ Yes	∐ No	
Other eligibility: Did ELVS indicate Medicaid eligibility?	Residency:		_		
Did ELVS indicate Medicaid eligibility?	Do they have an Iowa living address?		☐ Yes	☐ No	
Citizenship: US citizen?	Other eligibility:				
US citizen?	Did ELVS indicate Medicaid eligibility?		☐ Yes	☐ No	
If no, what immigration documentation was provided? Does Alien Documentation Chart indicate qualifying alien?	Citizenship:				
Does Alien Documentation Chart indicate qualifying alien?	US citizen?				
Insurance: Do they have health insurance coverage?	If no, what immigration documentation	was provided?			
Do they have health insurance coverage?	Does Alien Documentation Chart indica	ate qualifying alien?	☐ Yes	☐ No	
Confidentiality: Can they claim confidentiality?	Insurance:				
Can they claim confidentiality?	Do they have health insurance coverag	e?	☐ Yes	☐ No	
Income: If no income, how do they meet their living expenses? If they have income, what was used to verify income? Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid?	Confidentiality:				
If no income, how do they meet their living expenses? If they have income, what was used to verify income? Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid?	Can they claim confidentiality?		☐ Yes	☐ No	
If no income, how do they meet their living expenses? If they have income, what was used to verify income? Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid?	Why?				
If they have income, what was used to verify income? Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid?					
Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid? Yes No Does applicant want to apply? Yes No	If no income, how do they meet their liv	ing expenses?			
Paystubs Award letter Bank statement Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid? Yes No Does applicant want to apply? Yes No					
Other – explain what: Screening for other than Medicaid: Is applicant potentially eligible for Medicaid? Does applicant want to apply? Yes No	If they have income, what was used to verify income?				
Screening for other than Medicaid: Is applicant potentially eligible for Medicaid? Does applicant want to apply? Yes No	Paystubs Award letter Bank statement				
Is applicant potentially eligible for Medicaid? Does applicant want to apply? Yes No	Other – explain what:				
Does applicant want to apply?	Screening for other than Medicaid:				
Does applicant want to apply?	Is applicant potentially eligible for Medicaid?		☐ Yes	☐ No	
	Does applicant want to apply?		☐ Yes	☐ No	
		for Medicaid.		_	
Name of intake worker Date of intake			Date of intake		