



Iowa Family Planning Program Case Record Checklist

Client name	Date of birth
SS card copied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's licensed copied? <input type="checkbox"/> Yes <input type="checkbox"/> No If out-of-state driver's license, have they moved to IA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residency:	
Do they have an Iowa living address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other eligibility:	
Did ELVS indicate Medicaid eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Citizenship:	
US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, what immigration documentation was provided? _____	
Does Alien Documentation Chart indicate qualifying alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance:	
Do they have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confidentiality:	
Can they claim confidentiality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why? _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does applicant want to apply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give instructions on how to apply for Medicaid.	
Name of intake worker	Date of intake