The state of the s		_	
NAME (LAST, FIRST, MIDDLE)	TELEPHONE NUMBER	SOCIAL SEC	CURITY NUMBER (IF LISTED ON IM-1UA)
ADDRESS	I		
COUNTY		DATE OF BIF	RTH RACE
QUALIFIED PROVIDER USE ONI			
A. RESIDENT OF THE STATE OF MISSOU	RI		
YES NO			
·	GIBLE FOR PRESUMPTIVE ELIG	BILITY.	
B. INCOME ELIGIBILITY DETERMINATION			
STANDARD (Income limit from the	om chart below for number parents	and children listed in Sec. B of IM	1-1UA) \$
2. COMPUTE monthly household income (Section C of IM-1UA) \$			\$
If paid weekly, multiply by 4.5	333.		
If paid bi-weekly, multiply by	2.166		
If paid twice monthly, multiply	y by 2		
3. Total monthly earned income (Example: Wages before deductions, self-employment income, etc.) \$			
4. Total monthly unearned income (Example: Social Security, Unemployment Compensation, Child Support, etc.) \$			
5. TOTAL MONTHLY INCOME (Add 3 and 4) \$			
3. TOTAL MONTHLY INCOME	(Add 5 and 4)		Ψ
Is STANDARD more than HOU: If no, children are not eligible fo			☐ YES ☐ NO
C. HAVE THE CHILDREN RECEIVED PRES	SUMPTIVE ELIGIBILITY FOR CHILDREN W	ITHIN THE LAST TWELVE (12) MONTHS?	
☐ YES ☐ NO			
IF YES, CHILDREN ARE NOT ELI	GIBLE FOR PRESUMPTIVE ELIG	IBILITY.	
INCOME STANDARDS			
ASST. GROUP SIZE	GROSS MO. INCOME	ASST. GROUP SIZE	GROSS MO. INCOME
1	\$1662	7	\$5127
2	\$2239	8	\$5704
3	\$2817	9	\$6282
4	\$3394	10	\$6859
5	\$3972	11	\$7437
6	\$4549	12	\$8014
Add \$577 for each additional person	on		
ELIGIBLE INELIGIBLE	Reason:		

MO 886-4051 (1-03)
PC-1 (1-03)