

Form 224 - DJJ Instructions
REMOVAL HOME – INCOME AND ASSET CHECKLIST

PURPOSE:

Form 224 DJJ is to be used by the JPPS or DJJ Case Expeditor in conjunction with the Medicaid and IV-E Application, Form 223 DJJ, to apply for Medicaid and to request a IV-E determination on behalf of a DJJ youth who has been detained and awaiting non-secure placement or who is currently placed in an out of home placement following screening or adjudication of charges. The function of the form is to provide all necessary information for the Eligibility Specialist to determine eligibility in the removal home.

Indicate on this form if the information provided is for the month of application or for a prior month's Medicaid and indicate the month. If Medicaid is being requested for any of the three months prior to the application month, complete a separate Form 224 DJJ for the application month and for each month of retroactive Medicaid requested.

INSTRUCTIONS:

This form should be completed for everyone that lived in the removal home. Each block must be completed. If a section is not applicable, please enter N/A. Drawn lines or "ditto" marks through this form are not acceptable. The Medicaid Eligibility Specialist may request additional information for a member of the removal home if needed for the eligibility determination.

Income Section: Each block should be completed by the JPPS. Each income source has a brief description. Some descriptions request that additional information be provided. If no income exists for the source, enter N/A. If there is income from the source, list the monthly amount prior to any withholding. In the "recipients" column, list the name of the person to whom the income belongs. List employer, address and phone number if available.

Resources Section: This section should be completed in the same manner as the income section.

Household Management: A family with no source of income is managing to survive. Indicate what they are doing to survive (living in a shelter, living with friends or relatives, receiving educational loans, etc.). This is mandatory information critical to the eligibility determination.

Form 224 DJJ must be signed and dated by the JPPS. The Eligibility Specialist will also sign Form 224 DJJ and indicate date the form was received.

Fax or e-mail the completed form to the appropriate Eligibility Specialist along with the following:

- Form 223 DJJ, Initial and IV-E Application for Foster Care Medicaid
- Copy of the youth's Birth Certificate; Copy of the youth's Social Security Card
- Copy of court order(s) as well as copy of the complaint and/or petitions indicated in court order(s)
- Copy of front and back of insurance card(s) if applicable