

MBI-WPD PRESCREENING DOCUMENT
(Medical Buy-In Program/Working People With Disabilities)



SECTION A (for use by the Greeter or Pre-screener)

1. How old are you?	<input type="checkbox"/> 16-64	<input type="checkbox"/> Under 16 or Over 64
2. Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you had a disability or are you presently receiving Social Security Disability or SSI benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If you are possibly eligible for the MBI-WPD program, are you interested in being processed for the program or would you like more information about this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If applicant screens ineligible for MBI-WPD, place this form in a central folder write the words "not eligible" in red in the upper right hand corner.

If applicant screens eligible for MBI-WPD, write by hand in red ink or a red pencil, the words "MBI-WPD" in the upper right hand corner of this form and on the upper right hand corner of the LDSS-2921 for applicant to bring to the interview.

Pre-screener: _____ Date: _____
(Signature)

SECTION B (for use by Interviewer)

How much money do you earn each month from work? \$ _____

Do you have a checking account, savings account, stocks or bond, or do you own real estate, a boat or a vehicle with a combined value in excess of \$10,000? YES NO

Place completed MBI-WPD screening document in the case folder.

Interviewer: _____ Date: _____
(Signature)