STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

September 24, 1990

ALL COUNTY INFORMATION NOTICE NO. I -76- 90

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR ASSISTANCE - REDETERMINATION, CA 20 (8/90)

This letter transmits a copy of the Statement of Facts Supporting Eligibility for Assistance - Redetermination, CA 20 (8/90). This revision was based primarily upon the requirement to inform AFDC recipients at redetermination about Transitional Child Care and Transitional Medi-Cal benefits (MPP 40-007.1). Other suggestions and comments which were received from County and State staff are also discussed below.

COVERSHEET - CHANGES

- The Coversheet is now in double column format.
- Under "Your Rights," the wording in the eleventh bullet has been changed from "To apply for..." to "To ask for." The new wording relates to the AFDC Reduced Income Supplemental Payment Request (CA 40) which acts as a <u>request</u> for a supplemental payment.

COVERSHEET - NEW ITEMS

- Under "Your Rights, the twelfth bullet is added and reads, "To ask to have your AFDC check replaced if it is lost, stolen, destroyed or lost in the mail. You must sign a statement."
- Under "Your Reporting Responsibilities", the twelfth bullet is new and reads, "Anyone's citizen/alien status or documentation changes."
- The "Education, Training and Work Program" section was added to give a brief description of GAIN participation requirements. It does not fully satisfy GAIN informing as outlined in regulation.
- A new section has also been added regarding "Citizen/Alien Status Changes," including some SAVE informing narrative.

- In the Certification section, the eligibility worker will indicate that the Cash Aid Lump Sum Notice has been given to the recipient. For consistency, this item duplicates the format used on the SAWS 2A, Important Information for Cash Aid, Food Stamps, and Medical Assistance Applicants and Recipients, and which is used with the JA 2, Statement of Facts.

CA 20 FORM - CHANGES

- Question #5 was changed to read: "Does any parent of a child listed in 2 or unborn listed in 4 live out of the home?"

- Question #10 - line items have been rearranged slightly. Additionally, the Earned Income Credit line item was eliminated and a line item for Work Study was added. "Legal settlements/court actions" now reads, "Legal or Insurance settlements/court actions pending."

- Question #22 has been reworded to read: "Due to sudden and unusual circumstances beyond the family's control, does the household want a special need payment for housing or essential household items lost or damaged?" References to fire and flood have been eliminated since sudden and unusual circumstances can pertain to a broader scope of situations.

CA 20 FORM - NEW ITEMS

- Question #4: "Does anyone listed above want aid because of pregnancy?"

- Question #7: "Has anyone changed citizen/alien status or proof of alien status in the last 12 months?"

  Note: A change that would satisfy the citizenship/alien status declaration requirement under Section 121 of the Immigration Reform and Control Act (IRCA) was considered but was not included in this revision. For persons on aid on October 1, 1988, the citizenship/alien status declaration requirement should have been satisfied no later than the next redetermination after that date; or, by October 1, 1989. All County Letter 88-131, Attachment 1, Page 1, explained this procedure. In addition, see All County Letter 90-84 for more information on the declaration requirement.

- Question #9: "Is anyone a parent 16 through 19 years of age?" This question serves to identify individuals who may be required to participate in GAIN.

- Question #17 - Note in the County Use Section opposite the question, the inclusion of "Bank accounts closed in the last year." This item was added to help facilitate IEVS reviews for closed bank accounts and to document property transfers, if any.

- Questions #19 and #20 are added at the request of the Department of Health Services. They read: "Does anyone have any health insurance available from a parent, employer or absent parent that has not been applied for?; and, "Is anyone's health insurance expected to end, or has it ended within the last 60 days?"

STOCK

Stock is expected in the DSS Warehouse by October 1, 1990. Stock on hand will be depleted prior to releasing the revised form. Form orders should be submitted to the DSS Warehouse according to normal procedures contained in the County Forms Catalog.

For counties that print stock, a camera-ready copy of the CA 20 (8/90) can be requested from the Forms Management Bureau at (916) 322-8738 or ATSS 492-8738.

TRANSLATIONS

Reproducible copies of the Asian translations (Cambodian, Chinese, Lao and Vietnamese) will be forwarded from the Language Services Bureau when available.

A reproducible copy of the Spanish translation will follow under separate cover from the Welfare Policy Implementation Bureau when available.

Please contact LeAnne Torres, Welfare Policy Implementation Bureau, at (916) 324-2016 or ATSS 454-2016 if you have any questions about this letter.

ROBERT A. MOREL
Deputy Director

Attachment

cc: CWDA

IMPORTANT FACTS FOR RECIPIENTS OF CASH AID

The county must review your eligibility for Cash Aid and Food Stamps every 12 months. This is to make sure that you get the correct aid. If you do not complete this review your aid will be stopped.

WHAT YOU MUST DO

- Read your rights and reporting responsibilities below before you fill out this form.
- Fill out the form. **DO NOT** sign or date the form until the interview.
- Come in for an interview on: _____

  at: _____.

  If you can't come to this interview, call _____

  _____.

YOUR RIGHTS

- To be told in writing before your aid changes or stops.
- To apply for extra money if your income drops or stops.
- To have your aid transferred to another California county when you move if you remain eligible.
- To be treated with courtesy, consideration and respect.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age. You may file a complaint if you feel you have been discriminated against.
- To have your records kept confidential by the county unless there is a felony arrest warrant issued for you or as otherwise provided by law.
- To be informed of your rights and responsibilities.
- To discuss your case with the county.
- To ask for a state hearing if you disagree with any action taken by the county.
- To take part in an education, training and work program.
- To ask for payments for housing or essential household items lost or damaged due to sudden and unusual circumstances which the county determines to be beyond your control.
- To ask to have your AFDC check replaced if it is lost, stolen, destroyed or lost in the mail. You must sign a statement.

YOUR REPORTING REPONSIBILITIES

You must report all changes to the county. You have 5 days to report any changes and you must also report them on your Monthly Eligibility Report. You must report when:

- Anyone gets any money (including lump sums) from work, relatives, social security, veterans benefits, tax refunds or any other source.
- Anyone starts or stops work or training.
- Anyone gets free rent/utilities.
- Anyone's income changes, starts or stops.
- Anyone gets or gets rid of real property, such as a home, land, buildings, etc.
- Anyone ends a pregnancy for which you are receiving benefits.
- Anyone age 16, 17 or 18 starts or drops out of school or training.
- Anyone leaves the home to live or visit for more than 30 days (including children).
- Anyone comes into the home to live or visit.
- Anyone moves to another address. If anyone moves to another county, you must notify the county paying you aid and ask for a redetermination in the new county.
- Anyone gets married, separated or divorced.
- Anyone's citizen/alien status or documentation changes.

EDUCATION, TRAINING AND WORK PROGRAM

You may be required to take part in an education, training and work program. Your worker will look at the facts to see if the rules apply to you. If you do take part, you will need to follow the rules. Your Cash Aid could be changed or stopped if you don't. You will be given more information about the program.

Please See Reverse Side

OTHER THINGS YOU SHOULD KNO\

If you receive too much aid, even if it is the County's fault, you may have to pay it back.

Social Security Number

You must provide a Social Security Number (SSN) or apply for an SSN for each applicant for aid. Giving the SSN to the county is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. The number will be used to check identity, to prevent duplicate participation and to verify your eligibility and benefits. Also, the SSN will be matched with records from the Social Security Administration, tax, welfare and employment agencies. Any differences can be checked with third parties. If you can't give an SSN for all applicants, you must cooperate in getting a number(s) by applying for it directly to the Social Security Administration. You must give proof that you applied for it; and, when you get the number(s), you must give it to the county.

Transitional Child Care (TCC)

The Transitional Child Care (TCC) Program may help you pay your child care costs for one year after you are ineligible for Federal AFDC.

If you go off AFDC due to more earnings, loss of the $30 and 1/3 income disregards, or more hours of work, you may be able to get TCC. Also, you have to get AFDC in three out of the last six months before you become ineligibile for AFDC. You must work and pay child care costs for a child under 13 years; or have an incapacitated child or child under court supervision who needs care.

If your AFDC is stopped for one of the above reasons and you want TCC, ask your worker how to apply.

Citizen/Alien Status Changes

You must tell the County Welfare Department about anyone who had a change in citizen or alien status. Each recipient whose status changed may be asked to sign under penalty of perjury that he or she is a U.S. citizen, national or lawful alien resident and show proof of the new status. If alien status hasn't changed, but proof has, you must show the new proof.

Information you give us on alien status will be checked with the Immigration and Naturalization Service (INS). Information the county gets from INS may affect your eligibility and benefits for Cash Aid.

Transitional Medi-Cal (TMC)

The Department of Health Services may continue your Medi-Cal up to 12 months after you are ineligible for AFDC.

If you go off AFDC due to more earnings, loss of the $30 and 1/3 income disregards or more hours of work, you will get a Medi-Cal card. Also, you have to get AFDC in three out of the last six months before you become ineligible for AFDC. In the first six months of your TMC period, you must complete a report to tell us if you can get TMC for the next six month period.

If your AFDC is stopped for one of the above reasons and you have any questions, ask your worker.

CERTIFICATION

I certify that I have been informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or aid payment.

SIGNATURE OF RECIPIENT OR CARETAKER RELATIVE	DATE	SIGNATURE OF SPOUSE OR OTHER PARENT	DATE

I certify that I have informed the recipient or caretaker relative of his or her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his or her eligibility or aid payment.

The recipient or caretaker relative appears to understand his or her rights and responsibilities.

I have given the applicant(s) a copy of the Cash Aid Lump Sum Notice. _____ (INITIAL)

ELIGIBILITY WORKER'S SIGNATURE	NUMBER	DATE

IMPORTANT NOTICE
CASH AID LUMP SUM NOTICE

If you receive lump sum income in the future, you may lose your Federal Cash Aid. Read this notice so that you will know about the lump sum rule.

Lump sum income is money you may get just one time or only once in a while. Lump sums can be past due Social Security, Workers' Compensation or personal injury court awards, lottery winnings, inheritances and the like. There are now very few exceptions.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it. You will not be able to get federal cash aid even if you have used up the lump sum money before your cash aid can start again.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum cash grant for your family. So if, for example, you get aid for yourself and two children, and if you get a lump sum of $6,940, you won't be able to get federal cash aid for 10 months ($6,940 divided by $694, the maximum aid grant for a family fo three).

There is a state program that does not have the lump sum rule. If your Federal Cash Aid stops for more than one month because of the lump sum rule, this program may help you if you are otherwise eligibile. However, you can only get cash aid under this state program for three months a year.

If you receive lump sum income during a month when you are not on cash aid, then the lump sum rule may not apply. In that case, you could reapply for federal cash aid once you had less than $1,000.

To avoid problems, don't spend a lump sum until you talk to your worker.

If you have any questions, contact your worker for more information. You may also contact your Legal Aid office.

STATEMENT OF FACTS
SUPPORTING ELIGIBILITY FOR ASSISTANCE - REDETERMINATION

INSTRUCTIONS: *Print all answers in ink (black ink preferred). If you have any problems with any questions, your eligibility worker will help you.*
Use receipts and records to help you answer questions, and bring them with you to the interview to support your answers.

(1) Name of recipient or caretaker relative of child(ren) | Phone ( )

HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

COUNTY USE ONLY
DATE CA 20 RECEIVED:
CASE NUMBER:
CASE NAME:

(2) List everyone in your family for whom you get cash aid.

YOUR NAME	SPOUSE OR OTHER PARENT'S NAME
CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME
CHILD'S NAME	CHILD'S NAME

DEPRIVATION: ☐ Absence ☐ Unemp. ☐ Death ☐ Incap.
☐ Birth Certificate(s) on file
☐ SSN's on file
☐ CA 22 ☐ CA 23 ☐ CA 24 Completed:

Has AU changed since last review? ☐ YES ☐ NO
Date change reported:

☐ Citizen/Alien Status declaration completed for each recipient

(3) Are all of the persons listed in (2) living with you now? ☐ YES ☐ NO
If "NO", explain:

(4) Does anyone listed above want aid because of pregnancy? ☐ YES ☐ NO
If "YES", complete below:

WHO IS PREGNANT?	EXPECTED DATE OF BIRTH	FATHER OF THE UNBORN
	/ /	

Check (✔) the box(es) below that applies to the father of the unborn.
☐ Deceased ☐ Disabled ☐ Absent ☐ Unemployed

☐ Date of Verification:
Special Need
Effective:
☐ WIC Referral
☐ CA 2.1
☐ DA Referral

(5) Does any parent of a child listed in (2) or unborn listed in (4) live out of the home? ☐ YES ☐ NO
If "YES", list the parent(s) and explain (Example: Judy's father, Rick Smith, is living in Florida; George"s mother, Char Jones, moved out.)

☐ DA Referral
☐ Support Rights Assigned

(6) Are there other persons living in your home besides those listed in (2) ? ☐ YES ☐ NO
If "YES", list them below.

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP TO CHILDREN IN (2)	DOES THIS PERSON HAVE INCOME?
		☐ YES ☐ NO SOURCE:
		☐ YES ☐ NO SOURCE:
		☐ YES ☐ NO SOURCE:
		☐ YES ☐ NO SOURCE:

Verif./Status (UAM, Stepparent, etc.)

☐ CA 71

(7) Has anyone changed citizen/alien status or proof of alien status in the last 12 months? ☐ YES ☐ NO
If YES, complete below:

NAME	DATE OF CHANGE	WHAT CHANGED

☐ CA 64

(8) Is anyone listed in (2) 16 years of age ,lder and enrolled in school or a training program? ☐ YES ☐ NO

If "YES", complete below.

NAME	AGE	NAME OF SCHOOL OR TRAINING PROGRAM	ENROLLED FULL-TIME?	EXPECTED DATE OF GRADUATION	EMPLOYED?
			☐ YES ☐ NO		☐ YES ☐ NO
			☐ YES ☐ NO		☐ YES ☐ NO
			☐ YES ☐ NO		☐ YES ☐ NO

COUNTY USE ONLY

☐ Verif. on File

(9) A. Is anyone a parent 16 through 19 years of age? ☐ YES ☐ NO

If "YES", explain below.

WHO	AGE	HIGH SCHOOL GRADUATION STATUS CHECK (✔)
		☐ High school diploma ☐ GED ☐ Other (explain):

B. Does this parent's child live in the home? ☐ YES ☐ NO

☐ GAIN Target Group

(10) Does anyone listed in (2) receive or has anyone applied for money from any source listed below?

Check (✔) each item YES or NO.

	YES	NO		YES	NO
• Welfare money (from anywhere) AFDC/General Assistance/etc.			• Training Allowances		
• SSI/SSP			• Legal or Insurance settlements/court actions pending		
• Child or spousal support			• Strike benefits		
• Unemployment Insurance (UI)			• Rental income from property		
• Disability Insurance (DI)			• Money for care of a foster child		
• Social Security			• Interest, dividends, royalties		
• Railroad Retirement			• Sale of property - contracts, trust deeds, promissory notes, etc.		
• Other retirement benefits			• Vacation pay or any money coming from previous employment		
• Veteran's benefits, GI Bill or military allotments			• Winnings (lottery, prizes, bingo, etc.)		
• Loans, gifts or contributions			• Earnings		
• Tax refunds			• Other (specify):		
• Financial aid - loans, grants or scholarships					
• Work Study					

☐ Casualty Unit Notified

☐ Verif. on File

Explain Anticipation:

IF "YES", COMPLETE THE SECTION BELOW

PERSON RECEIVING OR APPLYING FOR INCOME	SOURCE	DATE RECEIVED OR APPLIED	AMOUNT	HOW OFTEN?
			$	
			$	
			$	

(11) Does anyone listed in (2) receive any of the items listed below <u>free or in exchange</u> for work? ☐ YES ☐ NO

If "YES", complete below.

In-Kind Income

☐ Verif. on File

	ITEM RECEIVED		WHO RECEIVES THE ITEM?	VALUE	WHO PROVIDES THE ITEM?	Partial	Full Earned	Full Unearned
A.	Housing or rent	☐ Free ☐ Exchange		$		☐	☐	☐
B.	Utilities	☐ Free ☐ Exchange		$		☐	☐	☐
C.	Food	☐ Free ☐ Exchange		$		☐	☐	☐
D.	Clothing	☐ Free ☐ Exchange		$		☐	☐	☐

(12) Is anyone listed in (2) buying or the owner of any land and/or buildings in any county, state or country? ☐ YES ☐ NO

If "YES", complete below. Include all land and/or buildings you own, have title to, or share title in.

TYPE (LAND, HOUSE, APARTMENT, ETC)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNER(S)	AMOUNT OWED
				$
				$

COUNTY USE ONLY

☐ Home Exempt
Other Real Property
Market Value $ _____
Amount Owed $ _____
Net Value $ _____
☐ Lien Applicable

(13) Does anyone listed in (2) own, use or have their name on the registration of any motor vehicles (even if not running)? ☐ YES ☐ NO

If "YES", complete below.

OWNER OF VEHICLE	NAME OF PERSON WHO USES VEHICLE	YEAR MAKE AND MODEL	LICENSE NO. STATE OF REGISTRATION	MONTHLY PAYMENT	BALANCE OWED
				$	$
				$	$
				$	$

Class _____
Year _____
Value _____
Amt Owed $ _____
Net Value $ _____

$1500 Exempt
1 MV Only _____
Tot. Value _____
Excess Val. =$ _____

(14) Does anyone listed in (2) have any of the resources listed below?

Check (✔) each item either "YES" or "NO.

- Include all resources owned, used, controlled, shared or held jointly with or for another person(s).
- Include resources on which persons listed in (2) are named (even for convenience only).
- The county will determine whether or not these resources count.

	YES	NO		YES	NO
• Cash (on hand or elsewhere)			• Trust Funds (whether or not available)		
• Uncashed checks (on hand or elsewhere)			• Notes, Mortgages, Trusts, Deeds, Contract of Sales, etc.		
• Saving Accounts - Children's and Adult's			• IRA or Keogh Plans		
• Checking Accounts - Whether or not they are used			• Retirement Funds (such as PERS) which are available if you stop work		
• Credit Union Accounts			• Employee Deferred Compensation Plans		
• Stocks, Bonds, Certificates of Deposit, Money Market Accounts, etc.			• Other (type):		

☐ Trust Fund Not Court Ordered
☐ Court Petitioned
Date: _____
☐ Resources Verif.
Explain How:

IF "YES", COMPLETE THE SECTION BELOW

TYPE OF RESOURCE	OWNER	ACCOUNT NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
				$
				$
				$

Total Value = $ _____

(15) Is anyone listed in (2) the owner of life insurance policies or burial plans? ☐ YES ☐ NO

If "YES", complete below.

NAME OF INSURANCE CO.	POLICY NO.	WHO PAYS PREMIUM?

☐ Verif. on File

Total Value = $ _____

(16) Has anyone listed in (2) owned or used personal belongings within the past 12 months which cost at least $100 or are now worth at least $100? List any: ☐ YES ☐ NO

- Recreational equipment (boats, 3-wheelers, offroad vehicles, snowmobiles, guns, sporting goods, etc.)
- Mobile home, campers, trailers, etc.
- Jewelry, artwork, antiques, collections, musical equipment (pianos, guitars, amplifiers, etc.), cameras (including video cameras), etc.
- Tools, computers, equipment, pets, livestock, etc.

ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK (✔) AND LIST CURRENT VALUE)	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE (IF A GIFT, CHECK (✔) AND LIST CURRENT VALUE)	AMOUNT OWED
		$ ☐ Gift	$			$ ☐ Gift	$
		$ ☐ Gift	$			$ ☐ Gift	$
		$ ☐ Gift	$			$ ☐ Gift	$

Total Value = $ _____

Total of #s 12-16 $

COUNTY USE ONLY

(17) **Has anyone listed in (2) sold, spent, or given away any real or personal property within the last 12 months such as a house, land, cars, bank accounts, money from a legal or accident insurance settlement, or anything else?** ☐ YES ☐ NO

If "YES", explain what and when:

☐ Bank account closed in the last year.

☐ Verif. on file

(18) **Has anyone listed in (2) been covered by health or dental insurance or prepaid health plans within the past 12 months, (such as Kaiser, Ross-Loos, Blue Cross, Champus, etc.)?** ☐ YES ☐ NO

Include any coverage whether or not you pay for it.

If "YES", complete below.

NAME OF INSURANCE COMPANY	WHO IS COVERED?

☐ Dual Choice. Explanation Given
Referral _____
NA _____

☐ DHS 6155

(19) **Does anyone have any health insurance available from a parent, employer or absent parent that has not been applied for?** ☐ YES ☐ NO

If "YES", explain:

☐ DHS 6155

NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

(20) **Is anyone's health insurance expected to end or has it ended within the last 60 days?** ☐ YES ☐ NO

If "YES", explain:

☐ DHS 6155

NAME OF INSURANCE	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			$	
			$	

(21) **Does anyone in (2) have a medical or special need such as those listed below?**

Check (✔) each item "YES" or "NO".

	YES	NO		YES	NO
Special Diet - Prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone equipment			No place to live		
Housework (No one in the home can do it)			Other:		

(22) **Due to sudden and unusual circumstances beyond the family's control, does the household want a special need payment for housing or essential household items lost or damaged?** ☐ YES ☐ NO

If "YES", explain what the circumstance is:

(23) SOCIAL SERVICES

The following services are free of charge, if you are eligible for cash aid. Your answers to these questions will not affect your eligibility.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

1. Do you want more information about CHDP services? ☐ YES ☐ NO
2. Do you want CHDP medical or dental services? ☐ YES ☐ NO

B. Do you want information about services which may be available to you or about any of the following:

Discrimination, family problems, other living arrangements, alcoholism, drug addiction, or mental/emotional problems, special services for blind or visually impaired children and adults, child care, etc. ☐ YES ☐ NO

C. Family planning services may be available to help you voluntarily limit family size, decide when you want to have children and prevent unwanted pregnancies. Do you or any member of your family want family planning information? ☐ YES ☐ NO

☐ CHDP Brochure and Explanation Given
☐ Refused
☐ Referred
Date _____

☐ Other Services Referral
☐ Referred
Date _____

☐ Family Planning Information Given
☐ Referred
Date _____

CERTIFICATION

- *I have read and received a copy of the coversheet attached to this form.*
- *I am aware of, understand and agree to meet all my responsibilities as described on the coversheet.*
- *I have read and received a copy of the lump sum informing notice.*
- *I understand that all of the statements, including benefit and income information, that I have made on this form are subject to investigation and verification.*
- *I understand that I must cooperate with any investigation or review to ensure that my eligibility was correctly determined.*
- *I understand that to insure that my eligibility and grant determination is correct, benefit and income information will be regularly requested from the Social Security Administration, tax, welfare and employment agencies to verify the information that I have reported.*
- **I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true and correct.**

☐ Rights and Reporting Responsibilities Explained

☐ Copy of Coversheet Given to Client

SIGNATURE OR MARK OF RECIPIENT OR CARETAKER RELATIVE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER PARENT	DATE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON COMPLETING FORM FOR PERSON LISTED IN (2)	DATE SIGNED

COUNTY USE ONLY

REQUIREMENTS MET?	YES	NO	REQUIREMENTS MET?	YES	NO
Residency			Social security number(s)		
Deprivation			Income - Gross and financial eligibility		
Age			Property - Within limits and verified/amount $		
Citizenship			Work registration		
School enrollment			Sponsored alien		
Pregnancy verified			Federal participation established (If NO, explain):		

☐ INELIGIBLE (reason) _____

☐ ELIGIBLE	REDETERMINATION DATE	NEXT REDETERMINATION DUE
SIGNATURE OF ELIGIBILITY WORKER		DATE
SIGNATURE OF SUPERVISOR		DATE