

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-7835



February 14, 1979

ALL-COUNTY LETTER NO. 79-9 (Services Evaluation Bureau)

TO: ALL COUNTY WELFARE DIRECTORS
PROVIDER AGENCIES

SUBJECT: SOCIAL SERVICES APPLICATION/ELIGIBILITY FORM (SOC 295 (5/78))

REFERENCE: SOCIAL SERVICES INFORMATIONAL MEMORANDUM OF JUNE 29, 1978

The deadline for using the SOC 295 is extended to April 1, 1979. By that date, counties and provider agencies have the option of either using the SOC 295 or a local variation of the SOC 295 which has been approved per Manual Section 30-009.223.

Attached with the SOC 295 is the guideline material from the April, 1978 Workshops. The use of this guideline material is optional, and the material has been revised to reflect subsequent changes in the form. Please note that the guideline does not implement, interpret nor make regulations. In any conflict between the guideline material and existing regulations, regulations will prevail.

Any questions regarding the use of the SOC 295 in relation to a particular program should be directed to the counties' services operations consultant. For the Family and Children's Services Program Operations Bureau, the contact person is:

Mr. Ben Clark
Family and Children Services Program Operations Bureau
744 P Street, Mail Station 9-101
Sacramento, California 95814
(916) 445-7653

For the Adult Program Operations Bureau, the contact person is:

Mr. Michael McIntyre
Adult Services Program Operations Bureau
744 P Street, Mail Station 5-100
Sacramento, California 95814
(916) 445-8724

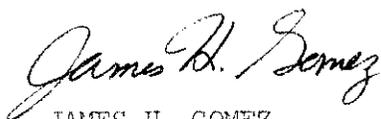
Questions on the content or construction of the form not addressed in the attached material should be directed to the form's contact person:

James C. Mock
Services Evaluation Bureau
744 P Street, Mail Station 5-135
Sacramento, California 95814
(916) 445-7835

The SOC 295 may be ordered on Form Gen 727B from:

Department of Social Services Warehouse
6150 - 27th Street
Sacramento, California 95822

Sincerely,



JAMES H. GOMEZ
Deputy Director

Attachment

cc: CWDA

OPTIONAL
GUIDELINE MATERIAL
FOR
SOC 295

SOCIAL SERVICES APPLICATION
ELIGIBILITY DETERMINATION
AND
RECERTIFICATION

This material provides optional guidelines for the use of the SOC 295. It does not implement, interpret nor make regulations. In the event of conflict between this material and regulations, regulations will prevail.

The SOC 295 is a DSS prepared form for the optional use by counties and other Title XX provider agencies. Manual Section 30-009.223 states:

The application shall be in writing on a form prescribed or approved by the Department, dated and signed, and shall include all information necessary to establish eligibility.

Revised: January, 1979

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OPTIONAL GUIDELINE MATERIAL

for

SOC 295

SOCIAL SERVICES APPLICATION

and

ELIGIBILITY DETERMINATION

The Social Services application form and procedures being presented herewith incorporate the declaration method of eligibility determination. (See Social Service Letter 77-9 of April 21, 1977). The initial 1975 requirements of Title XX were modified by the 1977 amendments to allow social service eligibility being established by accepting the applicant's statement regarding the amount and source of income or his status. The new application form (SOC 295), with the fair hearing information and the agency's recertification action on the reverse, replaces two temporary forms: "Application and Certification of Eligibility for Social Services" (A-1, A-2) and "Referral/Application for Social Services Recipients of AFDC or SSI/SSP" (B-2).

The purposes of the Application are to document the applicant's request for services, his declaration as to eligibility, and the agency's determination of eligibility. Page one of the SOC 295 provides for documenting both status and income eligibility, and for determining both nonfee and fee service eligibility. Space is also provided for a brief conclusion-type statement of the need for services which is based upon the evaluation and determination of the service need documented in the case record.

The applicant or a social services staff member completes the left side of the form as to name, social service request, family members, status or income, etc.

Social Services uses the right side for recording the eligibility determination. Determining income eligibility for the fee services requires augmenting forms:

In-Home Supportive Services - SOC 294A or SOC 294C.

Child Day Care- Child Care Eligibility and Fee Determination SOC 295A

(copy attached). The provider agency's use of the SOC 295A is optional.

Procedure - Status Eligible Determination on Nonfee Services Requests

Aid to Families with Dependent Children (AFDC), Supplemental Security Income/ State Supplementary Payment (SSI/SSP) recipients requesting out-of-home care for children, out-of-home care for adults, health related, family planning, employment related (AFDC recipients only), or optional social services exclusive of purchased day care are eligible upon their declaration of AFDC, SSI/SSP receipt and a determination of their need of social services. Verification of cash grant recipient status is not required.

- Income Eligible Determinations on Nonfee Service Requests

An applicant requesting out-of-home care for children, out-of-home care for adults, health related, family planning, or optional social services has his declared gross monthly income and family size compared by social services with the Maximum Allowable Income (the 1978-79 standard is found in CASP, 1978-79, page 124). Verification of income is not required.

- Status Eligible Determination on Child Day Care Requests

The Child Care Eligibility and Fee Determination form (SOC 295A) is unnecessary unless Social Services wishes to identify by name the children

for whom the service is requested and to briefly indicate the need. Completion of Items 3 and 4 and verification are unnecessary for this group.

Procedure - Income Eligible Determination on Child Day Care Requests

The applicant's initial eligibility is determined by Social Services comparing his declared gross income and family size with the child care Maximum Allowable Income (see page 128, 1978-79 CASP). Verification of income is required. The Child Day Care Eligibility and Fee Determination Form (SOC 295A) or local variation is used for the necessary computations.

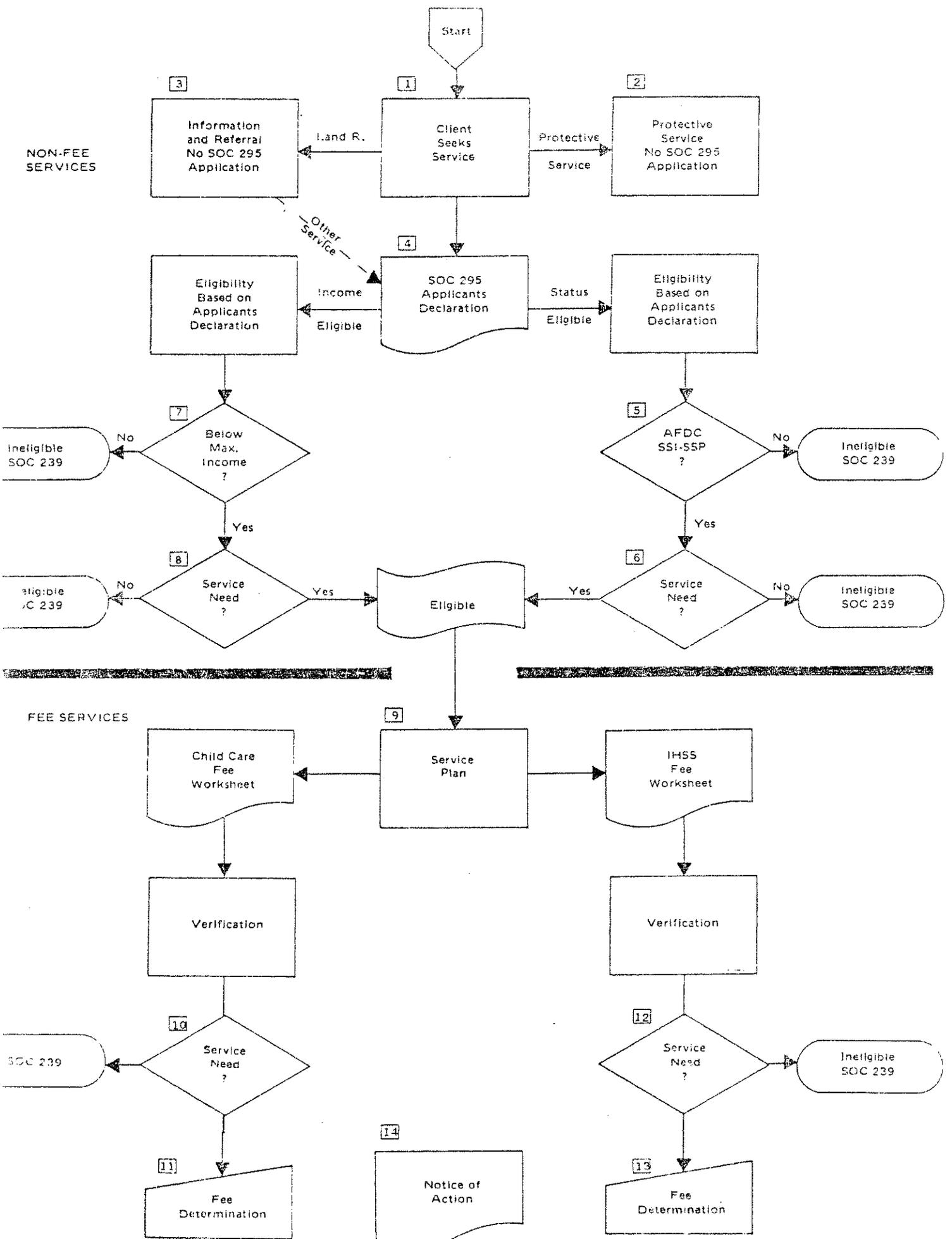
- Income Eligible Determination on In-Home Supportive Services Requests

The SOC 295 is used to document the request for service and the determination decision. Determining eligibility for the other factors, including share of costs, will continue being done in accordance with the issued special instructions (see Social Services Letters; 77-41 of September 26, 1977; 77-50 of November 28, 1977; 78-5 of January 17, 1978 and 78-25 of July 7, 1978).

Recertification

At the bottom half of the reverse side of the SOC 295, below notifying the applicant of his rights to fair hearing, the recertification of eligibility for social services of status eligibles is documented. Since persons applying as income eligibles are likely to have regular changes in income, they are required to sign a new application for all recertifications.

SOCIAL SERVICE ELIGIBILITY DETERMINATION PROCESS



APPLICATION FOR SOCIAL SERVICES

FOR AGENCY USE

<ul style="list-style-type: none"> TO THE APPLICANT: Please complete Sections 1 through 5 on this side of form. This information is subject to verification. Read the important information on the other side. 	<p>A Date Application Received</p>
--	---

<p>1 Name</p>	<p>Social Security Number</p>	<p>B Agency</p>
<p>Address</p>	<p>Phone Number</p>	<p>C Service Case Number</p>
<p>City</p>	<p>Zip</p>	<p>Birthdate</p>
<p>Sex <input type="checkbox"/> M <input type="checkbox"/> F</p>		
<p>AGENCY CERTIFICATION</p>		

<p>2 I am applying for Social Services because I need help with:</p>	<p>D Need – Goal</p>

<p>3 I receive benefits from</p>	<p>AFDC <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>SSI/SSP <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>E Status Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--	---	--

<p>4 FAMILY MEMBERS</p> <p>NAME</p>	<p>BIRTH DATE</p>	<p>SOCIAL SECURITY NUMBER</p>	<p>If you are not receiving AFDC or SSI/SSP Benefits, fill out Income Section</p>			
			<p>Gross Mo. Income</p>	<p>INCOME SOURCE</p>		
Myself					<p>F Gross Mo. Income</p>	
Spouse					<p>Number in Family</p>	
Child #1					<p>Max. Allow Amount</p>	
Child #2					<p>Income Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Child #3					<p>G Child Day Care or IHSS Fee Form Completed <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Child #4					<p>H I have notified applicant of the above eligibility determination <input type="checkbox"/> In Writing <input type="checkbox"/> Orally</p>	
Child #5					<p>I Signature _____ Date _____</p>	

List Additional Children on Separate Sheet

<p>5 I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statement is required in the future.</p>	<p>J For Monitoring Review</p> <p><input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible</p>
<p>Signature – Applicant _____ Date _____</p>	
<p>Signature – Representative _____ Date _____</p>	<p>Signature _____ Date _____</p>

CHILD CARE FEE AND ELIGIBILITY DETERMINATION

Name	Identification
------	----------------

① FAMILY NAME		ADDRESS	
Mother			
Father			
Children	Name	Birthdate	Child Care Status
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			

② STATUS ELIGIBLE		Verification
AFDC Yes <input type="checkbox"/> No <input type="checkbox"/>	SSI/SSP Yes <input type="checkbox"/> No <input type="checkbox"/>	

③ FAMILY INCOME PER MONTH			Number in Family (Residing in Household)
Family Member	Source	Amount	Verification
	Salaries, Wages, Tips		
	Salaries, Wages, Tips		
	Self Employment		
	Rentals/Dividends/Interest		
	UIB		
	Disability Benefits		
	Child Support/Alimony		
	Veteran's Benefits		
	Other - Specify		
	SSA		
	TOTAL		

④ INCOME ELIGIBLE Yes <input type="checkbox"/> No <input type="checkbox"/>	Number in Family	Hours per Week	Fee per Schedule
---	------------------	----------------	------------------

⑤ NEED FOR CHILDCARE (30-302.3) (See Attached Instructions)	<input type="checkbox"/> 3. Elig. Child - Med/Psych Special Need
<input type="checkbox"/> 1. Elig. Person - Maintaining Employment	<input type="checkbox"/> 4. Parents - Med/Psych Special Need
<input type="checkbox"/> 2. Elig. Person - Seeking Employment	<input type="checkbox"/> 5. Child Neglect/Abuse - Written Referral

Verification of Training Enrollment and Attendance Status

⑥ VERIFICATION COMPLETED BY:	DATE	FEE ESTABLISHED BY:	DATE
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THE SOCIAL SERVICE ELIGIBILITY DETERMINATION PROCESS

FOR SOC 295

INTRODUCTION TO THE APPLICATION PROCESS

This process involves three basic elements:

1. An application (30-009.22).
2. An eligibility determination (30-009.23).
3. A determination of need (30-004.2).

This material presents the first two elements. For the third element (need) see 30-004 and the need section in the regulations for each of the ten required social service programs and CASP for the optional social services.

The flow chart with explanatory narrative presents a systems approach to eligibility determination. The one page application form and its instructions offer a simplified declaration method for the determination of eligibility.

These instructions are to serve as guidelines for the workers' social services eligibility determinations and are not intended to implement, interpret, nor make regulatory material. In any conflict between this material and regulations, regulations will prevail.

ELIGIBILITY CATEGORIES

Regulations define two types of eligibility and one group of services which do not require an eligibility determination.

1. Status Eligible means entitlement to social services on the basis of being a recipient of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Aid to Families with Dependent Children (AFDC).
Reference: 30-002.5, 30-004.142.

2. Income Eligible means entitlement to social services on the basis of having gross annual family income not exceeding 80 percent of California's median income for a family of four adjusted for consideration of family size. Median income amounts are designated each fiscal year.

Reference: 30-002.5; 30-004.141; 1978-79 CASP, page 124).

3. Eligibility Determination Not Required

For those who apply for or are provided, as the result of a report, these services:

- a. Information and Referral.

- b. Protective Services - Children.

- c. Protective Services - Adults.

Reference: 30-004.1

ELIGIBILITY REQUIREMENTS - MANDATED SOCIAL SERVICES

The ten required social services may be divided into five eligibility groups:

1. No Eligibility Determination Required
 - a. Information and Referral (30-054.1).

b. Protective Services - Children (30-104.1).

c. Protective Services - Adult (30-154.1).

2. Status Eligibility Only

Employment related services are available to a recipient of AFDC or a person whose needs are taken into consideration in computing the needs of an AFDC recipient (30-504.1)

3. Status or Income Eligible - No Fee

a. Out-of-Home Care - Children (30-204.1).

b. Out-of-Home Care - Adults (30-254.1)

c. Health Related Services (30-353.1)

d. Family Planning Services (30-404.1)

4. Status or Income Eligible - Fee Determination Required

a. In-Home Supportive Services (IHSS) (30-450.3).

5. Income Eligible Fee Determination Required

a. Child Day Care Services.

THE ELIGIBILITY DETERMINATION PROCESS

The flow chart and this narrative section presents a systems description of the social service eligibility process.

Numbered symbols (squares) on the flow chart refer to the decision points keyed to the narrative.

Decision One

The potential client voluntarily decides to request a social service;

or

a report is received of an alleged endangered child or adult;

or

a child is placed in foster care. The service evaluation and placement precedes the determination of eligibility under the Aid to Families with Dependent Children in Boarding Homes and Institutions (AFDC-BHI) Program.

Any one of these indicators may start a social service evaluation or action.

Decision Two

If a protective service is indicated, an SOC 295 application is not required. The need for a protective service recorded in the service case record is considered to be an application.

Social Services for out-of-home care children does not require an SOC 295 application if it is court-ordered for the protection of the child and it is to be provided "without regard to income".

Any other service in the county's plan (which has a goal of protection) may be provided to children in a court-ordered placement on a "without regard to income " basis if the service is necessary for the protection of the child.

In lieu of the SOC 295, the case record must contain the court order and documentation supporting the need for foster care services to protect the child. Such documentation must be made initially and at six month intervals.

When foster care services are provided in any circumstances, other than through court-ordered placement, an application is required.

3 Decision Three

The potential client may be seeking information which, when provided, may complete the service action;

or

the potential client may be referred to a community resource and the service action is terminated.

In either of these instances, an SOC 295 application is not required

or

the decision may be to refer the applicant for a mandated or county optional social service other than Information and Referral or a

protective service. An SOC 295 application is then required and should be completed by the applicant in his/her own handwriting to indicate the voluntary nature of the service request.

4 Decision Four

The social service worker examines the SOC 295 declaration form to determine which type of eligibility determination to pursue:

1. Status eligible

or

2. Income eligible.

5 Decision Five

If the applicant has declared in Section **3** of SOC 295 the receipt of either AFDC or SSI/SSP, the social service worker may accept this declaration as an indication of status eligibility and then proceed to the question of Service Need before certifying eligibility.

The applicant who has not declared either AFDC or SSI/SSP benefits is not status eligible. The service worker checks No in Section **E** and proceeds to Decision **6** .

6 Decision Six

Does the applicant have a service need as defined in the DSS Manual, Chapter 30? Will the provision of the service be directed toward one of those goals designated in DSS Section 30-001.2? Can the agency provide this service? (See page 13 regarding completion of service assessment.)

If the answers are Yes, briefly state the Need in Section D of the Soc 295 application form and complete the eligibility certification by checking Yes in Section E and completing Section H and I. Indicate in Section D by Roman Numeral the Goal of the Social Service.

If the answer to any one of the three service questions is No, check No in Section E of Form 295, deny the application and prepare a SOC 239. The reason for the denial should be briefly stated in Section D and the denial completed in Sections H and I. (However, the county or other primary is obligated to assist the applicant by means of the referral process in obtaining the needed services if available from other community resources.)

7 Decision Seven

The applicant who is not status eligible may be income eligible.

From Section 4 of the applicant's declaration from SOC 295, enter in Section F :

1. Total gross family income.
2. Number in the family unit.
3. The maximum allowable amount for the family size stated in the current table.

Is the declared total gross income of the family unit at or less than the amount for the family size stated in the current maximum allowable table?

If the answer is yes, the service worker proceeds to the question of service need before certifying eligibility.

If the answer is no, the service worker completes the process by checking No in Section F and then completes Sections H and I. A SOC 239 notice must be sent to the applicant.

Decision Eight

Does the applicant have a service need as defined in the DSS Manual, Chapter 30? Will the provision of the service be directed toward those goals designated in DSS Section 30-001.2? Can the agency provide the service?

If the answers are yes, briefly state the Need in Section D of the SOC 295 application form and complete the eligibility certification by checking Yes in Section F and completing Sections H and I. Indicate in Section D by Roman Number the Goal.

If the answer to any one of the three services questions is no, check No in Section F of Form 295, deny the application and prepare a SOC 239. The reason for the denial should be briefly stated in Section D and the denial completed in Sections H and I.

Decision Nine

The request for fee services may originate at this point.

Which service fee determination form should be used?

1. Child Day Care Services - Form SOC 295 A

or

2. In-Home Supportive Services - Forms SOC 294 A or SOC 294 C.

10 Decision Ten

The child day care service fee determination process requires verification of the income of the family unit which is declared by the applicant. Form SOC 295 A or a local variation can be used for this verification, to identify the children in need of care and to designate the need criteria. Has the applicant met all of the eligibility criteria including the need for the service? If so, proceed to Decision **11** .

If not, Notice of Action SOC 239 must be used.

11 Decision Eleven

The verified family unit income is compared to the current child care fee schedule to determine the fee.

12 Decisions Twelve and Thirteen - IHSS

13

Refer to 30-450 and 30-460 and to Social Services Letters 77-41 of September 26, 1977; 77-50 of November 28, 1977; 78-5 of January 17, 1978 and 78-25 of July 7, 1978 for guidance in process and decisions related to eligibility decisions and fees in the IHSS program.

14 Decision Fourteen

Review notices of action. Has the appropriate notice of action been provided to the applicant?

1. Approved applications - SOC 295 or SOC 239.
2. Denied applications - SOC 239.

INSTRUCTIONS

For use of the Social Service Application and Eligibility form - declaration method - SOC 295.

THE APPLICANT OR THE APPLICANT'S REPRESENTATIVE.

Sections (1) through (5) on the lefthand side of the application form require eligibility information which should be readily available to the applicant or anyone capable of acting on behalf of the applicant. The necessary signature may be that of the applicant, his authorized representative, or a social services staff member (in two specified instances).

The propriety of an application being signed by an authorized representative is subject to two conditions:

The authorized representative is named by a legally competent and self-directing applicant;

The authorized representative has direct knowledge of the applicant's eligibility factors.

Otherwise, the eligibility statement must be either verified or a subsequent application be signed by the applicant, legal guardian, or an authorized representative with direct knowledge.

The provision of a social service staff member signing the application, when so authorized by the applicant making a telephone or letter request, is to enable immediate application. Either the applicant's signature is obtained during a face-to-face contact, Section (5) provides two lines for this purpose, or eligibility must be verified.

Social Services Letter 77-48 of November 14, 1977 states an application for services (SOC 295) is not necessary for either foster care or any other service in the county's plan in a court-ordered placement. (This is not to be construed to mean that an application for AFDC-BHI is not needed).

Reference: 30-00.221, 30-009.224, 30-009.225, and 30-009.232.

While the social services staff member receiving the application should assist the applicant, the application should be in the applicant's handwriting, and signed and dated by him, unless he is unable to write or otherwise incapacitated. The handwritten signed form documents the voluntary nature of the application for service.

The state-approved SOC 295 form meets the requirements of 30-009.23 and CASP by use of the applicant's declaration method described in federal regulations 45 CFR 228.61.

SOC 295

The form begins in the lefthand corner with: "TO THE APPLICANT: Please complete Sections 1 through 5 on this side of form. This information is subject to verification".

The purpose of the last sentence is to alert client of possible verification if there is an inconsistency in the statements of status or income eligibility (see 30-009.2321 or 30-009.2322), or if the case is subject to a case sampling review by Agency Quality Control Unit, Department of Social Services (DSS) or Department of Health, Education, and Welfare (HEW).

"Read the important information on the other side."

The purpose of this sentence is to direct attention to the fair hearing information and to enable social services to answer any questions.

Section (1)

The applicant must supply identification data.

Section (2)

The applicant must state his/her request for social services by completing the sentence: "I am applying for Social Services because I need help with: . . ."

Section (3)

If the applicant receives AFDC or SSI/SSP benefits, a check mark is entered in the Yes square for the program.

If the applicant is not an AFDC or SSI/SSP recipient, a check mark is entered in the No square.

Section (4)

If the applicant receives AFDC or SSI/SSP benefits, Section (4) is completed only as to listing family members, birthdate, and Social Security Numbers.

Family means the basic family unit. See 30-002.5 for definition.

If the applicant is not an AFDC or SSI/SSP recipient, all of Section (4) must be completed. All gross income must be reported.

Section (5)

The applicant must sign and date the affirmation statement.

For applications signed by other than the applicant, see Introduction to these Instructions, pages 10-11, and 30-009.221, 30-009.224, and 30-009.225.

Any inconsistency in the applicant's eligibility statements must be resolved by social services questioning the applicant or by verification. Such eligibility resolutions must be a part of the written case record.

ELIGIBILITY COMPLETION BY SOCIAL SERVICES

The righthand side of the application form is reserved for agency use in the determination of eligibility for social services and the certification or denial of eligibility.

The agency instructions are coded to the alpha designations on the righthand side of the application form.

(A) The agency must enter the date the application is received. This date may or may not be the same date that the applicant signed the form

(B) Enter agency name.

(C) Enter the number of the agency's social service case number or any other required file clearance data.

(D) NEED - GOAL

Section 

Enter in a few words the Need, the lack of Available Service for the Need, or the lack of Need for Services. If the services are needed, state the Need briefly and indicate by number the goal (30-001.2) to which the services are to be directed.

If the requested or required goal-directed services are not available, enter "Services Not Available" in Section  . Indicate in either Section  or  that the client is ineligible. Proceed to Sections  and  . Provide the applicant an SOC 239 indicating ineligibility due to "services requested not available at this agency". Social services is responsible for referring ineligible clients to an agency providing the requested services.

An assessment must establish Need for service in order for the applicant to be eligible for social services. Any applicant found not in Need of service is ineligible even though eligible on the basis of status or income. An entry is made in Section  , "Not in Need of Requested Service". Indicate in either Section  or  that the client is ineligible. Proceed to Sections  and  . Provide the applicant an SOC 239 indicating ineligibility due to lack of need for requested services.

Assessment of Need

The above brief entries in Section  as to Need, Lack of Available Service for Need, Lack of Need are based upon the social workers' documentation of service needs in the written assessment which is entered in the case record. The written assessment in the case record shall include:

- (1) A description of the applicant's situation (age, health condition, existence of any disabilities or handicaps, adequacy of income and living arrangements, and any other relevant factor).
- (2) An evaluation of the applicant's problems. This may be an elaboration of one or more of the factors mentioned in the description.
- (3) Availability of services and/or resources in resolving or ameliorating the problem.
- (4) The goal toward which need services are to be directed. NOTE:
All services funded under Title XX shall be directed toward only those goals designated in 30-001.2. These goals represent virtually the full spectrum of human dependency. The goal selected represents a conclusion regarding whether the services to be provided may enable the applicant to achieve greater independence, continue to function at present level, to regress at a slower rate, or to be as comfortable as the situation permits.

Reference: 30-002.11 - Assessment, 30-004.2 and 30-009.235.

E STATUS ELIGIBLES

This space is for the social worker to enter the final eligibility decision on status eligible. If the applicant has declared AFDC or SSI/SSP benefits in Section **3**, the decision is Yes. If the decision is Yes, proceed to Section **H** unless a service fee is required, in which instance, proceed to **G**.

If "No" is checked in Section **3**, the decision is No.

F INCOME ELIGIBLES

The space is provided for the social worker to determine and record the final eligibility decision on income eligibles.

1. The worker should total the monthly gross income declared in Section **4** of the applicant's statement and enter the amount in the "income" space.
2. Enter the number of persons in the family unit. See 30-002.5 for definition of family.
3. From the current table of 80 percent of California's median income for a family of four, adjusted for family size, enter the amount given for the number of persons in the applicant's family unit.
4. If the gross monthly income exceeds the "maximum allowable," the applicant is not income eligible.

If gross monthly income does not exceed the "maximum allowable", the applicant is income eligible.

Check Yes No

Whether the recorded decision is Yes or No proceed to Section **H**.

If a Child Care or IHSS fee determination is required, proceed to **G**.

G CHILD DAY CARE AND IHSS FEE FORMS COMPLETION

This section requires a Yes or No answer as to the forms completion.

If child care or IHSS have not been requested, the appropriate response to this section is No.

If child care or IHSS has been requested, determining eligibility requires completion by Social Services of supportive documents - SOC 294A or SOC 294C for IHSS, SOC 295A or a local agency variation can be used for child day care requests by Income Eligibles.

The appropriate response for Section **G** is Yes upon completion of the supportive documents regardless of whether the applicant is eligible or ineligible.

SOC 295A - CHILD DAY CARE ELIGIBILITY DETERMINATION

To determine eligibility of Income Eligibles for Child Day Care, Social Services can use either the SOC 295 A or a local agency's variation. The instructions below are for use of the SOC 295A. (Please note: the SOC 295A is not printed by DSS.)

Section **1**. Enter the applicant's name, agency file number, family name (if different from the applicant's), address, family composition, children's

birthdates, and under "Child Care Status" indicate the children needing the child care.

Section (3) . Enter the number of members (30-002.5 defines family).

Enter the same number in Section (4) , below.

List gross monthly income as it appears in Section (4) of the Application. (30.2331 defines income).

Verifying the declared income is required for Child Care Services (30-009.2322). In both determining and redetermining eligibility of Income Eligibles for Child Care, Social Services must verify by either viewing wage stubs or other documents, contacting the employer (with the applicant's permission), or utilizing some other reasonable verification method. The means of the verification is documented and the total monthly gross income entered in Section (3) .

Section (4) . Eligibility is determined by comparing the family's total monthly income and family size with the Child Care Initial Eligibility table, 1978-79 CASP, page 128.

Special Child care initial income criteria differ from that for the nonfee services. A family can be ineligible for nonfee services but eligible for child care. A family of four's allowable monthly income for nonfee services is \$1,159, while its allowable monthly income for child care is \$1,218 (per the 1977-78 criteria).

Once qualifying for child care, a family's eligibility continues (per the 1977-78 criteria) until their gross monthly income exceeds the \$1.00 hourly fee rate of Appendix A. A family of four becomes ineligible when its gross monthly income exceeds \$1,667.

If the family's gross monthly income is at or less than Child Care Initial Eligibility Table, the family is eligible for Child Day Care Services. Check Yes in Section (4) and complete the Section by finding the hourly fee in 1978-79 CASP, page 127 for the Family's income per family size and enter the amount on the SOC 295A under "Fee per Schedule".

After entering the number of hours per week the children will have child care, proceed to Section (5).

If the family's gross income is more than Child Care Initial Eligibility table, it is ineligible for child care services. Check No in Section (4). Proceed to Section (6).

Section (5). Indicate Need for Child Care of Status Eligibles and Income Eligibles by marking the appropriate box in Section (5).

If the applicant is in training, verification of the training enrollment and attendance is required. When verified, indicate by Yes. Proceed to Section (6).

If the applicant is not enrolled in training, mark Section with "Not Applicable". Proceed to Section (6).

Income Eligibles - If the determination in Section (4) has resulted in a finding of ineligibility, sign and date the form. Proceed to Section (G) of the Application form. Check Yes in Section (G) and No in Section (F). Proceed to Section (H) of the Application form.

SOC 294A/SOC 294C - IHSS Financial Eligibility Determination

Status Eligibles check Yes or No in Section (E) as to whether that applicant is status eligible. Proceed to Section (H).

Income Eligibles check Yes or No in Section **F** as to whether an Income Eligible applicant has qualified for IHSS. Proceed to Section **H**.

The IHSS financial eligibility determination procedure is similar to that of child care determination. Client share of cost is determined by completing the IHSS forms, either SOC 294A or SOC 294C (see attached copies), by a social services staff member. After completing and signing the IHSS form, Social Services indicates in Section **G** of the Application form that it has been completed.

H NOTIFYING APPLICANT OF ELIGIBILITY DETERMINATION

Social Services indicates how the applicant was notified of the eligibility determination, orally, or in writing, by either an SOC 295 or SOC 239. Giving the applicant a copy of the completed first page of the SOC 295 is sufficient written notification when the applicant has been found eligible for a non-fee service. However, when an applicant is found ineligible, or found eligible for a fee service, an SOC 239 is to be used to show the amount of the fee, if applicable.

I SIGNATURE AND DATE OF AGENCY'S CERTIFICATION

The social services staff member who has made the eligibility determination signs and dates the application as of the date the determination is completed.

J MONITORING REVIEW

This space is not for the Social Services Application Eligibility Determination Process but is for possible SSD or HEW case review.

RECERTIFICATION
REQUIREMENTS FOR REDETERMINING
ELIGIBILITY

The redetermination of eligibility shall be made:

1. When required because of changes in the circumstances of the client:
or
2. Promptly within 30 days after receipt of information of changes which may result in ineligibility; or
3. Not less frequently than every six months.

Reference: 30-009.234

The Recertification process requires a different method for each of the two types of Social Services Eligibility.

1. Status Eligible Recertification

Recertification must be a thoughtful act. The person charged with the responsibility of recertification must resolve any uncertainties regarding the service recipients' status as a cash grant beneficiary before completing certification.

Form

The reverse side of the SOC 295, Recertification Section, provides a simple method of recertification.

Instructions Keyed to Symbols on SOC 295

- ⬡ K Enter the date of the Recertification Action.
- ⬡ L Enter the Primary Recipient's name.
- ⬡ M Enter the initials of the program which has determined the status eligibility.
- ⬡ N Enter the means of obtaining redetermination data.
- Examples: a. Client's declaration
- b. AFDC file clearance
- ⬡ O The social services staff person who certifies the redetermination of eligibility signs in this space.

2. Income Eligible Recertification

A formal Recertification process, similar to that of the original application, is required for income eligible redetermination since income is subject to frequent changes.

Form

The face side of the SOC 295, Sections ① , ② , ④ , and ⑤ must be completed by the social services client to provide by this declaration the required income eligible Recertification data.

Refer to the instructions for an applicant's use if SOC 295. These are applicable.

The agency person making the Recertification of income eligibility uses the right hand section headed "For Agency Use" in exactly the same procedure as if processing an application for income eligibility.

Sections  ,  ,  ,  ,  , and  must be completed. If the client is Recertified for a non-fee service, notification can be a copy of the completed SOC 295.

If Recertified for a fee service, an SOC 239 is used showing the amount of the fee.

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT

SPOUSE

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, aged, blind or disabled.

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
2. Total unearned income (A1a to A1c)	\$	
3. Any income exclusion	\$20	
4. Net unearned income (A2 minus A3)	\$	
5. Earned income (Do not show exempt income)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$
7. Earned income exclusion		\$65
8. Total exclusions (A6 plus A7)		\$
9. Remaining earned income (A5 minus A8)		\$
10. Net earned income (A9 X ½)		\$
11. Other earned income deductions		\$
Total net earned income (A10 minus A11)		\$
13. Total countable income (A4 plus A12)	\$	

	UNEARNED	EARNED
1. Income of client's spouse*	\$	\$
2. Allowance for children not blind or disabled.		
a. Children's needs	\$94.70	\$94.70
b. Children's income*	\$	\$
c. Net needs (a - b)	\$	\$
d. Total allowance (add B2 c's)	\$	
3. Remaining unearned income (B1 minus B2d)	\$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
5. Remaining earned income (B1 minus B4)		\$
6. Net income of spouse (B3 plus B5)	— If equal to or less than \$94.70, A13 is entered in C1	
	— If greater than \$94.70, complete B7 through B20	
7. IHSS client's income (From A2 and A5)	\$	\$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
9. Any income exclusion	\$20	
10. Net unearned income (B8 minus B9)	\$	
11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
12. Earned income exclusion		\$65
13. Total exclusions (B11 plus B12)		\$
14. Remaining earned income (B8 minus B13)		\$
15. Net earned income (B14 X ½)		\$
16. Other earned income deductions		\$
17. Total net earned income (B15 minus B16)		\$
18. Total countable income (B10 plus B17)	\$	
19. Needs of spouse	\$94.70	
20. Net countable income (B18 minus B19)	\$	

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

* Do not count income based on needs (including V.A. pensions), grants, loans, etc., for tuition, fees; foster care payments; income-in-kind; home produce for personal use; earned income under \$1620 yearly of a child who is a student. Deduct court ordered child support paid.

** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

Worker _____

Date _____

IHSS INCOME ELIGIBILITY — CHILD

Name _____

Case No. _____

Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 —21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.				Unearned	Earned			Unearned	Earned
1. Gross income*				\$	\$	1. Income deemed to child (from A6d, A7d, A8j or A9)**		\$	
2. Allowance for children not blind or disabled						2. Unearned income (list) (Do not show exempt income)			
a. Children's needs	\$94.70	\$94.70	\$94.70			a.		\$	
b. Children's income*	\$	\$	\$			b.		\$	
c. Net needs (a minus b)	\$	\$	\$			c.		\$	
d. Total allowance (add A2c's)				\$		3. Total unearned income (B1 plus B2)		\$	
3. Remaining unearned income (A1 minus A2d)				\$		4. Any income exclusion		\$ 20	
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)					\$	5. Net unearned income (B3 minus B4)		\$	
5. Remaining earned income (A1 minus A4)					\$	6. Earned income (Do not show exempt income)			\$
6. If remaining income is EARNED only:						7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)			
a. \$85 exclusion					\$ 85	8. Earned income exclusion			\$ 65
b. Allowance for parent and spouse (1) \$378.80 (2) \$568.20					\$	9. Total exclusions (B7 plus B8)			\$
c. Total exclusions (A6a plus A6b)					\$	10. Remaining earned income (B6 minus B9)			\$
d. Income deemed to child (A5 minus A6c)					\$	11. Net earned income (B10 X ½)			\$
7. If remaining income is UNEARNED only:						12. Other earned income deductions			\$
a. Any income exclusion				\$ 20		13. Total net earned income (B11 minus B12)			\$
b. Allowance for parent and spouse (1) \$189.40 (2) \$284.10				\$		14. Total countable income (B5 plus B13)		\$	
c. Total exclusions (A7a plus A7b)				\$		15. SSI/SSP payment level		\$	
d. Income deemed to child (A3 minus A7c)				\$		16. IHSS share of cost (B14 minus B15)		\$	
8. If income is UNEARNED and EARNED:						<p>* Do not count income based on needs, (including V.A. Pensions), grants, loans, etc. for tuition and fees; foster care payments; income-in-kind; home produce for personal use, earned income under \$1620 yearly of a child who is a student. Deduct court ordered child support paid.</p> <p>** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.</p>			
a. Any income exclusion				\$ 20					
b. Net unearned income (A3 minus A8a)				\$					
c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)					\$				
d. Earned income exclusion					\$ 65				
e. Total exclusions (A8c plus A8d)					\$				
f. Earned income (A5 minus A8e)					\$				
g. Net earned income (A8f X ½)					\$				
h. Total income (A8b plus A8g)				\$					
i. Allowance for parent and spouse (1) \$189.40 (2) \$284.10				\$					
Income deemed to child (A8h minus A8i)				\$					
<input type="checkbox"/> Income of parent(s) where one or both are aged, blind or disabled.									
9. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A c3)				\$					

Worker _____

Date _____