

**FAMILY ELIGIBILITY CHECKLIST**

**Instructions: Complete a separate checklist for each family case.**

**SECTION I. CASE INFORMATION**

**Note:** Citizenship or qualified immigration status required for eligibility.

Case Name	Unit/Worker Number
	Case Number S
FA/SN Clearance Date ___/___/___	SSI Clearance Date ___/___/___
FA/SN Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> WMS Screen Print	

**SECTION II. TANF-EAF ELIGIBILITY**

**A. EMERGENCY SITUATION. This emergency situation is due to the following circumstance(s):**

- Authorized protective services
- PINS diversion
- Authorized preventive services
- Homelessness/minor living on own/abandonment
- Domestic violence
- Fire/other disaster/other emergency (*specify*) \_\_\_\_\_

**B. TANF-EAF REQUIREMENTS. Applicant(s) must meet all requirements below for TANF-EAF eligibility:**

1. **CITIZENSHIP.** Are all children who are applying for services citizens of the U.S. or qualified immigrants as defined under the federal PRWORA?  
 YES  NO (Family ineligible for any funding) ☞ **If no...go to Section IV, Eligibility Summary.**
2. **AGE.** Was any member of the family under the age of 18, or under the age of 19 and attending secondary school (high school) or an equivalent level of vocation or technical training or did the case include a pregnant woman of any age?  
 YES  NO (Family ineligible for TANF-EAF and Title XX Below 200%) ☞ **If no... go to Section IV, Eligibility Summary.**
3. **LIVING WITH A SPECIFIED RELATIVE.** Was the child living in the home of a specified relative at any time within six months before the application for services, or did the case include a pregnant woman of any age?  
 YES  NO (Family ineligible for TANF-EAF) ☞ **If no...go to Section III, Title XX Below 200%.**
4. **NO PREVIOUS EAF AUTHORIZATION.** Was there *no* EAF authorization written in the past 12 months, except one written in the past 30 days, or one written for the same emergency where the authorization has not been closed?  
 YES  NO (Family ineligible for TANF-EAF) ☞ **If no...go to Section III, Title XX Below 200%.**
5. **INSUFFICIENT RESOURCES.** Is at least one member of the family in receipt of public assistance or SSI?  
 YES  NO (Family ineligible for TANF-EAF) ☞ **If no...go to Section III, Title XX Below 200%.**
6. **NEED FOR SERVICES DUE TO REASONS OTHER THAN REFUSAL OF EMPLOYMENT/TRAINING.**  
 Did the family's need for services arise for reasons *other than* the parent/specified relative's refusal without good cause to accept employment or training?  
 YES  NO (Family ineligible for TANF-EAF) ☞ **If no...go to Section III, Title XX Below 200%.**
7. **NEED FOR SERVICES DUE TO REASONS OTHER THAN MISMANAGEMENT OF A PA GRANT.**  
 Did the family's need for services arise for reasons *other than* the parent/specified relative's mis management of a public assistance grant?  
 YES  NO (Family ineligible for TANF-EAF) ☞ **If no...go to Section III, Title XX Below 200%.**

☞ **If answers to Part B, 1-7 are "YES," sign below and go to Section III.**

**In accordance with 18 NYCRR 372.4(d), costs for services that are necessary to address needs arising from the cited emergency are authorized under the EAF program. This authorization will continue until the emergency ends.**

Worker's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**SECTION III. Title XX Below 200% ELIGIBILITY**

**AUTOMATIC ELIGIBILITY.** Are all children in the child welfare case who are applying for or receiving services in receipt of public assistance (Family Assistance, Safety Net), Medicaid, Food Stamps, Supplemental Security Income (SSI) or HEAP?  YES (Case eligible for Title XX Below 200%) ☞ **If yes...go to Section IV, Eligibility Summary.**  NO ☞ **If no, answer the questions below.**

**CERTIFYING TITLE XX BELOW 200% ELIGIBILITY.**

**APPLICANT(S) MUST MEET ALL REQUIREMENTS BELOW FOR TITLE XX BELOW 200% ELIGIBILITY:**

1. **CITIZENSHIP.** Is at least one child who is applying for or in receipt of services a U.S. citizen or qualified immigrant as defined under the federal PRWORA?  
 YES  NO (Case ineligible for any funding) ☞ **If no...go to Section IV, Eligibility Summary.**
2. **MINOR CHILD, PREGNANT WOMAN, OR NON-CUSTODIAL PARENT.** Does the family include: (a) a child under the age of 18, or under the age of 19 and attending secondary school (high school) or an equivalent level of vocational or technical training, regardless of living arrangement; or (b) a pregnant woman; or (c) a non-custodial parent?  
 YES  NO (Family ineligible for Title XX Below 200%) ☞ **If no...go to Section IV, Eligibility Summary.**
3. **FAMILY INCOME.** Is the combined gross income of all the family members below the 200% of poverty income level?

**Calculation of Gross Income – convert all income to annual income.**

Name	Relationship	Weekly Income Calculation	Monthly Income Calculation	Annual Income
1. _____	_____	\$ _____ /wk x 52 = \$ _____	\$ _____ /mo x 12 = \$ _____	\$ _____ /yr
2. _____	_____	\$ _____ /wk x 52 = \$ _____	\$ _____ /mo x 12 = \$ _____	\$ _____ /yr
3. _____	_____	\$ _____ /wk x 52 = \$ _____	\$ _____ /mo x 12 = \$ _____	\$ _____ /yr
4. _____	_____	\$ _____ /wk x 52 = \$ _____	\$ _____ /mo x 12 = \$ _____	\$ _____ /yr
5. _____	_____	\$ _____ /wk x 52 = \$ _____	\$ _____ /mo x 12 = \$ _____	\$ _____ /yr

*Include only countable income.*

- a. Total gross income is: \$ \_\_\_\_\_ per year.
- b. Subtract child support payments made \$ \_\_\_\_\_ per year.
- c. Net gross income for 200% test is \$ \_\_\_\_\_ per year.
- d. Total family size is \_\_\_\_\_

*Time period must be the same for a, b, and c.*

**Compare combined gross income (item c) to the 200% of poverty income standard for the applicant's family size (item d) to determine if income is less than the 200% of poverty standard.**

- YES Income test is met based on calculation of combined gross income of applicant's family members based on applicant's family size.
- NO (Family ineligible for Title XX Below 200%) ☞ **If no...go to Section IV, Eligibility Summary.**
- ☞ **If answers are "yes" to Questions 1-3, go to Section IV, Eligibility Summary.**

**SECTION IV. ELIGIBILITY SUMMARY & SIGNATURES/SUPERVISOR'S REVIEW**

**Eligibility Results:**

**THE FAMILY IS:**

**ELIGIBLE FOR TANF-EAF AND TITLE XX BELOW 200%:**  Encode family 04 (eligibility code) and add "D" suffix for preventive services and "C" suffix for any non-preventive services (direct service and POS lines) as needed on WMS.

**ELIGIBLE FOR TANF-EAF ONLY:**  Encode family 04 (eligibility code) on WMS.

**ELIGIBLE FOR TITLE XX BELOW 200% ONLY:**  Encode the case with any appropriate code other than 04, and add "D" suffix for preventive services and "C" suffix for any non-preventive services (direct service and POS lines) as needed on WMS.

**INELIGIBLE FOR TANF-EAF AND TITLE XX BELOW 200% (eligible for Title XX):**  Encode family 14 (eligibility code) on WMS.

**INELIGIBLE FOR ANY FUNDING [Costs for this case are not reimbursable by any federal or State funding (except for certain emergency services - see Manual) as no family member is a U.S. citizen or qualified immigrant.]:**  Encode family 14 (eligibility code) and add "N" suffix to direct service and POS lines as needed on WMS.

Worker's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**SECTION V. DOCUMENTATION OF ELIGIBILITY**

Indicate the documentation used for each item of eligibility. Indicate where that documentation is located in the case record *or* that it is attached to this form. (For Title XX Below 200%, see the footnote at the end of this section.)

Item	Documentation	Location in Case Record	Attached
1. Emergency Situation (TANF-EAF)			<input type="checkbox"/>
2. Citizenship (All Funding Sources)			<input type="checkbox"/>
3. Age (TANF-EAF/Title XX Below 200%)*			<input type="checkbox"/>
4. Living With a Specified Relative (TANF-EAF)			<input type="checkbox"/>
5. No Previous EAF Funding (TANF-EAF)			<input type="checkbox"/>
6. Insufficient Resources (TANF-EAF)			<input type="checkbox"/>

7. Need Due to Reasons <i>Other Than</i> Refusal of Employment/Training (TANF-EAF)			<input type="checkbox"/>
8. Need Due to Reasons <i>Other Than</i> Mismanagement of PA Grant (TANF-EAF)			<input type="checkbox"/>
9. Member of Family on FA, SN, MA, Food Stamps, HEAP, SSI or income below 200% (Title XX Below 200%)*			<input type="checkbox"/>
10. Minor Child, Pregnant Woman, or Non-Custodial Parent (Title XX Below 200%)*			<input type="checkbox"/>

\* For the Title XX Below 200% program, all items of eligibility except for qualified immigration status can be documented by the client's attestation. The signed Application for Services Form (LDSS-2921), the WMS Clearance Report, and this Checklist are sufficient documentation for Title XX Below 200%. However, the worker may request verification of any item.