



OFFICE OF CHILD WELFARE
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FSFN TIP SHEET: Income & Assets for Title IV-E Eligibility v. 11/2019

Assets, Unearned Income and Earned Income must be documented on the Assets & Employment page to ensure that Title IV-E Eligibility is determined accurately. There are disregards that apply to eligibility calculations, but the information must be documented for the disregard to be applied appropriately.

Ways to Access the Assets & Employment page:

- Case Folder icon on the Desktop – Income/Eligibility icon
- Title IV-E Foster Care Eligibility page – Basic tab

Jenkies, Velma A (900004540) Actions Case Book

Investigation 09/27/2019 Brooks, Lisa Leon 1317 Winewood Blvd , Tallahassee, FL 32399

- Related People
- Intakes
- Assignment
- Eligibility
- File Cabinet
- Income/Eligibility
 - Assets and Employment 09/27/2019 Jenkies, Velma A
 - Assets and Employment 09/27/2019 Jones, Fred A
 - Assets and Employment 09/27/2019 Jones, Scrappy A
 - Assets and Employment 10/06/2019 Jenkies, Scooby A

Assistance Group	Participant Name	Role
<input type="checkbox"/>	Velma A. Jenkies	
<input type="checkbox"/>	Fred A. Jones	
<input checked="" type="checkbox"/>	Scrappy A. Jones	Child
<input type="checkbox"/>	Scooby A. Jenkies	



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Assets Key Elements:

- Document Effective Start and End Dates, if applicable, for which the amount/value applies.
- Document Ownership Start and End Dates, if applicable, for which the value applies.
- Document Estimated Value and Amount Owed to ensure accurate Equity Value is calculated.
 - Enter accurate amounts and if the Equity is “negative”, FSFN will treat it as zero.
- Check box to flag if Primary Homestead.
 - Qualifying Asset Types: Campers; Marine Vessel; Motor Homes; Real Estate; and Travel Trailers
- Document Good Faith Effort to Sell for Real Estate and Real Property and applicable dates.
- Qualify Vehicle Types for Automobile disregard: Automobile; Motorcycle; Marine Vessel; Truck; and Motor Homes

Equity Value = Estimated Value – Amt. Owed

If both “Good Faith Effort to Sell” and “Primary Homestead” are selected, “Primary Homestead” disregard will apply. FSFN will see if another Asset meets the “Good Faith Effort to Sell” criteria.

The screenshot shows the 'Asset Type' section with 'Asset' selected and 'Real Estate' as the type. The 'Primary Homestead' checkbox is checked. In the 'Assets/Liabilities/Financial Benefits' section, 'Estimated Value' is \$50,000.00 and 'Amt. Owed' is \$35,000.00. The 'Good Faith Effort to Sell' checkbox is checked with an effective start date of 08/20/2019. The 'Vehicle' section is also visible with fields for Make, Model, Year, VIN, and Estimated Value. The 'Other Insurance' section includes fields for Name, Policy Holder, Address, Policy Number, and Monthly Amount.

There can only be one “current” Primary Homestead per SFU Member and if more than one SFU Member has a Primary Homestead, the MAX Equity Value is excluded.

Effective Start and End Date, of when payment amount was received, if applicable, ensure FSFN deducts accurate disregards.

Use to Document Life Insurance (Cash Value)



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Unearned Income Key Elements:

- Document Effective Start and End Dates, if applicable, for which payment amount was received.
- Document Unearned Income with the Type “Adoption Subsidy – Other State” only for children receiving subsidy from other states.
 - For children receiving subsidy in Florida, FSFN will recognize they are receiving Adoption Subsidy based on the Service page having a Service Category of “Adoption”.
- Document Child Support received under the child.
- Document SSI Income for all applicable Assistance Group Members and participants included under Applied Income.
- Document if an SFU member or family is receiving a “Gift” or “Family Gift”.
 - The amount entered must be the amount the individual is receiving per month. Therefore, if “Family Gift” is selected, the amount entered must be the portion that specific individual receives each month.
- For Proceeds of Life Insurance Policies, FSFN is using the Monthly Amount field for Eligibility calculations.

If “Family Gift” is selected in the Type drop down, the Monthly Amount must be the specific individual’s monthly portion to ensure accurate Eligibility calculations.

Asset Type
Select : Unearned Income Type : Adoption Subsidy - Other State
Source of Verification :
Assets/Liabilities/Financial Benefits
Account: Amount: Amount Unknown
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Asset Information:
Monthly Amount: Eff. Start Date: 00/00/0000 Eff. End Date: 00/00/0000
 Good Faith Effort to Sell From: 00/00/0000 To: 00/00/0000
Vehicle
Make: Model: Year: VIN Number:
Estimated Value: Est. Value Unknown Amt. Owed: Amt. Owed Unknown
Equity Value: Ownership Start Date: 00/00/0000 Ownership End Date: 00/00/0000
Other Insurance
Name: Policy Holder: Eff. Start Date: 00/00/0000
Address: Eff. End Date: 00/00/0000
Type: Policy Number:
Policy Limits/Value: Policy Limits/Value Unknown
Monthly Amount:
Last Updated By: JENKS, AMY Date: 10/14/2019
Save Close

“Adoption Subsidy” has been changed to “Adoption Subsidy – Other State”. FSFN will recognize Adoption Subsidy for children in the State of Florida from the Service.

Use to document Proceeds of Life Insurance.



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Earned Income Key Elements:

- “Gross Income” is the amount corresponding to the value selected from the Per drop down. For example, \$12.00 Per Hourly; or \$500.00 Per Weekly; etc.
- The Effective From date, IF it falls within the AFDC Month, must be the date the person received their first paycheck.
- The Effective To date, IF it falls within the AFDC Month, must be the date the person received their last paycheck.
- When the first or last paycheck received falls within the AFDC Month, the Per value selected and correlating Gross Amount, must be Weekly; Bi-Weekly or Twice a Month.
- Select check box to flag if the person reduced their income without good cause, such as indicating they reduced their hours or took a lower paying job for a reason outside of the good cause criteria. Document the associated “As Of” date, if flagged.
- Number of Hours Per Week should always be entered. This is imperative for disregards such as for Care Expenses and Part-time Student/Part-time Employment and calculations for Deprivation.
- Document job related expenses and income as monthly amounts: Operating Costs (when self-employed); Gratuity; Commission; and Bonus Amounts.
- If the specific Employer name is not known, enter the type of work.
- If the specific Employer Address is not known, enter 000 Unknown Street in the Street Number and Name fields.

Employment History

Employer: _____ Type: Full Time Part Time Seasonal Training Program Volunteer

Effective From: 00/00/0000 Effective To: 00/00/0000

Self Employed Reduced Income Without Good Cause

Gross Income: \$0.00 Per: Hourly Bi-Weekly Weekly Twice a Month Monthly Quarterly Every Six Months Annually

Operating Costs: \$0.00 Gratuity Amount: \$0.00

Commission Amount: \$0.00 Bonus Amount: \$0.00

Commission Bonus

Employment Address

C/O: _____ Street/PO Box/Route: _____

Street: _____ Unit Designator: _____ Building: _____

PO Box: _____ Route: _____

FL City: _____ County: _____ Non-Florida County: _____

City: _____ State: FL Zip: _____ Country: United States

Phone: _____ Reason Terminated: _____

Insurance/Benefits Received

Check Insurance benefits only if applicable

Retirement Plan Mental Health

Vacation

Enter the date the 1st payment was received not the first day of work.

Enter the date the last payment was received not the last day of work.

If unknown, enter 000 Unknown.

If the Effective From or Effective To date is in the AFDC Month, you must select Weekly; Bi-Weekly; or Twice a Month to ensure accurate eligibility calculations.

NOTE: Ensure the Gross Amount is the amount corresponding to this selected value.



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Employment History

Employer: Type: Gross Income: \$0.00 Per:

Effective From: 00/00/0000 Effective To: 00/00/0000 Number of Hours per Week: Reduced Income Without Good Cause As Of: 00/00/0000

Self Employed Operating Costs: \$0.00 Gratuities Gratuity Amount: \$0.00 W2 on record

Commission Commission Amount: \$0.00 Bonus Bonus Amount: \$0.00

Source of Verification: Verification Date: 00/00/0000

Employment Address

C/O: Street/PO Box/Route:

Street: Unit Designator: Building:

PO Box: Route:

FL City: County: Non-Florida County:

City: State: FL Zip: Country: United States

Phone: Ext.: Reason Terminated:

Insurance/Benefits Received

Check Insurance benefits only if participant is actually receiving the benefit.

Retirement Plan Sick Leave Mentor Support System Mental Health

Vacation Paid Leave Educational Support

Self Employed; Gratuities; Commission; and Bonus Amounts must always be entered as monthly amounts.

Flag if person indicates income was reduced without good cause and enter the associated "As Of" date.