



Title IV-E EFC Eligibility Worksheet

Name: _____ Person ID: _____ Eligibility Determination: _____
 IV-E Removal Date: _____ Date AFDC Applies: _____ Effective From: _____

Voluntary Removal

Question 1: Is the Young Adult under age 21? If No, Ineligible	Circle Response YES / NO
Question 2A: Does the Young Adult meet the EFC program requirements? If No, the Young Adult is Ineligible.	YES / NO
Question 2B: Is the young adult a U.S citizen or Qualified Non Citizen? If No, Ineligible.	YES / NO
Question 5A: Was the Voluntary Placement Agreement signed by the young adult or legal guardian and a representative of the Department?	YES / NO
Question 5B: For the Voluntary removal, was a judicial finding made within 180 days of signing the VPA that it is in the young Adult's Best Interest to remain in out of home care? Date of Judicial Finding: _____	YES / NO / PENDING JUDICIAL FINDING

Question 6A - Removal Home

The Living With and Removed From a Specified Relative criteria is met as a Young Adult is his/her own Specified Relative. Relationship to Child Selection shall be Young Adult. YES / NO

Question 6B - AFDC Deprivation

At the time of removal, was the Young Adult deprived of parental support? If No, Ineligible YES / NO
 Deprivation Type: _____

Determining the AFDC Standard Filing Unit (SFU)

SFU Total _____

Name	Role	Included in SFU?	Exclusion Reason	Income Calculation Method	Unable to Verify Income (check)
_____	Student / Child	YES / NO	SSI Recipient Adoption Recipient Alien	Standard Budget Not Included	

(Circle Responses)

Question 7 - AFDC Income Determination

Is the Young Adult's income less than or equal to the Consolidated Need Standard for the Standard Filing Unit? If No, Ineligible Yes / No

This is a two-step income test to establish whether the Young Adult would have been considered a "needy child" under the State's plan in effect on July 16, 1996

Step 1. Determination if the SFU's adjusted gross income, after applicable disregards, exceeds 185% of the AFDC need standard (CNS). If No, IV-E Ineligible. If Yes, proceed to Step 2.

Name: _____ (Role: _____)	Monthly Amount
Employer: _____ Type: Full Time / Part Time / Training Program	
Effective From: ____ / ____ / ____ Effective To: ____ / ____ / ____ Hours Per Week: _____	
Gross Income: \$ _____	
Circle One: Annually (\$\$ / 12) or Every 6 Months (\$\$ x 6) or Quarterly (\$\$ / 3) or Twice Monthly (\$\$ x 2) or Monthly or Biweekly (\$\$ x 2.15) or Weekly (\$\$ x 4.3) or Hourly (\$\$ x Hrs per week x 30.416 / 7)	\$ _____

Bonus Amount:	\$ _____
Gratuities Amount:	\$ _____
Commission Amount:	\$ _____
Self Employed Operating Costs:	\$ - _____
Training Program Exclusion:	\$ - _____
Adjusted Monthly Amount (A):	\$ _____
Employer: _____ Type: Full Time / Part Time / Training Program	
Effective From: ___ / ___ / ___ Effective To: ___ / ___ / ___ Hours Per Week: _____	
Gross Income: \$ _____	
Circle One: Annually (\$\$ / 12) or Every 6 Months (\$\$ x 6) or Quarterly (\$\$ / 3) or Twice Monthly (\$\$ x 2) or Monthly or Biweekly (\$\$ x 2.15) or Weekly (\$\$ x 4.3) or Hourly (\$\$ x Hrs per week x 30.416 / 7)	\$ _____
Bonus Amount:	\$ _____
Gratuities Amount:	\$ _____
Commission Amount:	\$ _____
Self Employed Operating Costs:	\$ - _____
Training Program Exclusion:	\$ - _____
Adjusted Monthly Amount (A):	\$ _____
Gross Monthly Earned Income (B):	\$ _____
Unearned Income Type: _____ Eff. Start Date: ___ / ___ / ___	
Eff. End Date: ___ / ___ / ___	
Monthly Amount:	\$ _____
Unearned Income Type: _____ Eff. Start Date: ___ / ___ / ___	
Eff. End Date: ___ / ___ / ___	
Monthly Amount:	\$ _____
Gross Monthly Earned Income (B):	\$ _____
Adjusted Gross Income (C):	\$ _____

Step 1: Total SFU Income	Amount
Total Adjusted Gross Income (D):	\$ _____
Child Support Disregard (Up to \$50):	\$ - _____
Total SFU Income (whole dollar) (F):	\$ _____

❖ **Is the Young Adult's income less than or equal to the 185% CNS Income Limit?** YES / NO
 185% CNS= \$ _____

Step 2. Determination if the SFU's adjusted gross income, after applicable disregards, exceeds 100% of the AFDC need standard (CNS). If No, IV-E Ineligible. If Yes, AFDC income test is met.

Name: _____ (Role: _____)	Monthly Amount
Employer: _____ Type: Full Time / Part Time / Training Program	
Effective From: ___ / ___ / ___ Effective To: ___ / ___ / ___ Hours Per Week: _____	
Reduced Income Without Good Cause: YES / NO	

Gross Income: \$ _____	
Circle One: Annually (\$\$ / 12) or Every 6 Months (\$\$ x 6) or Quarterly (\$\$ / 3) or Twice Monthly (\$\$ x 2) or Monthly or Biweekly (\$\$ x 2.15) or Weekly (\$\$ x 4.3) or Hourly (\$\$ x Hrs per week x 30.416 / 7)	\$ _____
Bonus Amount:	\$ _____
Gratuities Amount:	\$ _____
Commission Amount:	\$ _____
Self Employed Operating Costs:	\$ - _____
Training Program Exclusion:	\$ - _____
Adjusted Monthly Amount (A):	\$ _____
Employer: _____ Type: Full Time / Part Time / Training Program	
Effective From: ___ / ___ / ___ Effective To: ___ / ___ / ___ Hours Per Week: _____	
Reduced Income Without Good Cause: YES / NO	
Gross Income: \$ _____	
Circle One: Annually (\$\$ / 12) or Every 6 Months (\$\$ x 6) or Quarterly (\$\$ / 3) or Twice Monthly (\$\$ x 2) or Monthly or Biweekly (\$\$ x 2.15) or Weekly (\$\$ x 4.3) or Hourly (\$\$ x Hrs per week x 30.416 / 7)	\$ _____
Bonus Amount:	\$ _____
Gratuities Amount:	\$ _____
Commission Amount:	\$ _____
Self Employed Operating Costs:	\$ - _____
Training Program Exclusion:	\$ - _____
Adjusted Monthly Amount (A):	\$ _____
Employment Disregard (Up to \$90):	\$ - _____
Gross Monthly Earned Income (B):	\$ _____
Unearned Income Type: _____ Eff. Start Date: ___ / ___ / ___	
Eff. End Date: ___ / ___ / ___	
Monthly Amount:	\$ _____
Unearned Income Type: _____ Eff. Start Date: ___ / ___ / ___	
Eff. End Date: ___ / ___ / ___	
Monthly Amount:	\$ _____
Gross Monthly Unearned Income (B):	\$ _____
Adjusted Gross Income (C):	\$ _____

Step 2: Total SFU Income	Amount
Total Adjusted Gross Income (D):	\$ _____
Child Support Disregard (Up to \$50):	\$ - _____
Total SFU Income (whole dollar) (F):	\$ _____

❖ Is the Young Adult's income less than or equal to 100% CNS Income Limit?

YES / NO

100% CNS= \$ _____

Question 8 - AFDC Asset Determination

Is the young adult's total assets less than or equal to \$10,000? If No, Ineligible

YES / NO

Name: _____ (Role: _____)	Monthly Amount
Type: _____ Eff. Start Date: _____	
Amount (G):	\$ _____
Type: _____ Eff. Start Date: _____	
Amount (G):	\$ _____
Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ _____
Adjusted Equity Value (G):	\$ _____
Type: _____ (Qualifying Vehicle) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Vehicle Disregard (Up to \$1500):	\$ _____
Adjusted Equity Value (G):	\$ _____
Type: _____ (Good Faith Effort to Sell From: _____) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Good Faith Effort to Sell Disregard:	\$ _____
Adjusted Equity Value (G):	\$ _____

Total Assets:	Amount
Total SFU Asset Value (H):	\$ _____

KEY				
B = A + A	C = B + B	D = C + C	F = (D – Child Support)	H = G + G

Question 9

Is the Young Adult receiving SSI? If Yes, Not Reimbursable

YES / NO

AFDC Criteria

Does the Young Adult meet the AFDC criteria that were in effect as of July 16, 1996 at the time of removal from the home?

YES / NO

Placements in Current Removal Episode

From	To	Placement Name	Reimbursable	Licensed	License Effective	License End	Service Type

Eligibility Notes