

**Title IV-E Foster Care Eligibility Worksheet**

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

**Court Ordered Removal**

(Circle Responses)

- Question 1: Is the child under age 18? If No, Ineligible YES / NO
- Question 2B: Is the child a U.S citizen or Qualified Non Citizen? If No, Ineligible YES / NO
- Question 3A: Does the removal order or Official Court Transcript contain a judicial finding that supports the concept that remaining in the home is contrary to the welfare of the child or that the removal is in the child's best interest? If No, Ineligible YES / NO
- Question 3B: Does the same order contain a judicial finding regarding reasonable efforts to prevent the removal of the child from the home? If No Ineligible, unless 4 is Yes. YES / NO
- Question 3C: Does the Court Order indicate the Department has placement and care responsibility for the child? If No, Eligible Non-Reimbursable. YES / NO
- Question 4: If the child entered out-of-home care via court order, does this court order or a subsequent order within 60 days of removal contain a judicial finding that the department made reasonable efforts to prevent removal or reasonable efforts to prevent removal were not required? If No, Ineligible. YES / NO / LESS THAN 60 DAYS

**Question 6A - Removal Home**

At the time of or within 6 calendar months of the initiation of court proceedings, was the child living with and removed from the home of a parent/specified relative? If No, Ineligible. YES / NO

Removed from Relative's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Date Last Lived with Parent/Specified Relative: \_\_\_\_\_

**Question 6B - AFDC Deprivation**

At the time of removal, was the child deprived of parental support? If No, Ineligible YES / NO

Deprivation Type: \_\_\_\_\_

Two Parent Household	Total Income for Past 24 Months	Six Quarters Worked or Unemployment Compensation?	Principal Earner	Currently Employed?	Deprivation Reason
_____	\$ _____	____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____,	✓	Yes / No	Underemployment Or Unemployment
_____	\$ _____	____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____, ____/____/____,			

Determining the AFDC Standard Filing Unit (SFU)

SFU Total = \_\_\_\_\_

Name	Role	Included in SFU?	Exclusion Reason	Income Calculation Method	Unable to Verify Income (check)
_____	Parent Student / Child Minor Parent Dependent Stepparent HH Member Grandparent Sponsor Sponsor Spouse	YES / NO	SSI Recipient Adoption Recipient Alien	Standard Budget  Not Included  Applied Income	
_____	Parent Student / Child Minor Parent Dependent Stepparent HH Member Grandparent Sponsor Sponsor Spouse	YES / NO	SSI Recipient Adoption Recipient Alien Not Selected in AG	Standard Budget  Not Included  Applied Income	
_____	Parent Student / Child Minor Parent Dependent Stepparent HH Member Grandparent Sponsor Sponsor Spouse	YES / NO	SSI Recipient Adoption Recipient Alien Not Selected in AG	Standard Budget  Not Included  Applied Income	
_____	Parent Student / Child Minor Parent Dependent Stepparent HH Member Grandparent Sponsor Sponsor Spouse	YES / NO	SSI Recipient Adoption Recipient Alien Not Selected in AG	Standard Budget  Not Included  Applied Income	
_____	Parent Student / Child Minor Parent Dependent Stepparent HH Member Grandparent Sponsor Sponsor Spouse	YES / NO	SSI Recipient Adoption Recipient Alien Not Selected in AG	Standard Budget  Not Included  Applied Income	

(Circle Responses)

**Question 7 - AFDC Income Determination**

(Circle Responses)

Is the family's income less than 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 child 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
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
<b>Gross Income:</b> \$ _____ 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:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
<b>Gross Income:</b> \$ _____ 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:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____

Name: _____ (Role: _____)		Monthly Amount
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
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Bonus Amount:		\$ _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Self Employed Operating Costs:		\$ - _____
Training Program Exclusion:		\$ - _____
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Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
Monthly Amount:		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
Monthly Amount:		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____

Name: _____ (Role: _____)		Monthly Amount
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
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Bonus Amount:		\$ _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Self Employed Operating Costs:		\$ - _____
Training Program Exclusion:		\$ - _____
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Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____

Name: _____ (Role: _____)		Monthly Amount
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
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Bonus Amount:		\$ _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Self Employed Operating Costs:		\$ - _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____		
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Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___		
<b>Monthly Amount:</b>		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____

Name: _____ (Role: _____)		Monthly Amount
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___/___/___ <b>Effective To:</b> ___/___/___ <b>Hours Per Week:</b> _____		
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Bonus Amount:		\$ _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Self Employed Operating Costs:		\$ - _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		<b>\$ _____</b>
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___/___/___ <b>Effective To:</b> ___/___/___ <b>Hours Per Week:</b> _____		
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Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
Training Program Exclusion:		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		<b>\$ _____</b>
<b>Gross Monthly Earned Income (B):</b>		<b>\$ _____</b>
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___/___/___ <b>Eff. End Date:</b> ___/___/___		
<b>Monthly Amount:</b>		<b>\$ _____</b>
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___/___/___ <b>Eff. End Date:</b> ___/___/___		
<b>Monthly Amount:</b>		<b>\$ _____</b>
<b>Gross Monthly Unearned Income (B):</b>		<b>\$ _____</b>
<b>Adjusted Gross Income (C):</b>		<b>\$ _____</b>

Step 1: Total SFU Income & Applied Income	Amount
<b>Total Adjusted Gross Income (D):</b>	\$ _____
Child Support Disregard (Up to \$50):	\$ - _____
<b>Total SFU Income &amp; Applied Income (whole dollar) (E):</b>	\$ _____

❖ **Is Total SFU Income greater than 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
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
Employment Disregard (Up to \$90):	\$ - _____
Care Expenses (Parent Only):	\$ - _____
<b>Gross Monthly Earned Income (B):</b>	\$ _____



<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___	
<b>Monthly Amount:</b>	\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___	
<b>Monthly Amount:</b>	\$ _____
<b>Gross Monthly Unearned Income (B):</b>	\$ _____
<b>Adjusted Gross Income (C):</b>	\$ _____
<b>Name:</b> _____ <b>(Role:</b> _____ <b>)</b>	<b>Monthly Amount</b>
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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)	\$ _____
<b>Bonus Amount:</b>	\$ _____
<b>Gratuities Amount:</b>	\$ _____
<b>Commission Amount:</b>	\$ _____
<b>Self Employed Operating Costs:</b>	\$ - _____
<b>Training Program Exclusion:</b>	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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)	\$ _____
<b>Bonus Amount:</b>	\$ _____
<b>Gratuities Amount:</b>	\$ _____
<b>Commission Amount:</b>	\$ _____
<b>Self Employed Operating Costs:</b>	\$ - _____
<b>Training Program Exclusion:</b>	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
<b>Employment Disregard (Up to \$90):</b>	\$ - _____
<b>Care Expenses (Parent Only):</b>	\$ - _____
<b>Gross Monthly Earned Income (B):</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):	\$ _____
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):	\$ - _____
	Care Expenses (Parent Only):	\$ - _____
	Gross Monthly Earned Income (B):	\$ _____

Unearned Income Type: _____	Eff. Start Date: ___ / ___ / ___ Eff. End Date: ___ / ___ / ___	
<b>Monthly Amount:</b>		\$ _____
Unearned Income Type: _____	Eff. Start Date: ___ / ___ / ___ Eff. End Date: ___ / ___ / ___	
<b>Monthly Amount:</b>		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____
<b>Name:</b> _____	<b>(Role:</b> _____ <b>)</b>	<b>Monthly Amount</b>
<b>Employer:</b> _____	<b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ___ / ___ / ___	<b>Effective To:</b> ___ / ___ / ___	<b>Hours Per Week:</b> _____
<b>Reduced Income Without Good Cause:</b> YES / NO		
<b>Gross Income:</b> \$ _____		
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)		\$ _____
<b>Bonus Amount:</b>		\$ _____
<b>Gratuities Amount:</b>		\$ _____
<b>Commission Amount:</b>		\$ _____
<b>Self Employed Operating Costs:</b>		\$ - _____
<b>Training Program Exclusion:</b>		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employer:</b> _____	<b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ___ / ___ / ___	<b>Effective To:</b> ___ / ___ / ___	<b>Hours Per Week:</b> _____
<b>Reduced Income Without Good Cause:</b> YES / NO		
<b>Gross Income:</b> \$ _____		
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)		\$ _____
<b>Bonus Amount:</b>		\$ _____
<b>Gratuities Amount:</b>		\$ _____
<b>Commission Amount:</b>		\$ _____
<b>Self Employed Operating Costs:</b>		\$ - _____
<b>Training Program Exclusion:</b>		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employment Disregard (Up to \$90):</b>		\$ - _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____

Unearned Income Type: _____	Eff. Start Date: ___ / ___ / ___ Eff. End Date: ___ / ___ / ___	
<b>Monthly Amount:</b>		\$ _____
Unearned Income Type: _____	Eff. Start Date: ___ / ___ / ___ Eff. End Date: ___ / ___ / ___	
<b>Monthly Amount:</b>		\$ _____
<b>Gross Monthly Unearned Income (B):</b>		\$ _____
<b>Adjusted Gross Income (C):</b>		\$ _____
<b>Name: _____ (Role: _____)</b>		<b>Monthly Amount</b>
<b>Employer: _____ Type: Full Time / Part Time / Training Program</b>		
<b>Effective From: ___ / ___ / ___ Effective To: ___ / ___ / ___ Hours Per Week: _____</b>		
<b>Reduced Income Without Good Cause: YES / NO</b>		
<b>Gross Income: \$ _____</b>		
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)		\$ _____
<b>Bonus Amount:</b>		\$ _____
<b>Gratuities Amount:</b>		\$ _____
<b>Commission Amount:</b>		\$ _____
<b>Self Employed Operating Costs:</b>		\$ - _____
<b>Training Program Exclusion:</b>		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employer: _____ Type: Full Time / Part Time / Training Program</b>		
<b>Effective From: ___ / ___ / ___ Effective To: ___ / ___ / ___ Hours Per Week: _____</b>		
<b>Reduced Income Without Good Cause: YES / NO</b>		
<b>Gross Income: \$ _____</b>		
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)		\$ _____
<b>Bonus Amount:</b>		\$ _____
<b>Gratuities Amount:</b>		\$ _____
<b>Commission Amount:</b>		\$ _____
<b>Self Employed Operating Costs:</b>		\$ - _____
<b>Training Program Exclusion:</b>		\$ - _____
<b>Adjusted Monthly Amount (A):</b>		\$ _____
<b>Employment Disregard (Up to \$90):</b>		\$ - _____
<b>Gross Monthly Earned Income (B):</b>		\$ _____
Unearned Income Type: _____	Eff. Start Date: ___ / ___ / ___ Eff. End Date: ___ / ___ / ___	

<b>Monthly Amount:</b>	\$ _____
<b>Unearned Income Type:</b> _____	<b>Eff. Start Date:</b> ____ / ____ / ____
	<b>Eff. End Date:</b> ____ / ____ / ____
<b>Monthly Amount:</b>	\$ _____
<b>Gross Monthly Unearned Income (B):</b>	\$ _____
<b>Adjusted Gross Income (C):</b>	\$ _____

<b>Step 2: Total SFU Income &amp; Applied Income</b>	<b>Amount</b>
<b>Total Adjusted Gross Income (D):</b>	\$ _____
Child Support Disregard (Up to \$50):	\$ - _____
<b>Total SFU Income &amp; Applied Income (whole dollar) (E):</b>	\$ _____

❖ **Is Total SFU Income greater than 100% CNS Income Limit?** **YES / NO**  
**100% CNS= \$ \_\_\_\_\_**

**AFDC Applied Income**

<b>Name:</b> _____ <b>(Role:</b> _____ <b>)</b>	<b>Monthly Amount</b>
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ____ / ____ / ____ <b>Effective To:</b> ____ / ____ / ____ <b>Hours Per Week:</b> _____	
<b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ____ / ____ / ____ <b>Effective To:</b> ____ / ____ / ____ <b>Hours Per Week:</b> _____	
<b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____

Employment Disregard (Up to \$90):	\$ - _____
<b>Gross Monthly Earned Income (B):</b>	\$ _____
<b>Unearned Income Type:</b> _____	<b>Eff. Start Date:</b> ___ / ___ / ___
	<b>Eff. End Date:</b> ___ / ___ / ___
<b>Monthly Amount:</b>	\$ _____
<b>Unearned Income Type:</b> _____	<b>Eff. Start Date:</b> ___ / ___ / ___
	<b>Eff. End Date:</b> ___ / ___ / ___
<b>Monthly Amount:</b>	\$ _____
<b>Gross Monthly Unearned Income (B):</b>	\$ _____
<b>Gross Income (F):</b>	\$ _____
<b>Name:</b> _____ <b>(Role:</b> _____ <b>)</b>	<b>Monthly Amount</b>
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____	
<b>Gross Income:</b> \$ _____	
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)	\$ _____
<b>Bonus Amount:</b>	\$ _____
<b>Gratuities Amount:</b>	\$ _____
<b>Commission Amount:</b>	\$ _____
<b>Self Employed Operating Costs:</b>	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program	
<b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____	
<b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____	
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)	\$ _____
<b>Bonus Amount:</b>	\$ _____
<b>Gratuities Amount:</b>	\$ _____
<b>Commission Amount:</b>	\$ _____
<b>Self Employed Operating Costs:</b>	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	\$ _____
Employment Disregard (Up to \$90):	\$ - _____
<b>Gross Monthly Earned Income (B):</b>	\$ _____
<b>Unearned Income Type:</b> _____	<b>Eff. Start Date:</b> ___ / ___ / ___
	<b>Eff. End Date:</b> ___ / ___ / ___
<b>Monthly Amount:</b>	\$ _____
<b>Unearned Income Type:</b> _____	<b>Eff. Start Date:</b> ___ / ___ / ___
	<b>Eff. End Date:</b> ___ / ___ / ___
<b>Monthly Amount:</b>	\$ _____
<b>Gross Monthly Unearned Income (B):</b>	\$ _____
<b>Gross Income (F):</b>	\$ _____

Name: _____ (Role: _____)	Monthly Amount
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____ 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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	<b>\$ _____</b>
<b>Employer:</b> _____ <b>Type:</b> Full Time / Part Time / Training Program <b>Effective From:</b> ___ / ___ / ___ <b>Effective To:</b> ___ / ___ / ___ <b>Hours Per Week:</b> _____ <b>Reduced Income Without Good Cause:</b> YES / NO	
<b>Gross Income:</b> \$ _____ 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:	\$ - _____
<b>Adjusted Monthly Amount (A):</b>	<b>\$ _____</b>
Employment Disregard (Up to \$90):	\$ - _____
<b>Gross Monthly Earned Income (B):</b>	<b>\$ _____</b>
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___	
<b>Monthly Amount:</b>	\$ _____
<b>Unearned Income Type:</b> _____ <b>Eff. Start Date:</b> ___ / ___ / ___ <b>Eff. End Date:</b> ___ / ___ / ___	
<b>Monthly Amount:</b>	\$ _____
<b>Gross Monthly Unearned Income (B):</b>	<b>\$ _____</b>
<b>Gross Income (F):</b>	<b>\$ _____</b>

Applied Income Totals and Disregards	Amount
<b>Total Gross Income (G):</b>	<b>\$ _____</b>
20% Disregard (Up to \$175 for Sponsors only):	\$ - _____
CNS Disregard:	\$ - _____
Obligated Monies Disregard:	\$ - _____
<b>Adjusted Applied Income (H):</b>	<b>\$ _____</b>

**Question 8 - AFDC Asset Determination**

(Circle Response)

Are the family's total assets less than \$10,000? If No, Ineligible

YES / NO

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



Amount Owed:	\$ _____
Equity Value:	\$ _____
Good Faith Effort to Sell Disregard:	\$ - _____
Adjusted Equity Value (I):	\$ _____
<b>Total Asset Value (J):</b>	<b>\$ _____</b>
<b>Name: _____ (Role: _____ Sponsor _____)</b>	<b>Monthly Amount</b>
<b>Type: _____ Eff. Start Date: _____</b>	
Amount (K):	\$ _____
<b>Type: _____ Eff. Start Date: _____</b>	
Amount (K):	\$ _____
<b>Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____</b>	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
<b>Type: _____ (Good Faith Effort to Sell From: _____) Eff. Start Date: _____</b>	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Good Faith Effort to Sell Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
<b>Sponsor Total Asset Value (L):</b>	<b>\$ _____</b>
<b>Name: _____ (Role: _____ Sponsor Spouse _____)</b>	<b>Monthly Amount</b>
<b>Type: _____ Eff. Start Date: _____</b>	
Amount (K):	\$ _____
<b>Type: _____ Eff. Start Date: _____</b>	
Amount (K):	\$ _____
<b>Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____</b>	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
<b>Type: _____ (Good Faith Effort to Sell From: _____) Eff. Start Date: _____</b>	
Estimated Value:	\$ _____
Amount Owed:	\$ _____

Equity Value:	\$ _____
Good Faith Effort to Sell Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
<b>Sponsor Total Asset Value (L):</b>	<b>\$ _____</b>

Total Assets:	Amount
Total SFU Asset Value (M):	\$ _____
Total Sponsor Asset Value (N):	\$ _____
Sponsor Disregard (Up to \$1500) (O):	\$ - _____
Adjusted Sponsor Asset Value (P):	\$ _____
<b>Total Adjusted Asset Value (Q):</b>	<b>\$ _____</b>

Key					
$B = A + A$	$C = B + B$	$D = C + C$	$E = D - \text{Child Support} + H$	$F = A + B$	$G = F + F$
$H = G - 20\% - \text{CNS} - \text{Obligated Monies}$	$J = I + I$	$L = K + K$	$M = J + J$	$N = L + L$	$P = N - O$
$Q = M + P$					

**Question 9**

Is the child receiving SSI? If Yes, Not Reimbursable

YES / NO

**AFDC Criteria**

Does the child 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**