



State of Florida
Department of Children and Families

Ron DeSantis
Governor

Chad Poppell
Secretary

DATE: August 7, 2019

TO: Regional Managing Directors
Community-Based Care (CBC) Lead Agency CEOs

THROUGH: Patricia Babcock, Deputy Secretary

FROM: Patricia Medlock, Assistant Secretary for Child Welfare

SUBJECT: Title IV-E Approved Eligibility Guidance

PURPOSE: The purpose of this memorandum is to provide guidance for Florida Safe Families Network (FSFN) regarding Title IV-E Foster Care Eligibility Determinations.

BACKGROUND: In preparation of the end of Florida's Title IV-E Waiver Demonstration Project, modifications to Florida's FSFN system are in development with a projected deployment on September 27, 2019. These enhancements are designed to ensure accurate determinations and claiming for Title IV-E.

ACTION REQUIRED: Please share this memorandum with all revenue maximization/eligibility staff for implementation.

To appropriately document Title IV-E Foster Care Eligibility Determinations, the included Approved Eligibility Guidance may be utilized by CBC revenue maximization/eligibility staff. Each guidance item contains a description of requirements which may be followed including completion of an Eligibility Worksheet and/or inserting a standard statement in the Eligibility Notes section of the FSFN page. If a CBC chooses to not utilize the included guidance, a process to track determination with an incorrect determination will be implemented. Upon deployment of FSFN enhancements, each case with an incorrect determination will need to be voided and reconstructed in FSFN by October 31, 2019.

As a reminder, in preparation of FSFN deployment, efforts should be made to complete Title IV-E Eligibility Redeterminations in FSFN prior to deployment. This guidance is intended to prevent additional workload when documenting Redeterminations after deployment. The specific population directly impacted are children who will reach their

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13th month in out-of-home care as of September 2019 with a completed Title IV-E Eligibility Initial Determination.

CONTACT INFORMATION: If you have any questions or require additional information, please contact the Office of Child Welfare at HQW.FS.Eligibility.Redesign@myffamilies.com.

ATTACHMENTS:

DCF Approved Eligibility Guidance
Eligibility Worksheet
Eligibility Worksheet EFC

cc: Community-Based Care Lead Agency CFOs
Scott Stewart, Assistant Secretary for Operations
Barney Ray, Director Office of CBC/ME Financial Accountability
Center for Child Welfare



Approved Eligibility Guidance

The guidance provided below is effective immediately and expires upon Go-Live of the FSFN Eligibility build anticipated for deployment on September 27, 2019, unless further directive is provided.

The following statement is required in the Eligibility Notes of every Title IV-E Eligibility Determination in which an approved guidance below is used: *Due to known system functionality defects, DCF approved guidance was used to result in an accurate Eligibility Determination.*

If the action requires the completion of the DCF Eligibility Worksheet, the completed form must be uploaded into the FSFN File Cabinet under the Image Category of Income/Eligibility.

1. **Issue:** Current FSFN functionality includes an inappropriate comparison of income to the foster care board rate as part of the AFDC income calculation. This may result in an inaccurate determination of IV-E Ineligible.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, the user shall temporarily remove the income entry from FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.

2. **Issue:** Current FSFN functionality includes an additional \$90 disregard inappropriately as part of the AFDC income calculation. This may result in an inaccurate determination of IV-E Eligible.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Ineligible status, the user shall temporarily **add \$90** to the income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall remove the additional \$90 amount from the income information in FSFN.

3. **Issue:** Current FSFN functionality does not include Veteran Benefit income appropriately. This may result in an inaccurate determination of IV-E Eligible.

Guidance: Users shall temporarily modify the income entry in FSFN to reflect as “**Military Allotments (Adult)**” to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall update the unearned income amount to appropriately reflect “Veterans Benefits” in FSFN.

4. **Issue:** Current FSFN functionality includes children currently receiving foster care board payments, or adoption subsidy, or disqualified dependent household members due to citizenship in the AFDC calculation for income and family size inappropriately. This may result in an inaccurate determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. Users shall temporarily remove any



income/asset entry from FSFN for the “Child” in which the determination is being completed and shall not select any dependent household member receiving adoption subsidy or Alien dependent household members to be included in the Assistance Group on the Basic Tab of the Title IV-E Foster Care Eligibility Determinations to complete the determination. Once approved, the user shall input the income information in FSFN appropriately.

- 5. Issue:** Current FSFN functionality does not include a disregard of the total value of the Primary Homestead residence of the Standard Filing Unit (SFU) as part of the AFDC asset calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily remove the asset entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.

- 6. Issue:** Current FSFN functionality does not include a disregard up to \$1500 for automobile assets for an SFU member as part of the AFDC asset calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily **deduct \$1500** from the asset entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall add \$1500 to the amount of the asset information in FSFN.

- 7. Issue:** Current FSFN functionality does not include a disregard of the total value of property when the SFU member has made a Good Faith Effort to Sell the property within 9 months of the AFDC month as part of the AFDC asset calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily remove the asset entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.

- 8. Issue:** Current FSFN functionality does not include a disregard of the amount of unearned income type of a Gift if less than \$30 in a quarter as part of the AFDC asset calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily remove the unearned income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.



9. **Issue:** Current FSFN functionality does not include a collective disregard up to \$50 from child support for dependent household members as part of the AFDC asset calculation; it only applies the disregard for the child for whom eligibility is being determined. This may result in an inaccurate IV-E Ineligible determination.

Guidance: If dependent household members receive child support income, users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily **deduct \$50** from one “Child Support Payment” income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall add \$50 to the amount of the unearned income information in FSFN.

10. **Issue:** Current FSFN functionality does not accurately determine AFDC income calculations when a parent in the SFU does not meet citizenship criteria thus categorized as an Alien. This may result in an inaccurate determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an eligibility status that differs from FSFN, users shall temporarily adjust an income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall modify the income information in FSFN appropriately.

11. **Issue:** Current FSFN functionality does not accurately determine AFDC income calculations when a stepparent is not included in the SFU, but his/her income shall be considered in the determination. This may result in an inaccurate determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an eligibility status that differs from FSFN, users shall temporarily adjust an income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall modify the income information in FSFN appropriately.

12. **Issue:** Current FSFN functionality does not have logic for certain disregards when a child or dependent household member is a full-time student, or a part-time student who is not a full-time employee, or earned income from a training program as part of the AFDC income calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily remove any income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.



13. **Issue:** Current FSFN functionality does not accurately disregard, for an employed parent, the amount equal to the cost of care expenses for each child or dependent household member as part of the AFDC income calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily deduct, from the parent's employment income, the amount equal to the actual cost of care for each child (not to exceed \$175 for a child age 2 or older, or \$200 for a child under the age of 2) to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.

14. **Issue:** Current FSFN functionality does not allow for deducting operating costs for a self-employed parent as part of the AFDC income calculation. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily deduct, from the parent's self-employment income, the amount equal to the actual operating costs to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall input the income information in FSFN appropriately.

15. **Issue:** Current FSFN functionality does not appropriately calculate total income by rounding down before comparing income to the Consolidated Need Standard. This may result in an inaccurate IV-E Ineligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Eligible status, users shall temporarily **deduct \$1** from the income entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination. Once approved, the user shall add \$1 to the amount of the asset information in FSFN.

16. **Issue:** Current FSFN functionality does not allow for documenting when a child is not a Florida resident to meet AFDC Criteria. This may result in an inaccurate IV-E Eligible determination.

Guidance: Users shall complete a paper-based determination utilizing the DCF Eligibility Worksheet to demonstrate the correct determination. If the determination results in an Ineligible status, users shall select "**No**" to **Question 6B** in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Determination.

17. **Issue:** Current FSFN functionality includes AFDC Income and Asset criteria for IV-E Redeterminations. This may result in an inaccurate IV-E Ineligible Redetermination.



Guidance: Users shall temporarily remove any income or asset entry in FSFN to complete the FSFN Title IV-E Foster Care Eligibility Redetermination. Once approved, the user shall input the income information in FSFN appropriately.

18. **Issue:** The Contract ID field on the Provider Service page may impact a Title IV-E Foster Care Eligibility Determination as resulting in Not Reimbursable when the Provider is licensed.

Guidance: If user identifies an incorrect reimbursability status, the user shall enter a value of “0” in the Contract ID field.

Note: This workaround does not require the input of the standard note in Eligibility Notes.

19. **Issue:** IV-E Foster Care Eligibility Determination criteria is that Reasonable Efforts to Prevent Removal is required within 60 days from removal. Policy requires IV-E Foster Care Eligibility Determination to be completed within 30 calendar days of removal. Current FSFN functionality does not allow for this judicial finding to be documented as pending when the 60 days has not lapsed.

Guidance: Users shall not complete the Title IV-E Foster Care Eligibility Determination until the Reasonable Efforts to Prevent Removal judicial finding has been made or until the 60 day from removal period as been reached.



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

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
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 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: _____		
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)		\$ _____
Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
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 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: _____		
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)		\$ _____
Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
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 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: _____		
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)		\$ _____
Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
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 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: _____		
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)		\$ _____
Self Employed Operating Costs:		\$ - _____
Gratuities Amount:		\$ _____
Commission Amount:		\$ _____
Bonus Amount:		\$ _____
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 Unearned Income (B):		\$ _____
Adjusted Gross Income (C):		\$ _____

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

❖ **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
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: ___ / ___ / ___	
	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: ___ / ___ / ___	
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: ___ / ___ / ___	
	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):	\$ - _____
	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):		\$ _____
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 & Applied Income	Amount
Total Adjusted Gross Income (D):	\$ _____
Child Support Disregard (Up to \$50):	\$ - _____
Total SFU Income & Applied Income (whole dollar) (E):	\$ _____

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

AFDC Applied Income

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:	\$ - _____
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:	\$ - _____
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):	\$ _____
Gross Income (F):	\$ _____
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:	\$ - _____
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:	\$ - _____
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):	\$ _____
Gross Income (F):	\$ _____

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:	\$ - _____
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:	\$ - _____
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):	\$ _____
Gross Income (F):	\$ _____

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

Question 8 - AFDC Asset Determination

(Circle Response)

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

YES / NO

Name: _____ (Role: _____)	Monthly Amount
Type: _____ Eff. Start Date: _____	
Amount (I):	\$ _____
Type: _____ Eff. Start Date: _____	
Amount (I):	\$ _____
Type: _____ (Qualifying Vehicle) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Vehicle Disregard (Up to \$1500):	\$ - _____
Adjusted Equity Value (I):	\$ _____
Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (I):	\$ _____
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 (I):	\$ _____
Total Asset Value (J):	\$ _____
Name: _____ (Role: _____)	Monthly Amount
Type: _____ Eff. Start Date: _____	
Amount (I):	\$ _____
Type: _____ Eff. Start Date: _____	
Amount (I):	\$ _____
Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (I):	\$ _____
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 (I):	\$ _____
Total Asset Value (J):	\$ _____
Name: _____ (Role: _____ Sponsor _____)	Monthly Amount
Type: _____ Eff. Start Date: _____	
Amount (K):	\$ _____
Type: _____ Eff. Start Date: _____	
Amount (K):	\$ _____
Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
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 (K):	\$ _____
Sponsor Total Asset Value (L):	\$ _____
Name: _____ (Role: _____ Sponsor Spouse _____)	Monthly Amount
Type: _____ Eff. Start Date: _____	
Amount (K):	\$ _____
Type: _____ Eff. Start Date: _____	
Amount (K):	\$ _____
Type: <u>Real Estate</u> (Primary Homestead) Eff. Start Date: _____	
Estimated Value:	\$ _____
Amount Owed:	\$ _____
Equity Value:	\$ _____
Primary Homestead Disregard:	\$ - _____
Adjusted Equity Value (K):	\$ _____
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 (K):	\$ _____
Sponsor Total Asset Value (L):	\$ _____

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

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