

ELIGIBILITY STAFF ASSESSMENT WORKSHEET

This worksheet is completed by eligibility staff to document each applicant's eligibility status during the application review and eligibility process. Refer to Chapter 7 of the *Determining Eligibility Staff Procedures Manual* for technical assistance beginning on Page 31.

Eligibility Staff: _____ Date _____

Name of Agency: _____

Office Location: _____

Applicants Name: _____ Date Stamped Application _____

Check as each eligibility requirement is assessed and the documentation is obtained:

Part 1: Proof of HIV Status: An applicant must have documentation of a medical diagnosis of HIV disease. A laboratory test documenting confirmed HIV infection is required. (33)

Provide documentation (lab results only) for one of the following:

- A confirmed positive HIV antibody test result (Reactive EIA/ELISA screening test confirmed by Western Blot or Immunofluorescence Assay (IFA) or Nucleic Acid Testing (Aptima) by blood, oral fluid or urine.
- A positive HIV direct viral test such as PCR or P24 antigen.
- A positive viral culture result.
- A detectable HIV-viral load or viral resistance test result.
- No documentation (Explain) _____

Part 2: An applicant must be living in Florida. (35)

- Yes
- No, (Explain) _____

Part 3: An applicant cannot be receiving services or be eligible to participate in local, state or federal programs where the same type service is provided. (This list is not all inclusive. Refer to page 37 for more information).

- Medicaid Screening Completed _____
- Other Screening: _____
- Other: Screening: _____
- List type of documentation provided: _____
- No documentation (Explain) _____

Part 4 & 5: An applicant must have low-income (at or below 300% FPL and \$12,000 or less in assets. (P. 43) Complete the following 5 steps to determine the applicant's financial status.

1. Determining Waiver Status (46)

Does the applicant have proof of eligibility for a program at or less than 300% FPL?

Medicaid	Yes ___ No ___
Project AIDS CARE (PAC)	Yes ___ No ___
Food Stamps	Yes ___ No ___
SSI	Yes ___ No ___
Temporary Assistance for Needy Families (TANF)	Yes ___ No ___
WIC	Yes ___ No ___
Local Indigent Program	Yes ___ No ___
Other (Name) _____	Yes ___ No ___

Income and Cash Assets are Waived:

- YES: Documentation must be attached.
- NO. (Proceed with Parts 4 and 5 on the application).

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2. Determining Household Size (47)

List ALL Household Members & whether they are counted or not counted in Household Size.
(Applicant, Spouse and Dependent are always counted in the Household Size)

Name	Relationship	Counted	Not Counted
	Applicant	Yes	
	Spouse	Yes	

How many adult household members are counted (including applicant): a) # _____
 How many of the applicant's dependent children are in the home. b) # _____
Household Size Total (a + b) for Household Size c) # _____

3. Calculating the Federal Poverty Level (FPL) (50)

Using the most current FPL chart and the household size total, determine the \$ and FPL for the applicant. \$ _____/FPL _____

4. Household Monthly Income for Applicant and COUNTED Household Members (HM) only. (52)

Determine the applicant's household income and the counted household members income named in Step 2. If the applicant is unemployed, use additional paper to document responses to the applicable "no Income/unemployed" questions on beginning on page 53.

Complete the list as either annually or monthly, but not mixed. Use additional paper if needed.

	Applicant	Counted HM
Applicant is Unemployed/No Income		
Applicant's Employment _____	\$ _____	\$ _____
Self Employed _____	\$ _____	\$ _____
Applicant's Spouse, if married	\$ _____	\$ _____
Business	\$ _____	\$ _____
Joint checking account(s) with a non-spouse?	\$ _____	\$ _____
Joint savings account with a non-spouse?	\$ _____	\$ _____
Employment Income of Household Member	\$ _____	\$ _____
Other Sources of Income:		
Adult relative or non-relative who provide income & are not included in Household Size)	\$ _____	\$ _____
Interest income	\$ _____	\$ _____
Investment Income (Rental/Other)	\$ _____	\$ _____
Retirement (If, Accessed)	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Lawsuit Settlement	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Sub-Totals:	\$ _____	\$ _____

Household Income Total \$ _____
 ___The Grand Total exceeds the applicant's FPL dollar amount in Step 3.
 ___The Grand Total does not exceed the applicant's FPL dollar amount in Step 3.

5. Cash Assets and Items of Value (HM-House Member) (56)

Determine the cash assets of the applicant and the counted household members (HM)

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DOCUMENTATION FOR MANDATORY REVIEWS

The following mandatory safeguards are written into the procedures to assist eligibility staff avoid unintentional errors which impact the final results: (Refer to Chapter 8 and Chapter 10)

- (1) All determinations of ineligibility, due to household income calculated between 300%-350%, must be reviewed and approved by the Bureau of HIV/AIDS before proceeding to the Notice of Ineligibility. This includes decisions due to failure to disclose information.
- (2) All Requests for Exceptions involving the financial eligibility requirements must be reviewed and approved by the Bureau of HIV/AIDS before proceeding to the Notice of Ineligibility.

COMPLETE THE FOLLOWING AS APPLICABLE

REQUEST FOR EXCEPTIONS (61)

Check one of the following:

An Exception is not being requested.

An Exception is being requested. (Attach Exception Request Form with the appropriate signatures)

Date of Supervisory Review: _____ Concurred with Ineligibility Status _____ Not Concurred _____

Explain:

INELIGIBILITY between 300% - 350% (67)

No applicant can be determined ineligible without supervisory review and signature approval.

Date of Supervisory Review: _____

Results: Concurred with Ineligibly Status _____ Not Concurred _____ Explain:

INCLUDE OTHER LOCAL/INTERNAL PROCEDURES

Date of HAPC/Contract Manager Review: _____

Results: Concurred with Ineligible _____ Not Concurred _____ Explain

BUREAU REVIEW OF EXCEPTIONS AND INELIGIBLES (300-350% FPL)

No applicant can be determined ineligible for financial purposes only, without supervisory review and approval by the department. Send a copy of this worksheet and the other appropriate material referenced on pages 67-68 by Certified Mail or Overnight Delivery with adherence to confidentiality procedures to the following address:

Department of Health, Division of Disease Control, Bureau of HIV/AIDS, ATTN: Eligibility Review, Patient Care Program Administrator, 2585 Merchants Row Boulevard, 3rd Floor, Room 345/350, Tallahassee, Florida 32399-1715.

For Bureau Documentation:

Date of Bureau Receipt: _____

Date of Bureau Review: _____

Results: Concurred with Ineligible _____ Not Concurred _____

Explain: -
