



Eligibility Staff Assessment Worksheet

Required Form

To be completed by eligibility staff to document applicant's eligibility status during enrollment.

Applicants Name Address

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Name of Agency Address

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Eligibility Staff Phone Number

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Proof of HIV: An applicant must have documentation of a medical diagnosis of HIV disease. A laboratory test documenting confirmed HIV infection is required. Check the appropriate box.

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.	<input type="checkbox"/>
A positive HIV direct viral test such as PCR or P24 antigen.	<input type="checkbox"/>
A positive viral culture result.	<input type="checkbox"/>
A detectable HIV-viral load or viral resistance test result.	<input type="checkbox"/>
No Documentation - Do not proceed, applicant is not eligible	<input type="checkbox"/>

Living in Florida: An applicant must be living in Florida. Photo ID is not required but encouraged. One form of documentation other than photo ID must be obtained.

No: <input type="checkbox"/> Do not proceed, applicant is not eligible.	Yes: Check all applicable items below.	<input type="checkbox"/>
Drivers License		<input type="checkbox"/>
Voters Registration		<input type="checkbox"/>
Lease or Mortgage Statement		<input type="checkbox"/>
Utility Bill		<input type="checkbox"/>
Letter of Support		<input type="checkbox"/>
Other: (specify)		<input type="checkbox"/>

Screening for Other Programs: An applicant cannot be receiving services or be eligible to participate in local, state or federal programs where the same type service is provided. Check if the applicant is receiving or has been screened for any of the following:

Medicaid: (specify type)	<input type="checkbox"/>
Project AIDS Care	<input type="checkbox"/>
Medically Needy (list share of cost)	<input type="checkbox"/>
Medicare (specify which parts applicant receives)	<input type="checkbox"/>
Private Health Insurance (list type of insurance)	<input type="checkbox"/>
Veterans Benefits	<input type="checkbox"/>
Low Income Subsidy (Other Help, Medicare Part D)	<input type="checkbox"/>
Other: (Specify)	<input type="checkbox"/>



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Income: An applicant must have low income (FPL below 400%).

Determining Financial Waiver for income – If an applicant has any of the following they may be waived for the income portion of the application with appropriate documentation. If yes, skip the next section.

Medicaid	<input type="checkbox"/>
Project AIDS Care	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>
SSI (Supplemental Security Income)	<input type="checkbox"/>
TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>
WIC (Women, Infant and Children)	<input type="checkbox"/>
Local Indigent Program	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Determine Household Size: List all household members and whether they are counted or not counted in Household Size. (Applicant, Spouse and Dependent are always counted in the Household Size)

Name	Relationship	C	NC
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
How many adult household members are counted (including applicant):			
How many of the applicant's dependent children are in the home.			
Total Household Size			

Household Monthly Income: For applicants and COUNTED Household Members (HM) only.

Determine the applicant's household income and the counted household members income named in the step above. If the applicant is unemployed, use additional paper to document responses to the applicable "no Income/unemployed" questions. Complete the list as either annually or monthly, but not mixed.

Income	Applicant	Counted Member
Unemployed <input type="checkbox"/> (explain in narrative how person is living)		
Employment (where)		
Self Employed		
Checking Account		
Savings Account		
Investment income (Ex: rental properties)		
Retirement Income (if accessed)		
Disability Benefits		
Alimony		
Child Support		
Other (specify)		
Total Household Income		



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Calculating the Federal Poverty Level: Using the most current FPL chart and the household size total, determine the \$ and FPL for the applicant. Calculate actual FPL instead of range. Use the total household income based on family size and divide by dollar amount in Column A of the FPL chart. You must use the annual income chart to arrive at the correct FPL. (See section 11 for calculating FPL)

Total Household Income	Total FPL%
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The applicant meets the income requirements.	<input type="checkbox"/>
The applicant does not meet the income requirement and is not eligible.	<input type="checkbox"/>

Rights and Responsibilities: An applicant must be willing to cooperate with eligibility staff during the eligibility process and sign and comply with the Rights and Responsibilities established in the application.

The applicant has initialed each requirement in the Application, provided the required signature and complied with the requirements during the eligibility process.	<input type="checkbox"/>
The applicant has not complied with this requirement. (Explain)	<input type="checkbox"/>

Final Determination: Based on eligibility interview, application and required documentation the applicant is:

Eligible	<input type="checkbox"/>	Date:	
Not Eligible	<input type="checkbox"/>	Date:	

Eligibility Staff Printed: _____

Eligibility Staff Signature: _____

Date: _____