

Community Care for Aged and Disabled
Eligibility Worksheet

Person's Name	Person's Individual No.
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Immediate or Expedited Service Responses

This new applicant for CCAD services appears eligible based on the signed application. They meet the age and need criteria for the service(s) authorized.

_____ Authorization Begins	_____ Signature – Caseworker	_____ Date
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Financial Eligibility Determination

- A. Categorically Eligible** Reason: SSI TANF MAO QMB or SLMB CAS SNAP
 How verified? 3087 2067 IAS or ME DCU Inquiry Date Verified: _____
- B. Income Eligible (document below)**
- C. Financially Ineligible (document below) –** Excess Resources Excess Income
- D. Referral to AAA (document below)**

Income	Amount	Doc. Filed	Verification and Comments
1. Social Security (including SMIB)		<input type="checkbox"/>	
2. SSI Spouse		<input type="checkbox"/>	
3. VA (less Aid-&-Attendance)		<input type="checkbox"/>	
4. Railroad Retirement Benefits		<input type="checkbox"/>	
5. Other Retirement Benefits		<input type="checkbox"/>	
6. Dividend Income		<input type="checkbox"/>	
7. Money from Oil, Gas, Royalties		<input type="checkbox"/>	
8. Income-producing Property		<input type="checkbox"/>	
9. Farm Income		<input type="checkbox"/>	
10. Money from Other Sources		<input type="checkbox"/>	
Total Income			
Resources	Amount or Value	Doc. Filed	
1. Checking Account		<input type="checkbox"/>	
2. Savings, CDs, Money Market		<input type="checkbox"/>	
3. Cash on Hand, Safe Deposit Box		<input type="checkbox"/>	
4. Stocks, Bonds		<input type="checkbox"/>	
5. Nonproductive Property		<input type="checkbox"/>	
6. Nonexempt Vehicles		<input type="checkbox"/>	
7. Other Resources		<input type="checkbox"/>	
Total Resources			
Less Monthly Income, if applicable			
Total Income			

This person is being denied due to lack of unmet need.

_____ Signature	_____ Date
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I certify that this person **Is** **Is Not** both financially and functionally eligible to receive CCSE services.
 I certify that this person **Is** **Is Not** only functionally eligible to receive CCSE services.
 Rights and Responsibilities Discussed with Person Form 2307 Given to Person Form 1350 Signed and Filed Person Not U.S. Citizen

_____ Signature	_____ Date
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Note: If no more responses are required, the form is ready for printing. Do not forget to sign and make the appropriate copies, if required.