

**APPLICANT'S ELIGIBILITY STATEMENT (IM-2)**

**PURPOSE:** To acquaint the applicant with the provisions of the law regarding eligibility requirements and the penalty clause, and to provide a statement signed by the applicant regarding certain eligibility requirements. The information in this statement should pertain to the entire household.

The Applicant's Eligibility Statement will provide the County Family Services Office with an outline of the eligibility factors for use in interviewing and recording.

The applicant has the right to sign the Application for Benefits (IM-1) and fill out the Applicant's Eligibility Statement (IM-2) later.

**NUMBER OF COPIES AND DISPOSITION:** One copy for the case record. If the applicant requests a copy, make a copy and provide it to the applicant.

**MANUAL REFERENCE:** IMNL 0230.000.00-0230.035.00 (TA)  
IM Chapters II-VIII, X & XI

**INSTRUCTIONS FOR COMPLETION:** This form must be completed in ink. All entries should be filled in by the applicant or his/her authorized representative. If an applicant has a physical or mental handicap, which would prevent them from completing this form, the staff member may complete the eligibility statement on the basis of information and estimates given by the applicant. If the staff member completes the Applicant's Eligibility Statement, it is necessary to explain on the application the reason the applicant was unable to make the necessary entries. No changes or erasures should be made after the form is signed by the applicant. If a change is made, the applicant should sign his/her name and date by any such corrections. One form must be completed at each application or reapplication. The form may be signed at any time during the investigative process.

**SECTION A - SOCIAL SECURITY NUMBERS**

The applicant checks (✓) "yes" or "no" to indicate s/he will verify present numbers for all persons applying for or receiving assistance or apply for a number as a condition of eligibility.

**SECTION B - HOUSEHOLD MEMBERS**

1. **NAME:** The applicant enters the full name of all members of the household beginning with the payee. (Include maiden

name, if applicable). **The applicant should list all of the persons who live in your home including children attending school away from home.**

HISPANIC: The applicant enters "Y" or "N" to indicate whether s/he is Hispanic.

RACE/SEX: The applicant enters the race and sex of all members of the household.

RELATIONSHIP: The applicant enters the relationship of each member of the household to the payee.

BIRTHDATE: The applicant enters the birthdate of each household member.

SOCIAL SECURITY NUMBER: The applicant enters the social security number of all members of the household included in the assistance group. Enter "none" for persons who do not have a number. Enter "unknown" when information cannot be determined or is unknown at the present time.

SCHOOL CHILD ATTENDS: The applicant lists the name of the school the child(ren) is attending.

APPLYING FOR: The applicant places a check (✓) to indicate the household member(s) for which s/he is applying.

2. ARE ALL OF THE PERSONS APPLYING FOR ASSISTANCE U. S. CITIZENS?

The applicant enters a "yes" or "no" to indicate whether each member of the household is a U. S. citizen. If the applicant enters "no" for U. S. citizen, s/he lists the name of each household member who is not a citizen, his/her immigration status, registration number, and date of entry.

**SECTION C - RESIDENCY:**

The applicant checks (✓) "yes" or "no" to indicate if all household members are residents of Missouri. The applicant checks (✓) whether all household members intend to remain in Missouri.

**SECTION D - HOUSEHOLD'S DECLARATION INQUIRY:**

1. Applicant checks (✓) "yes" or "no" if any household member is fleeing to avoid prosecution, custody or jail for a crime that is a felony. If "yes", applicant lists the name(s) of the household member(s).

2. Applicant checks (✓) "yes" or "no" if any household member is receiving benefits under another identity or as a member of another household or in another state.
3. Applicant checks (✓) "yes" or "no" if any household member has been convicted of a felony committed after 8-22-96 relating to illegal possession, use or distribution of a controlled substance. If "yes", applicant lists the name of the household member(s).
4. Applicant checks (✓) "yes" or "no" if any household member has ever been found by a state agency or convicted in court of having made fraudulent statements or misrepresenting their identity/residency in order to receive Temporary Assistance benefits in more than two places at the same time. If "yes", applicant lists the name of the household member(s).

**SECTION E - EARNED INCOME:**

1. The applicant checks (✓) "yes" or "no" if any household member has earned income. If "yes", the applicant enters the name of the person in the household who has income, the name, address and phone number of the employer, the rate of pay, number of hours worked, the amount per pay period and how often received. If no household member has earned income, "none" is entered.
2. The applicant checks (✓) "yes" or "no" if s/he expects any changes in earned income. If "yes", the applicant explains the change.
3. The applicant checks (✓) "yes" or "no" if any household member has started new employment.
4. The applicant checks (✓) "yes" or "no" if any household member works overtime.
5. The applicant checks (✓) "yes" or "no" if any household member quit a job, was terminated from a job, or reduced the number of hours worked. If "yes", the applicant lists the name of the person(s), the reason, date last worked, date last check was received and the dollar amount received.

**SECTION F - UNEARNED INCOME:**

1. The applicant checks (✓) "yes" or "no" if any household member has income other than from employment.

If "yes", the applicant checks (✓) the appropriate source of income and lists the amount received.

2. The applicant checks (✓) "yes" or "no" if s/he expects any changes in unearned income. If "yes" the applicant explains the expected change.

**SECTION G - OTHER PAYMENTS:**

1. The applicant checks (✓) "yes" or "no" to indicate if any household member has a pending lawsuit or claim for cash or medical benefits against an employer, insurance company, or other. If "yes", the applicant enters the name(s) of the household member(s) who have the pending lawsuit, the date filed, and an explanation of the reason for the claim.

2. The applicant checks (✓) "yes" or "no" if anyone in the household has received a lump sum payment in the last 12 months. If "yes", s/he lists the amount, the date received and the source.

**SECTION H - DEPENDENT CARE EXPENSE:**

The child protection clause from the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 is listed for the participant's information. The worker will ensure that the participant understands it.

1. The applicant checks (✓) "yes" or "no" to indicate if s/he is paying dependent care for a child or disabled adult while working, attending school, or participating in an employment or training program. If "yes", the applicant enters the name of the person cared for, the cost to the applicant and how often paid.

MILEAGE OR COST FROM HOME TO PROVIDER AND BACK: The applicant enters the cost or mileage per day to provider and back.

NUMBER OF TRIPS PER WEEK: The applicant lists the number of trips per week to and from the provider.

NAME OF CARE PROVIDER: Applicant lists the name of the day care provider and phone number. If the provider does not have a phone number, leave the line blank.

2. The applicant checks (✓) "yes" or "no" if s/he currently receives state paid childcare benefits and checks (✓) "yes" or "no" if s/he is interested in state paid childcare. If "yes", the worker initiates an application for childcare.

**SECTION I - PAST EMPLOYMENT:**

The applicant enters employment information, including name of the employed person, name and address of employer, type of work, and dates of employment for herself/himself, spouse, and all children age 16 and over for the last 36 months.

**SECTION J - RESOURCES:**

1. The applicant checks (✓) "yes" or "no" to indicate if any household member has resources. If "yes" is checked, the applicant lists the name of the owner, the location where the resource is held/deposited, and the balance/value of the resource.

2. The applicant checks (✓) "yes" or "no" to indicate if any of the types of personal property listed are owned by any household member. If "yes", for items A through E, the applicant lists where the property is located, the value, and the debt.

2F. The applicant checks (✓) "yes" or "no" if any household member has a vehicle. Included are cars, boats, trailers, snowmobiles, recreational vehicles, airplanes, motorcycles and farm equipment (out of use more than 12 months), or other types of vehicles. If "yes", the household lists the types of vehicles owned or being purchased, model, year, who owns it, "yes" or "no" if the vehicles are licensed, the value, the amount owed, and for what purpose the vehicles are used. If no vehicles are owned, "none" is entered.

3. The applicant checks (✓) "yes" or "no" to indicate whether any household member is buying or owns real estate. If "yes", the applicant lists kind and location, who holds the mortgage (such as a bank, mortgage company, or person), loan number, name(s) on the Deed, estimated current value, amount owed, and its use.

4. The applicant checks (✓) "yes" or "no" if his/her net worth is above \$250,000.

**SECTION K - TRANSFER OF PROPERTY OR RESOURCES:**

***NOTE: Transfers are not considered for Temporary Assistance. For medical programs, transfers only affect nursing facility vendor and HCB waiver benefits.***

1. The applicant checks (✓) "yes" or "no" to indicate if any household member has sold or given away any money, vehicles, property or any other resources. If "yes", the applicant lists what was sold or given away, when, to whom, the amount received and why.
  2. The applicant checks (✓) "yes" or "no" if the applicant or spouse has created, or been a party to, a trust within the past five years.

**SECTION L - LIFE INSURANCE OR BURIAL PLAN:**

The applicant checks (✓) "yes" or "no" if any household member has life insurance or prepaid burial plans. If "yes" s/he lists the person insured, name of the company, the kind of insurance, face value, and the policy owner.

**SECTION M - HEALTH INSURANCE:**

1. The applicant checks (✓) "yes" or "no" if any household member has medical/hospital insurance or Medicare. If "yes", the applicant lists the persons insured, name of the company and policy number and checks (✓) the type of coverage. If the coverage is limited, the applicant explains why.
2. The applicant checks (✓) "yes" or "no" if any household member lost health insurance within the past six months. If "yes", s/he lists the name of the person who lost the insurance, the date the insurance stopped, and reason the coverage ended.
3. The applicant checks (✓) "yes" or "no" if health insurance is available through his/her employer or other group membership. If "yes", the applicant lists the name of the employer or group who provides the insurance, checks the appropriate selections for self, spouse or children for whom the insurance is available and the amount of the premium for the children.

**SECTION N - PRIOR QUARTER/MC+/MEDICAL ASSISTANCE:**

The applicant checks (✓) "yes" or "no" if s/he has incurred medical expenses in any of the past three months. If the applicant checks "yes", staff should pursue prior quarter coverage for the appropriate program for which the applicant is applying.

**SECTION O - REFERENCE INFORMATION:**

***NOTE: Providing a reference is not a factor of eligibility for any program.***

The applicant enters the name, address, and telephone number of two persons who live outside the household who are not related to the applicant who can verify the applicant's statements. The applicant states why the references are able to verify his/her situation.

**SECTION P1 - BENEFIT SECURITY® CARD:** The applicant checks (✓) "yes" or "no" if the household needs a Benefit Security® Card replaced. If "yes", the applicant checks (✓) the box that explains the reason for the replacement.

***NOTE: Before reissuing a new Benefit Security® Card, check to ensure the address on the application is the same address as shown in the production system and the Administrative Terminal (MOP). If not, correct the address BEFORE reissuing a Benefit Security® Card.***

**SECTION P2 - DIRECT DEPOSIT:**

The applicant indicates whether s/he wants the cash assistance deposited directly into an account.

**SECTION Q - GENERAL RELIEF, MEDICAL ASSISTANCE, SUPPLEMENTAL NURSING CARE, TEMPORARY ASSISTANCE DISABLED PARENT, SUPPLEMENTAL AID TO THE BLIND OR BLIND PENSION, QUALIFIED MEDICARE BENEFICIARY, SPECIFIED LOW-INCOME MEDICARE BENEFICIARY:**

1. The applicant indicates the reason s/he is applying for assistance by placing a check (✓) in the appropriate box(es).
2. The applicant checks (✓) "yes" or "no" to indicate if s/he is living in or is supported by a public, medical, or private institution.

3. If the applicant is a resident of a nursing home and wishes to make an allotment to his/her spouse or dependent relative, the applicant lists his/her spouse or dependent relative.
4. If the applicant is claiming disability, s/he lists all doctors, hospitals, clinics and the corresponding address that may be contacted for medical information.
5. SUPPLEMENTAL AID TO THE BLIND/BLIND PENSION:
  - A. The applicant checks (✓) "yes" or "no" to indicate whether s/he has a sighted spouse or parent.
  - B. The applicant checks (✓) "yes" or "no" to indicate whether s/he solicits alms.
  - C. The applicant checks (✓) "yes" or "no" to indicate if s/he has applied or will apply for Supplemental Security Income (SSI).
6. IF APPLYING FOR BLIND PENSION:
  - A. The applicant checks (✓) "yes" or "no" to indicate whether s/he has had eye surgery within the last five years.
  - B. If under age 75, the applicant checks (✓) "yes" or "no" to indicate whether s/he is willing to have medical treatment or eye surgery to correct blindness.
  - C. The applicant checks (✓) "yes" or "no" to indicate his/her willingness to accept vocational training or work at an occupation for which s/he is suited.

**SECTION R - APPLICANTS FOR TEMPORARY ASSISTANCE AND MC+ FOR CHILDREN, COMPLETE ITEMS 1-10. APPLICANTS FOR MC+ FOR PREGNANT WOMEN, COMPLETE ITEMS 9 & 10. APPLICANTS FOR MAF & MC+, COMPLETE ITEMS 4-5 & 7-10:**

1. The applicant checks (✓) "yes" or "no" if s/he has received cash benefits in another state since August 1996. If "yes", the applicant lists the name of the state where s/he received benefits, the type of assistance, and the months and years the assistance was received.
2. The applicant checks (✓) "yes" or "no" if any individual(s) for whom s/he is applying has lived on an Indian



reservation. If "yes", s/he lists the name of the individual(s) and when the individual(s) lived on the reservation.

3. The applicant checks (✓) "yes" or "no" if s/he is a teen parent residing in an adult supervised setting. If "yes", the applicant lists the name of the adult and the relationship.
4. CHILD IN HOME:
  - A. The applicant checks (✓) "yes" or "no" to indicate if the child(ren) for whom s/he is applying is living in the home.
  - B. The applicant checks (✓) "yes" or "no" to indicate if any child(ren) is visiting out of the home. If "yes", the applicant lists the name of the child(ren) visiting out of the home and for how long.
  - C. The applicant checks (✓) "yes" or "no" to indicate if any child(ren) under age 19 is attending school away from home. If "yes", the applicant lists the name of the child(ren) attending school away from the home and for how long.

5. ABSENT PARENT INFORMATION:

The applicant lists the name(s) of the child(ren) for whom the application is being made, the name of the child's mother and father, the reason code the absent parent(s) is not in the home selected from the list "Reason for Absence".

6. If the applicant is applying as a two parent family, s/he:  
Checks (✓) Financial Need or Disability.
  - A. Checks (✓) "yes" or "no" as to willingness to apply for and accept Unemployment Compensation;
  - B. Checks (✓) "yes" or "no" regarding agreement to cooperate with Case Management.

7. ASSIGNMENT/REFERRAL:

- A. The applicant checks (✓) "yes" or "no" to indicate that s/he agrees to forward child support, maintenance and alimony to DCSE.

B. The applicant checks (✓) "yes" or "no" to indicate s/he agrees the automatic assignment of medical support is effective with the application and acceptance of MC+ and health care benefits.

C. The applicant checks (✓) "yes" or "no" to indicate s/he agrees to cooperate in establishing paternity and securing support. If "no", applicant explains.

8. STEPPARENT:

A. The applicant checks (✓) "yes" or "no" to indicate whether there is a stepparent of the child(ren) for whom s/he is applying, living in the home.

B. The applicant enters information regarding support paid by the stepparent to dependents outside the home and lists the dependents name, "yes" or "no" if the dependent is claimed on his/her income tax return, the amount of alimony and the amount of child support or other monies paid.

9. PREGNANCY:

The applicant checks (✓) "yes" or "no" to indicate whether she, or someone else for whom application is made, is pregnant. If "yes", s/he lists the name of the individual and the due date.

10. SERVICES:

A. The applicant checks (✓) "yes" or "no" to indicate if s/he would like information about family planning.

B. The applicant reads the statement about the provision of names to other federally assisted programs for additional services and checks (✓) "yes" or "no" s/he understands the statement.

C. The applicant reads the statement about who to contact for a health risk appraisal.

D. The applicant reads the statement about WIC.

**SECTION S - CHILD SUPPORT EXPENSE:**

The applicant checks (✓) "yes" or "no" if a household member is paying court ordered child support to a non-household member.

(This includes current payments, arrearages, and health insurance.) If "yes", the applicant lists the name of the person paying the expense and lists the dependent's name, address, phone number, the amount paid the person or agency paid, and how often the support is paid.

**SECTION T - STUDENTS:**

- A. The applicant indicates if any household member age 18-50 is attending college or a trade school. The applicant lists the name of the student and the school s/he is attending.
- B. The applicant checks (✓) "yes" or "no" to indicate if any household member receives student grants, scholarships, or loans. If "yes", the amount received is entered.
- C. The applicant lists the amount of tuition paid, and the cost of books, fees and transportation.
- D. The applicant checks (✓) "yes" or "no" if the student(s) is/are employed. If "yes", the applicant completes Sections E and F.

**SECTION U, COMMENTS/ADDITIONAL INFORMATION:** The applicant or worker can list additional comments or information not addressed in the application.

Before the application is signed, the worker explains the availability of voter registration, Notification and Acknowledgments of Fraud Provisions, and the Non-Discrimination and Fair Hearing Rights information authorizing DFS to investigate the applicant's statements. This information is important in the prosecution of individuals suspected of fraud and misrepresentation.

**SIGNATURE(APPLICANT):** The applicant and, if applicable, spouse or second parent, sign the application. If the signature is made by mark, the mark is identified as such and enclosed in parentheses with the applicant's name typed or handwritten as shown. The signature and date of two witnesses is entered in the blank space below the applicant's mark.

The correct procedure for making the mark is illustrated below:

Signature of applicant: Robert T. (X) (his mark) Cummins.  
Witnesses: Jane Harris, 627 N. Euclid, St. Louis, MO 63108.  
Ralph Owen, 3428 Shenandoah, St. Louis, MO  
63104.

If the applicant has a legal guardian, the signature should be that of the guardian. For example, Ralph Owen, Guardian for Ruth Otis.

If the application is made for the household by an authorized representative, the signature should be that of the authorized representative. For example, Ralph Owen, Authorized Representative for Ruth Otis.

**SIGNATURE:** If someone else has helped the applicant enter information on the application, s/he reads the statement and signs his/her name and the date.

**CASEWORKER SIGNATURE:** The caseworker who reviewed the application form with the applicant(s), during a face-to-face interview, will witness the applicant's signature(s) and date the form.