

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

PURPOSE: To acquaint the applicant with the provisions of the law regarding eligibility requirements for Temporary Assistance and MC+/MAF medicaid programs 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 Addendum is used in conjunction with the FAMIS system. It will provide the County Family Services Offices that are using the FAMIS system now, with an outline of the eligibility factors of Temporary Assistance and MC+/MAF medicaid programs for use in interviewing and recording.

The applicant has the right to sign the Application for Benefits (IM-1) or (FA-100) and fill out the Applicant's Eligibility Statement Addendum (IM-2 Addendum) 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 Addendum, 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

This section is a "read only" section. It explains that the SSN is required as a condition of eligibility except in General Relief and Blind Pension. Also explained are the uses and matches on the SSN. The worker will ensure that the applicant understands this section.

SECTION B - RESIDENCY:

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

SECTION C - 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. If "yes", applicant lists the name(s) of the household member(s).
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 D - EARNED INCOME:

1. The applicant checks (✓) "yes" or "no" if any household member has started working. If "yes", the applicant checks (✓) has this person received a paycheck "yes" or "no".
2. The applicant checks (✓) "yes" or "no" if any household member works overtime. If "yes", the applicant answers "who" and "how often".
3. The applicant checks (✓) "yes" or "no" to do you expect any changes to earned income? If "yes" the applicant needs to explain the change.

4. 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 in the last three (3) months. 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 E - 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 F - 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.

SECTION G - 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 H - 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 I - 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 J - 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.
1. 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.
2. 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 K- PRIOR QUARTER/MC+/MEDICAL BENEFITS:

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 L - 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 M - DIRECT DEPOSIT:

The applicant indicates whether s/he wants the cash assistance deposited directly into a bank or credit union account.

SECTION N - GENERAL RELIEF, MEDICAL ASSISTANCE, SUPPLEMENTAL NURSING CARE, TEMPORARY ASSISTANCE DISABLED PARENT, SUPPLEMENTAL AID TO THE BLIND OR BLIND PENSION:

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" if they have or have agreed to apply for SSI.
1. The applicant (✓) "yes" or "no" to indicate if s/he is living in or is supported by a public, medical, or private institution.
2. 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.
3. If the applicant is claiming disability, s/he lists all doctors, hospitals, clinics and the corresponding address that may be contacted for medical information.
6. 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.
7. 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 O - APPLICANTS FOR TEMPORARY ASSISTANCE COMPLETE ITEMS

1-10. APPLICANTS FOR MC+ FOR PREGNANT WOMEN COMPLETE ITEMS 9 &

11. APPLICANTS FOR MAF & MC+, COMPLETE ITEMS 4-5 & 7-11:

- 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 is 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.

11. NET WORTH

The applicant (✓) checks the net worth dollar amount that best describes the family.

SECTION P - 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.