



# Eligibility Staff Assessment Worksheet

ATTACHMENT E

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

Applicant's 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 positive HIV Immunoassay (IA) test result from an initial antibody or combination antigen/antibody (Ag/Ab) test followed by a positive (reactive) HIV-1/2 type-differentiating test (Supplemental IA), qualitative Nucleic Acid Test (NAT)/Nucleic Acid Amplification Test (NAAT), Western Blot or Immunofluorescence Assay (IFA)	<input type="checkbox"/>
A positive qualitative HIV NAT (DNA or RNA) or HIV-1 p24 antigen test	<input type="checkbox"/>
A detectable (quantitative) HIV viral load (undetectable viral load tests are NOT proof of HIV)	<input type="checkbox"/>
An HIV nucleotide sequence (genotype)	<input type="checkbox"/>
PRISM lab results	<input type="checkbox"/>
No Documentation - <b>Do not proceed, applicant is not eligible.</b>	<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"/>
Driver's License		<input type="checkbox"/>
Voter 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"/>



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**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	<input type="checkbox"/>
Project AIDS Care (PAC)	<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"/>

**Income:** An applicant must have low income (FPL below 400%). A client is automatically income eligible if they have current documentation of eligibility (less than six months old) for one of the following programs:

Medicaid	<input type="checkbox"/>
PAC	<input type="checkbox"/>
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>
Temporary Cash Assistance for Needy Families (TANF)	<input type="checkbox"/>
Women, Infants, and Children (WIC)	<input type="checkbox"/>
Local Indigent Program	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

**Determine Household Size:** List all household members by their first and last name, their relationship to the applicant, and whether they are counted or not counted in the household size (applicant, spouse, and dependent are always counted in the household size).

How many adult household members are counted (including applicant)?	<input type="text"/>
How many of the applicant's dependent children are in the home?	<input type="text"/>
<b>Total Household Size</b>	<input type="text"/>



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**Household Monthly Income:** For applicants and counted household members only. Determine the applicant's household income and the counted household members income named in the step above. If the applicant is unemployed, see Section 10 of the eligibility manual for documentation requirements. Complete the list annually or monthly, but not mixed.

Income	Applicant	Counted Member
Unemployed <input type="checkbox"/>		
Employment (where):		
Self Employed		
Checking Account		
Investment Income (example: rental properties)		
Retirement Income (if accessed)		
Disability Benefits		
Alimony		
Child Support		
Other (specify):		
<b>Total Household Income</b>		

**Calculating the Federal Poverty Level:** Using the most current FPL chart from the U.S. Department of Health and Human Services (updated annually), determine the FPL for the applicant calculating the actual FPL instead of the range. See Section 10 of the eligibility manual for more information.

<b>Total Household Income</b>	<b>Total FPL%</b>
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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 the eligibility interview, application, and required documentation, the applicant is:

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