

## VERIFICATION OF TEA ELIGIBILITY

Child Name: \_\_\_\_\_ Case Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Persons to receive services (including child):

Client Name \_\_\_\_\_ Client ID# \_\_\_\_\_

Client Name \_\_\_\_\_ Client ID# \_\_\_\_\_

Client Name \_\_\_\_\_ Client ID# \_\_\_\_\_

### Check all criteria as follows:

\_\_\_\_\_ A child must be experiencing an emergency and the family does not have sufficient resources to meet the need. State the emergency that the child/family is experiencing:

\_\_\_\_\_ The child must have lived with a specified relative within the six months prior to being assessed for the emergency. Identify the specified relative and state the relationship with the child:

\_\_\_\_\_ Identify the service(s) needed (must be on the approved list of services):

\_\_\_\_\_ The services can be provided for up to 364 days only. In the space below, give the end date for services.

Signature of worker \_\_\_\_\_

Date of Authorization \_\_\_\_\_

Last day of Eligibility (364<sup>th</sup> day) \_\_\_\_\_

### \*SERVICES

Services provided to the child must be documented within the first 30 days of TEA eligibility determination. The service provided must come under one of these broad headings.

**q In-Home Services**, including Assessment; Case Management/Service Planning and Coordination, Counseling and Treatment Services; Family Support/Family Preservation; Day Support Services; and, Psycho-Educational Services.

**q Out-of-Home Services**, including Residential Placement, Care and Treatment in a Family Setting; and, Care and Treatment in a Group Setting.

**q Other Services**, including Consultation and Education; Other Child Welfare Services; and, Transportation