

Maintenance-of-Effort
Eligibility Documentation Form for Child Welfare Services

Date Eligibility Determined: _____

Social Worker Signature: _____

1. Is the family's income at or below 200% of FPL? Yes _____ No _____

What is source?

(Family receives Work First, Medicaid/Health Choice, Food Stamps?)

2. Identify the specified relative with whom the child lives and state the relationship.

3. How does provision of service meet TANF purpose?

(TANF purpose related to child welfare: to provide assistance to income-eligible families so that children may be cared for in their own homes or in the homes of a relative)

4. Is child a US citizen or qualified alien? (Please check one)

Yes: _____

No: _____

For MOE Redeterminations Only

NOTE: MOE Redeterminations of eligibility must be documented annually.

Does the family continue to meet: (1) income eligibility requirements, (2) specified relative requirements, (3) the TANF purpose and (4) citizenship status? Yes: _____ No: _____

HOW?

(1) _____

(2) _____

(3) _____

(4) _____

Date Redetermination Completed: _____

Social Worker Signature: _____