TEXAS
Health and Human Services

Individual Name	Individual No.

Immediate or Expedited Service Responses

☐ **This new applicant for CCSE services appears eligible based on the signed application and meets the age and need criteria for the service(s) authorized.**

Authorization Begins: _____   _____   _____
                                                    Signature – Case Manager   Date

Financial Eligibility Determination

☐ **A. Categorically Eligible:**

Reason
☐ SSI   ☐ TANF   ☐ MAO   ☐ QMB/SLMB   ☐ CA   ☐ SNAP

How Verified
☐ 3087   ☐ 2067   ☐ IAS/ME   ☐ DCU Inquiry   Date Verified

☐ **B. Income Eligible (document below)**   ☐ **C. Financially Ineligible (document below)**   ☐ Excess Resources   ☐ Excess Income   ☐ **D. Referral to AAA (document below)**

Income	Amount	Doc. Filed
1. Social Security (including SMIB)		☐
2. SSI Spouse		☐
3. V A (less Aid-&-Attendance)		☐
4. Railroad Retirement Benefits		☐
5. Other Retirement Benefits		☐
6. Dividend Income		☐
7. Money from Oil, Gas, Royalties		☐
8. Income-producing Property		☐
9. Farm Income		☐
10. Money from Other Sources		☐
Total Income		

VERIFICATION/COMMENTS

Resources	Amount / Value	Doc. Filed
1. Checking Account		☐
2. Savings, CDs, Money Market		☐
3. Cash on Hand, Safe Deposit Box		☐
4. Stocks, Bonds		☐
5. Nonproductive Property		☐
6. Nonexempt Vehicles		☐
7. Other Resources		
Total Resources		
Less Monthly Income (if applicable)		
Total Income		

☐ **This individual is being denied due to lack of unmet need.**

_____   _____
         Signature   Date

I certify that this individual   ☐ **Is**   ☐ **Is Not**

both financially and functionally eligible to receive CCSE services.

☐ Rights and Responsibilities Discussed with Individual
☐ Form 2307 Given to Individual
☐ Form 1350 Signed and Filed
☐ Individual Not U.S. Citizen

_____   _____
         Signature   Date

I certify that this individual   ☐ **Is**   ☐ **Is Not**

functionally eligible to receive CCSE services.

☐ Rights and Responsibilities Discussed with Individual
☐ Form 2307 Given to Individual
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☐ Individual Not U.S. Citizen

_____   _____
         Signature   Date

NOTE: If no additional responses are required, the form is ready for printing. Do not forget to sign and make the appropriate copies, if required.