



**Community Care for Aged and Disabled
Eligibility Worksheet**

Form 2064-E
April 2004

Individual Name	Individual No.
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Immediate or Expedited Service Responses

This new applicant for CCAD 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	<input type="checkbox"/> SSI	<input type="checkbox"/> TANF	<input type="checkbox"/> MAO	<input type="checkbox"/> QMB/SLMB	<input type="checkbox"/> CA	<input type="checkbox"/> SNAP
How Verified	<input type="checkbox"/> 3087	<input type="checkbox"/> 2067	<input type="checkbox"/> IAS/ME	<input type="checkbox"/> 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)		<input type="checkbox"/>
2. SSI Spouse		<input type="checkbox"/>
3. V A (less Aid-&-Attendance)		<input type="checkbox"/>
4. Railroad Retirement Benefits		<input type="checkbox"/>
5. Other Retirement Benefits		<input type="checkbox"/>
6. Dividend Income		<input type="checkbox"/>
7. Money from Oil, Gas, Royalties		<input type="checkbox"/>
8. Income-producing Property		<input type="checkbox"/>
9. Farm Income		<input type="checkbox"/>
10. Money from Other Sources		<input type="checkbox"/>
Total Income		

VERIFICATION/COMMENTS

Resources	Amount / Value	Doc. Filed
1. Checking Account		<input type="checkbox"/>
2. Savings, CDs, Money Market		<input type="checkbox"/>
3. Cash on Hand, Safe Deposit Box		<input type="checkbox"/>
4. Stocks, Bonds		<input type="checkbox"/>
5. Nonproductive Property		<input type="checkbox"/>
6. Nonexempt Vehicles		<input type="checkbox"/>
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 CCAD 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 CCAD services.

Rights and Responsibilities Discussed with Individual Form 2307 Given to Individual Form 1350 Signed and Filed 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.