

90% EARNED INCOME DEDUCTION (EID) ELIGIBILITY AND TRACKING

Client Name	Case Name	Case No.
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12-MONTH 90% ELIGIBILITY PERIOD

Begins First Month Used	Ends 11 Months Later	1st Month	2nd Month	3rd Month	4th Month
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If the member did not use all four months in the 12-month period, start second 12-month eligibility period with the first month used after the first period expires.

Begins First Month Used	Ends 11 Months Later	1st Month	2nd Month	3rd Month	4th Month
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12-MONTH 90% INELIGIBILITY PERIOD—Begins with the first complete month off TANF after fourth month of 90% was used:

First Complete Mo. Off TANF	Ends 11 Months Later
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ELIGIBILITY DETERMINATION

		YES	NO
1. Did the "applicant" household pass part A of the Recognizable Needs Test? If Yes , continue; if No , not eligible for TANF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A. Did the member with earnings receive four months of the 1/3 deduction? If Yes , continue; if No , skip to Item 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has member obtained new employment? If Yes , continue; if No , not eligible for 90% EID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A. Has the member with earnings received the 90% deduction for four months in his 12-month eligibility period? If Yes , continue; if No , skip to Item 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has member been denied TANF for at least one month after using his fourth month of 90% EID? If Yes , continue; if No , not eligible for 90% EID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Has the member's 12-month 90% ineligibility period passed? If Yes , continue; if No , not eligible for 90% EID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person with earnings qualify for the 90% EID according to policy in A-1425.3.1? If Yes , continue; if No , not eligible for 90% EID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A. Did the applicant or household addition voluntarily quit a job without good cause within the 60 days prior to the application file/cert date or household addition request/add date? If Yes , not eligible for 90% EID; if No , continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did the member fail to report his earnings timely? If Yes , continue. (Do not allow the 90% EID for the months of employment through change effective month, but do allow for ongoing budgets. Do not allow the 90% when working recoupment/supplement budgets.) If No , continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are the earnings from illegal activities? If Yes , not eligible for any EID; if No , continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the member declined use of the 90% EID at this time? If Yes , do not allow the 90% EID; if No , allow the 90% EID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>