



Client Declaration or Streamline Review Worksheet

Form H1201-A
July 2005

- Complete Review Client Declaration
 Complete Review Streamline Letter
 Complete Review Client W/No RP

FORM USE- Application & 1 Review Must Be Done BEFORE This Form Is Used – See MEH, Items 4221/4222

| | | | | |
|--|--|-----------------|--|--|
| Client Name | | App./Client No. | Category | Type Prog. |
| Name of Spouse | | App./Client No. | Category | Type Prog. |
| Type Case | Source of Information /Date of Information | | Client | Spouse |
| <input type="checkbox"/> Individual <input type="checkbox"/> Companion <input type="checkbox"/> Couple | | | Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Intent to Remain <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |

COMMENTS/VERIFICATION Statement of resources and value accepted (document reason if verification requested from an outside source)

| RESOURCES 12:01 a.m. - | Yes | No | Countable Amount | DOCUMENTATION: |
|--|--------------------------|--------------------------|------------------|----------------|
| Financial Account(s) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> PTF <input type="checkbox"/> Cash (check 1 or both) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Homestead | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Vehicle | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Prepaid Burial | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Burial Spaces | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Oil, Gas Mineral Rights | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other Property | <input type="checkbox"/> | <input type="checkbox"/> | | |
| (Check Appropriate Limit) | | | Total Resources | |
| \$2000/3000 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | | | |
| \$4000/6000 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | | | |

INCOME Statement of income and amounts accepted (document reason if verification requested from an outside source)

| SOURCE | Yes | No | Client | Spouse | DOCUMENTATION: |
|------------------------|--------------------------|--------------------------|--------|--------|----------------|
| Earned Income | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Social Security | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Veteran's Payments | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Railroad/Civil Service | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Support & Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Interest | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Total | | | | | |

ELIGIBILITY TEST

| | | | |
|-----------------------------|------------------------|---|--------------|
| A. Client's Income | \$ | Use appropriate income limit for type program(s). | |
| B. Spouse's Income | \$ | Individual Limit | Couple Limit |
| C. Total Income (A & B) | \$ | | |
| D. General Exclusion | \$20.00 (N/A to TP 14) | | |
| E. Other Exclusions | \$ | | |
| F. Countable Income (C-D-E) | \$ | | |

| | | | |
|-----------------------|-----------------|----|---------------------------------------|
| APPLIED INCOME | Total Income | \$ | Additional Documentation (if needed): |
| | Less Exclusions | \$ | |
| | PNA | \$ | |
| | SMIB | \$ | |
| | TPR | \$ | |
| Applied Income | | \$ | |

Sustained
 Denied
 Code: _____
 Special Review Date: _____
 Reason: _____

Signature – HHSC Staff

Date

