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

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|-------------------------|----------------------|-----------|-----------|-----------|-----------|
| Begins First Month Used | Ends 11 Months Later | 1st Month | 2nd Month | 3rd Month | 4th Month |
|-------------------------|----------------------|-----------|-----------|-----------|-----------|

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.

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| 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:

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|-----------------------------|----------------------|
| First Complete Mo. Off TANF | Ends 11 Months Later |
|-----------------------------|----------------------|

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"/> |
| 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"/> |
| B. Has member obtained new employment? If Yes , continue; if No , not eligible for 90% EID. | <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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| C. Are the earnings from illegal activities? If Yes , not eligible for any EID; if No , continue. | <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"/> |