

Client Declaration or Streamline Review Worksheet

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 <input type="checkbox"/> Individual <input type="checkbox"/> Companion <input type="checkbox"/> Couple	Source of Information /Date of Information	Client Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No Intent to Remain <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <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	\$		
C. Total Income (A & B)	\$	Individual Limit	Couple Limit
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

