ELIGIBILITY WORKER ONLY

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-EXTENDE	D FOSTER
CARE (EFC)	

DATE: APPLICATION FOR RE-ENTRY INSTRUCTIONS: Nonminors entering EFC after an absence from care shall complete in ink REDETERMINATION all questions to the left of the heavy black line. The Nonminor completes the non-shaded CASE NAME sections of this form instead of the BCJA 2 or SAWS 2; the placement worker/county welfare department is to complete the shaded portions. CASE NUMBER VERIFICATION Completed by the Nonminor (NM) NAME OF NM MALE FEMALE Former Foster Care Status 3A) PHONE 3.) PLACEMENT ADDRESS Termination of Prior Jurisdiction 4.) CURRENT ADDRESS (IF DIFFERENT FROM PLACEMENT ADDRESS) PHONE 7.) 6.) BIRTH DATE BIRTHPLACE **AGE SOCIAL SECURITY NUMBER** SOCIAL SECURITY # APPLIED FOR? ☐ YES CITIZEN OF U.S.? ☐ YES ☐ NO ALIEN STATUS: CITIZENSHIP/ALIEN STATUS YES (12) DO YOU HAVE MEDICAL INSURANCE? IF YES, LIST POLICY NUMBER, COMPANY NAME, AND NAME OF POLICY: 13. DO YOU HAVE REAL OR PERSONAL PROPERTY? ☐ YES ☐ NO IF YES, LIST PROPERTY TYPE (LAND, CASH, AUTO, MOTORCYCLE, LIFE INSURANCE, TRUST FUND, BANK ACCOUNT, BOND, ETC.) AND ITS VALUE: NM's Property (\$10,000 Exclusion) Property Verification NO 14.). DO YOU HAVE INCOME? YES Received Pending IF YES, LIST AMOUNTS BELOW. IF APPLICATION PENDING, CHECK ASSOCIATED BOX. Pending **Income Type Amount** SOCIAL SECURITY(SSA OR SSI/SSP) CIRCLE ONE CHILD SUPPORT **UNEMPLOYMENT BENEFITS PENSIONS** DISABILITY (STATE WORKMAN'S COMPENSATION, ETC) IN-KIND INCOME (FREE RENT, UTILITIES, FOOD) П SALARY/WAGES SCHOLARSHIP/GRANTS OTHER IF EARNED INCOME: NAME OF EMPLOYER: Income Verification: ADDRESS: Received Pending Current TILP exempt earned income WORK HOURS/MONTH:

TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF						ELIGIBILITY WORKER ONLY
15A. Application: Did the NM sign a voluntary reentry agreement?						SOC 161
15B Redetermination: Does the NM have a curernt Transitional Independent Living Plan?						SOC 163
16		~+O				_
16.)	What is the authority for the NM's out of home placemer	_				
	☐ Voluntary re-entry agreement (SOC 163) Date:					
	Mutual agreement (SOC 162)					
	Court Order of Placement and Care Vested with Agency Date:					
	Check box to indicate which court order finding was made and enter date of hearing/order.					
	Court Order Findings		Petition/C	Order		
	Finding		388 (e) Petition Hearing	6 month status review	12 month PP hearing	COURT ORDER FINDINGS MADE? Finding a: Yes No
a).	Reentry and remaining in foster care in the NM's best interest			NA	NA	Finding b: Yes No
6).	Reasonable efforts to finalize permanency		NA			☐ ELIGIBLE FACILITIES
SIGNATURE OF NM (TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT IF NM UNAVAILABLE OR UNABLE TO COMPLETE AND SIGN) COUNTY WHERE SIGNED DATE PLACEMENT WORKER COUNTY OF JURISDICTION ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. NAME OF AGENCY DATE SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR DATE PERSONAL INFORMATION NOTICE Pursuant to the Federal Privacy Act (P.L. 93-679) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information may delay processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information maintenance to your IPA Forms Officer.						SERVICES REQUIREMENTS MET NOT ELIGIBLE ELIGIBLE FEDERAL OTHER