235% MEANS TEST WORKSHEET

I. IDENTIFYING INFORMATION FOR “SERVICES FOR NON-PLACED CHILDREN”

1. CHILD’S NAME (LAST, FIRST, M.I.)
2. SEX: ☐ MALE ☐ FEMALE
3. CHILD’S DATE OF BIRTH
4. CHILD’S SSN
5. COUNTY IDENTIFIER
   51
6. PERSON WITH WHOM THE CHILD IS LIVING
7. RELATIONSHIP TO CHILD
8. SSN OF PERSON WITH WHOM CHILD IS LIVING
9. AGENCY NAME
10. PROGRAM NAME
11. 

II. MEANS TEST FOR “SERVICES FOR NON-PLACED CHILDREN”

1. Is the child/family receiving ☐ TANF (Cash Assistance) ☐ SSI ☐ FOOD STAMPS ☐ MEDICAID NONE ☐ Case #: _____________________________
   If services are being received, proceed to question 5 and answer “YES.” If response is “NONE,” proceed to question 2.

2. Is the child a U.S. Citizen or qualified alien? ☐ YES ☐ NO If yes, indicate source of citizenship information: ☐ Birth Certificate, ☐ INS, ☐ Eligibility for TANF, SSI, Food Stamps, or Medicaid or ☐ Self-Declaration

3. Is the child under 18 years of age? ☐ YES ☐ NO

4. In order to be eligible for “services for non-placed children,” a child’s/family’s gross income may not exceed 235 percent of the Federal Poverty Level (FPL) for the family unit size. Using Table 1 below, provide a “YES” or “NO” in Column 4 in the corresponding row for the family size as to whether the child/family’s income is less than the annual or monthly amount for the family size. (Family unit includes biological or adoptive parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table 1: 235 Percent of Federal Poverty Level

<table>
<thead>
<tr>
<th>(1) Family Unit Size</th>
<th>(2) 235% of FPL (Gross Annual)</th>
<th>(3) 235% of FPL (Gross Monthly)</th>
<th>(4) (YES or /NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $24,440</td>
<td>Less than $2,037</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>Less than $32,900</td>
<td>Less than $2,742</td>
<td>YES</td>
</tr>
<tr>
<td>3</td>
<td>Less than $41,360</td>
<td>Less than $3,447</td>
<td>YES</td>
</tr>
<tr>
<td>4</td>
<td>Less than $49,820</td>
<td>Less than $4,152</td>
<td>YES</td>
</tr>
</tbody>
</table>

Note: For family units of more than 4 members, add $8,460 annually (Column 2) and $705 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of Table 1

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian?
   ☐ YES ☐ NO

6. Is the child/family receiving one of the benefits in question 1 or answers to questions 2, 3, 4 and 5 are ALL “YES”? ☐ YES ☐ NO

If “YES,” the child is eligible for TANF funding for services for non-placed children.

Means Test Administered for: Month: _______________ Year: _______________

6. Name of staff person administering this means test (Please Print) ____________________________________________

7. Date this form was completed: ____________________
I. IDENTIFYING INFORMATION FOR “SERVICES FOR NON-PLACED CHILDREN”

12. CHILD’S NAME (LAST, FIRST, M.I.)
13. SEX:  ☐ MALE  ☐ FEMALE
14. CHILD’S DATE OF BIRTH
15. CHILD’S SSN
16. COUNTY IDENTIFIER  51
17. PERSON WITH WHOM THE CHILD IS LIVING
18. RELATIONSHIP TO CHILD
19. SSN OF PERSON WITH WHOM CHILD IS LIVING
20. AGENCY NAME
21. PROGRAM NAME

II. MEANS TEST FOR “SERVICES FOR NON-PLACED CHILDREN”

1. Is the child/family receiving ☐ TANF (Cash Assistance)  ☐ SSI  ☐ FOOD STAMPS  ☐ MEDICAID  NONE  ☐ Case #: _____________________________
   If services are being received, proceed to question 5 and answer “YES.” If response is “NONE,” proceed to question 2.

2. Is the child a U.S. Citizen or qualified alien?  ☐ YES  ☐ NO  If yes, indicate source of citizenship information:  ☐ Birth Certificate,  ☐ INS,  ☐ Eligibility for TANF, SSI, Food Stamps, or Medicaid or  ☐ Self-Declaration

3. Is the child under 18 years of age?  ☐ YES  ☐ NO

4. In order to be eligible for “services for non-placed children,” a child’s/family’s gross income may not exceed 400 percent of the Federal Poverty Level (FPL) for the family unit size. Using Table 1 below, provide a “YES” or “NO” in Column 4 in the corresponding row for the family size as to whether the child/family’s income is less than the annual or monthly amount for the family size. (Family unit includes biological or adoptive parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table 1: 400 Percent of Federal Poverty Level

<table>
<thead>
<tr>
<th>(1) Family Unit Size</th>
<th>(2) 400% of FPL (Gross Annual)</th>
<th>(3) 400% of FPL (Gross Monthly)</th>
<th>(4) (YES or /NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $41,600</td>
<td>Less than $3,460</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less than $56,000</td>
<td>Less than $4,667</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Less than $70,400</td>
<td>Less than $5,867</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Less than $84,800</td>
<td>Less than $7,067</td>
<td></td>
</tr>
</tbody>
</table>

Note:  For family units of more than 4 members, add $14,400 annually (Column 2) and $1,200 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of Table 1

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian?  ☐ YES  ☐ NO

6. Is the child/family receiving one of the benefits in question 1 or answers to questions 2, 3, 4 and 5 are ALL “YES”?  ☐ YES  ☐ NO
   If “YES,” the child is eligible for TANF funding for services for non-placed children.

Means Test Administered for:  Month: _______________  Year: _______________

6. Name of staff person administering this means test (Please Print) __________________________________________

7. Date this form was completed: ______________________