

## 400% MEANS TEST WORKSHEET

### I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"

12 CHILD'S NAME (LAST, FIRST, M.I.) (PLEASE PRINT CLEARLY)	13 SEX <input type="checkbox"/> MALE <input type="checkbox"/> 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 Education Works	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

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

Note: For family units of more than 4 members, add \$14,460 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: \*\* \_\_\_\_\_