

CLIENT ELIGIBILITY FORM

GENERAL PROCEDURES

The Eligibility Form is completed for each client admitted or readmitted into a treatment program with the intention of determining financial eligibility for benefits.

It must be updated at least every 30 days or more often if the client's financial status changes.

CLIENT ELIGIBILITY DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

ACCOUNT NUMBER: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

PROGRAM #: Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

FACILITY NUMBER: Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

INFORMATION DATE: Enter the date the information is provided as *MMDDYYYY*.

NUMBER OF PEOPLE IN HOUSEHOLD: Enter the number of taxable dependents reliant on the household income for financial support (including the client) currently living in the domicile. Clients who are adult children taken in by their family in lieu of living on the streets are considered "Homeless" and the host income is not calculated in the client's household income. This is a required field.

HOUSEHOLD INCOME FROM ALL SOURCES (MONTHLY): Is expressed in monthly income based on formulas contained in the CDB Provider Manual, Administration Section 5 (i.e., if income is evidenced by the most recent three months, then this figure will need to be divided by three to determine monthly income for the SAMS reporting). Round this figure to the nearest dollar, filling the blocks from the right. Do not enter zeros in unused blocks. **THIS DATA MUST BE UPDATED IF THE INFORMATION PROVIDED WAS INCOMPLETE OR INCORRECT AT THE TIME OF ADMISSION!** Clients may not report income lower than actual to minimize the personal cost of treatment or to become financially eligible for state supported services. If new information comes to light, then the admission form would have to be updated to reflect actual income at the time of admission.

CLIENT REFUSED TO GIVE INCOME RELATED INFORMATION: Mark this box only if the client refused to answer any answers about their monthly income. The client should understand that they will not be eligible for any state supported services if this box is marked.