OSS ELIGIBILITY WORKSHEET

Client Name:_____ SSN:_____

Already eligible for SSI-related program? ☐ No ☐ Yes

If yes, specify: ☐ SSI-DA** ☐ MEDS ☐ MN ☐ QMB ☐ SLMB ☐ Other (specify):_____

Verification used:_____

** If potentially eligible for SSI-DA, an application must be completed and submitted.

Give date of SSI-DA application, if pending:_____

All questions below must be answered "yes" before OSS payment can be authorized. If SSI-DA, items 1 through 4 are automatically met and can be checked "yes".

1. ☐ No ☐ Yes **Aged, Blind, or Disabled?** (If yes, which one? _____)

   Established by: ☐ SSA/SSI ☐ ODD ☐ DMRT ☐ Birth Certificate

   ☐ Other (specify):_____

2. ☐ No ☐ Yes **Citizenship?** Established by:_____

3. ☐ No ☐ Yes **Florida Resident?**

   Established by: ☐ Intent to remain? ☐ Other (specify):_____

4. ☐ No ☐ Yes **Assets $2,000 or less?** (if not SSI-DA, assets listed on AAES must be $2,000 or less.)

5. ☐ No ☐ Yes **Age 18 or Older?** Date of Birth:_____

   Established by: ☐ SSA ☐ Birth Certificate ☐ Other (explain):_____

6. **Gross Income:**

Type	Source of Verification	Amount	
☐ SSI	_____	_____	
☐ SSA	_____	_____	Complete Income
☐ Other	_____	_____	Worksheet (form 2242).
☐ Earned	_____	_____	Countable Income:
	Total Income: _____		_____

   Is countable income less than or equal to OSS income standard of $_____? ☐ No ☐ Yes

7. **Placement:** Placed in a licensed AFH, ACLF or RTF as evidence by the form CF-ES 1006? ☐ No ☐ Yes

   Name of Facility:_____

   Address:_____

   _____

   Phone:_____ Date of Placement:_____

8. Check if the following forms are completed ☐ **2066 - RFA ☐ **1006 - Alternate Care Certification

   and in the case record (**mandatory): ☐ **990 - Designation of Beneficiary ☐ **2613 - Financial/Medical Release

   ☐ **2242 - OSS Income Worksheet ☐ 2635 - Protective Payee ☐ 2004 - Special Circumstance Payment

   ☐ Other (specify):_____

9. ☐ Approved ☐ Denied   Effective Date:_____   Eligibility Review Date:_____   Expected Change Date:_____

   Reason:_____

   _____ _____
   Worker Signature   Date Completed

CF-AA 2512, PDF 10/2005