

DETERMINATION OF ELIGIBILITY FOR EMERGENCY ASSISTANCE TO FAMILIES (EAF)

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

CASE NAME:	CASE COMPOSITION:
CASE NUMBER:	
TYPE OF EMERGENCY:	
ONSET OF EMERGENCY:	

I. THIS CRISIS SITUATION IS DUE TO THE FOLLOWING CIRCUMSTANCES(S):

- | | |
|---|---|
| <input type="checkbox"/> Fire or other disaster. | <input type="checkbox"/> Eviction by Landlord |
| <input type="checkbox"/> Asked to leave shared apartment by relative or friend who is prime tenant. | _____ |
| <input type="checkbox"/> Medical emergency causing need for assistance. | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Sudden loss of employment. | _____ |
| <input type="checkbox"/> Victim of Domestic Violence (Adult and/or Child) | _____ |

II. EAF ELIGIBILITY DETERMINATION CHECKLIST**IN ORDER TO DETERMINE CLIENT ELIGIBILITY FOR EAF, RESPOND TO EACH OF THE FOLLOWING ITEMS:**

- Is there at least one child under the age of 18, or age 18 and attending full-time secondary school who is currently residing with a relative listed in 18 NYCRR 369.1 or age 18 and attending full-time secondary school who is currently residing with a caretaker who is related by blood, marriage or adoption? YES NO
- Is there a woman of any age with a medically verified pregnancy? YES NO
If you can check "Yes" to either Number 1 or Number 2 above, proceed
- Does the family have resources to meet their needs or available income at or above 200% of the most recently published federal poverty guidelines as transmitted by the State Office of Temporary and Disability Assistance, on the date of application for that family size? YES NO
- Will the emergency grant being applied for duplicate or replace a Temporary Assistance grant already made under 18NYCRR 352? YES NO
- Did the emergency arise because an employable child or relative refused, without good cause, to accept employment or participate in work activities or community service? YES NO
If you check "No" to all of the answers to Numbers 3-5 above, proceed
- Is the necessary payment a diversion payment? YES NO
If you check "Yes" to Number 6, Stop - EAF eligible
If you check "No" to Number 6, Go to Number 7.
- Is the emergency the result of a sudden occurrence or situation, unforeseen and beyond the individual's control? YES NO
If you check "Yes" to Number 7, Stop - EAF eligible
If you check "No" to Number 7, Ineligible for EAF

III. IS THIS CASE ELIGIBLE FOR EAF? YES NO

In accordance with 18NYCRR 372.4(d), services which can be determined as necessary to cope with the emergency situation include counseling, securing family shelter, if available, and any other services which meet needs attributable to the emergency situation.

ELIGIBILITY SPECIALIST	DATE
SUPERVISOR	DATE

IMPORTANT: IF YOU HAVE DETERMINED THAT THIS CASE IS ELIGIBLE FOR EAF, HAVE YOU:

- Completed all Questions on this form?
- Signed and dated this form, and obtained your supervisor's signature?

NOTE: Attach any documentation and the history sheet containing information about this determination to this form and file in case record. Annotate case record to indicate this case is being claimed EAF.