

**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:**

1. 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 caretaker who is related by blood, marriage or adoption?  YES  NO
2. 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. If not, the case is ineligible for EAF.*

3. 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
4. Will the emergency grant being applied for duplicate or replace a Temporary Assistance grant already made under 18 NYCRR 352?  YES  NO
5. 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. If you check "Yes" to either 3, 4 or 5 above, the case is ineligible for EAF.*

6. Is the necessary payment a diversion payment or a utility emergency payment?  YES  NO

*If you check "Yes" to Number 6, Stop - EAF eligible*

*If you check "No" to Number 6, Go to Number 7.*

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 18 NYCRR 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.