

State of Wisconsin
 Department of Health and Social Services
 DIVISION OF FAMILY SERVICES

INSTRUCTIONS: Each social service case record must include the following information to be obtained at the time of application for social services, or as soon thereafter as possible. Questions are to be completed by checking the correct boxes or writing in the required information. For further information and definitions of terms see detailed instructions on back.

Date _____

1. Client's Name _____ 2a. Client's So. Security No. _____ 2b. Client's Case No. _____ 2c. If Client under 18; Mother's So. Sec. No. _____

3a. Is the client or any members of his family who is dependent upon him for support or upon whom he is dependent for support an actual recipient of one of the categorical aids?
 Yes No 3b. If yes is checked, please check which aid. OAA BA DA AFDC

IF THE ANSWER TO QUESTION 3a IS YES, DO NOT COMPLETE THE REST OF THIS FORM.

4. Was the client or members of this family who are dependent upon him for support or upon whom he was dependent for support:
 a. A recipient of categorical aid within the past 2 years? Yes No
 IF YES, check which aid and give the month and year last received: OAA BA DA AFDC
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 b. An applicant or recipient of categorical aid at any time prior to the past 2 years? Yes No
 IF YES, check which aid: OAA BA DA AFDC

NOTE: If 4a or 4b is answered yes, complete 5a or 5b only and Do Not finish the rest of the form. If 4 is answered no, answer 5a or 5b and continue. Substantiation of the factors checked in 5a or 5b and how they may lead to categorical aid eligibility within 5 years must be available in the case record.

OAA, BA or DA Social Factors

5a. Does the client possess any of the following social factors which the service worker believes may lead to eligibility for OAA, BA or DA within 5 years? Check one or more.

<input type="checkbox"/> Alcohol or Drug Abuse and age 13 or older <input type="checkbox"/> Physical problem which may lead to incapacitation and age 13 or older <input type="checkbox"/> Age 60 or older and likely to become eligible for old age assistance in 5 years <input type="checkbox"/> Progressive visual disorder or blindness which may lead to eligibility for blind aid within 5 years.	<input type="checkbox"/> Age 13 or older and: Mentally handicapped Physically disabled Emotionally Disturbed Behaviorally maladjusted Adjustment problems associated with physical disability or disease <input type="checkbox"/> Other (Specify) _____
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If one or more of the boxes in 5a are checked, please check which potential categorical aid exists: OAA BA DA

AFDC Social Factors

5b. Does the client, client's spouse, or clients's parent(s) if the client is under 18 years old, possess any of the following social factors which the service worker believes may lead to eligibility of the clients's family for AFDC within 5 years? Check one or more:

<input type="checkbox"/> Alcohol or Drug Abuse <input type="checkbox"/> Poor Employment Record <input type="checkbox"/> Record of Conflict with Law	<input type="checkbox"/> Physical problem which may lead to incapacitation <input type="checkbox"/> Parent-Child conflict or maladjustments	<input type="checkbox"/> Marital Conflict <input type="checkbox"/> Parental Absence, (including unmarried mother) <input type="checkbox"/> Other (Specify) _____
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6. Is the client or members of his family who are dependent upon him for support or upon whom he is dependent for support a current recipient of:
 Check if one or more applies:
 General Assistance Medical Assistance Indian Relief Federal Food Stamps or Donated Food Programs (Surplus Commodities) State Dependents

IF QUESTION 6 IS ANSWERED, DO NOT COMPLETE THE REST OF THE FORM

7. List the gross monthly income of the: (Please check one) Client Client's Parents Client and Spouse \$ _____
 8. The number of persons living on the income in Question 7 is: _____
 9. Base family income level for family size of Question 8 is (from Income Table) \$ _____
 10. Income available to meet social service needs (Item 7 minus Item 9) \$ _____

IF AMOUNT OF ITEM 10 IS ZERO OR A NEGATIVE NUMBER, DO NOT COMPLETE THE REST OF THIS FORM.

<p>11. Proportion of income available to meet social services needs (1/3 of Item 10) \$ _____</p> <p>12. a. Amount of excess monthly medical expenses. \$ _____</p> <p>b. Amount of court ordered child support and/or alimony per month. \$ _____</p> <p>c. Amount the client family is presently paying per month as fees for social services provided. \$ _____</p> <p>DEDUCTIBLE EXPENSE TOTAL \$ _____</p> <p>13. Amount the client-family could pay for services (Item 11 minus Item 12) \$ _____</p>	<p>14. List the services to be provided to the client family and their average monthly cost:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"> </td><td style="width: 20%;">\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> <tr><td> </td><td>\$</td></tr> </table> <p>TOTAL AVERAGE MONTHLY COST \$ _____</p>		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$
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Definitions of Terms Used on the SEC Forms.

There are four terms used on the SEC form which have specific meaning relative to this form and must be clearly understood if the form is to be accurately completed. A discussion of each of the terms is included in this section.

- 1) Question seven (7) on this form asks for the gross monthly income. For purposes of this form, income is defined as any and all income received, including, but not limited to, salaries, child support, alimony, room and board received from any source, veterans retirement benefits, OASDI payments and/or railroad retirement benefits. If a person is self-employed, then the net profit from his self-employment should be used rather than his gross income. Income should be entered to the nearest dollar.

Before completing this question it is necessary to determine whose income will be used. This determination depends upon who is receiving the service:

- (a) If the service client is under 18 years of age, is not emancipated and his legal custody or guardianship has not been transferred from his parent(s), the combined average gross monthly income of the client's parent(s) should be used.
 - (b) If the service client is under 18 and his custody or guardianship has been transferred away from his parent(s) and the service worker believes the client may become eligible for one of the adult categorical aids within the next 5 years, the client's average gross monthly income should be used.
 - (c) If the service client is under 18 and his custody or guardianship has been transferred away from his parent(s) and the service worker believes the client's family may become eligible for AFDC within the next 5 years, the client's parent(s) average gross monthly income should be used.
 - (d) If the service client is married and supported or is supported by his spouse, then the combined average gross monthly income of the client and spouse shall be used.
 - (e) If the service client is married but does not support or is not supported by his spouse, then the client's average gross monthly income shall be used.
 - (f) If the service client is unmarried and 18 years of age or older, or is an emancipated minor, then the client's average gross monthly income shall be used.
- 2) Question eight (8) on the form asks for the number of persons living on the gross monthly income. The number of persons living on the gross monthly income shall only include those persons claimed as dependents for state income tax purposes, except that it shall not include children who are living outside the household and receiving child support or alimony payments from the income.
 - 3) Question nine (9) asks for the base family income. This base income is obtained from the table below:

BASE INCOME TABLE

Family Size	Base Income	Family Size	Base Income
1	360	6	800
2	410	7	850
3	500	8	900
4	600	9	950
5	700	10	1000

Add \$50 for each additional family member above 10.

- 4) Question twelve (12) asks for the amount the client or family pay in excess monthly medical expenses, alimony, child support, or fees for social services provided. Excess monthly medical expenses are defined as the average monthly costs of regularly recurring medical and dental services, equipment, supplies and drugs which are prescribed by a doctor or dentist exceeding \$15 per month. Health insurance premiums are not included in medical expenses.

Alimony and child support include only those payments actually made each month under a court order. Social service fees include any fees paid by the client or family for social services provided by a social service agency or practitioner, public or private.

Instructions for Completion of the SEC Form

- 1) Date the form the date it is completed.
- 2) Q1 - Write in the client's full name.
- 3) Q2 - Write the client's social security number if he has one and his case number. If the client is under 18 also write in the mother's social security number, if she has one. If the client and/or mother have no social security number, write NONE in the appropriate blank.
- 4) Q3 - Check the appropriate box indicating the client's or family's current categorical aid status. If YES is checked, check which categorical aid and *do not complete the rest of the form*.
- 5) Q4(a) - Check the appropriate box indicating the client's or family's categorical aid status within the past 2 years. If YES is checked, indicate the month and year categorical aid was last received and check which categorical aid.
- 6) Q4(b) - Check the appropriate box indicating the client's or family's application for or receipt of categorical aid at any time prior to the last two years and check which categorical aid.
- 7) Q5(a) - This question requires the worker completing the form to check which type of social factor(s) the client possesses which may result in the need for one of the adult categorical aids within 5 years. The question requires some thought by the worker as to whether the client does have a presenting problem which may lead to dependence upon an adult categorical aid. The factors are made as general as possible to cover all possible problems which may lead to a need for aid. If one or more of these boxes are checked, there must be an explanation in the case record substantiating the existence of the factor(s). Either 5(a) or 5(b) should be checked, depending upon which categorical aid potentiality exists.
- 8) Q5(b) - The social factors would be checked in this question if the client, his spouse if he is married, or his parents if he is under 18 possesses factors which may lead to eligibility for AFDC within the next five years.
- 9) Q6 - Check any of the boxes which apply to the client or family. This question establishes the income of the client-family indirectly, since they would be ineligible for these aid programs if their income was above a specified level. *If any box in Q6 is checked do not complete the rest of the form.*
- 10) Q7 - Here list the average gross monthly income. The gross income received during the month a request of service is made should be used, unless that income does not closely approximate the client-family's average monthly income over the past twelve months.
- 11) Q8 - Here list the number of dependents living on the income in Q7.
- 12) Q9 - Using the base income table, list the base income for the size of the family indicated in Q8.
- 13) Q10 - To obtain the amount for this question, subtract the amount in question 9 from the amount in question 7. If the result is zero or a negative number, do not complete the rest of the form.
- 14) Q11 - Take one third (1/3) of the amount in question 10 and enter it here.
- 15) Q12 - Certain expenses which the client or family now have are deductible from the amount obtained in Q11 before deciding what amount of fees (if a fee is charged) the family could pay for the services provided, and whether the costs are federally reimbursable. The amount of excess monthly medical expenses should be listed in Q12(a). The amount the client/family is actually paying monthly for court ordered child support and/or alimony should be listed in Q12(b). The amount the client/family is actually paying monthly in social service fees should be listed in Q12(c). The amounts in question 12(a), (b), and (c) should be added together to determine the deductible expenses total and entered in that space.
- 16) Q13 - To obtain the amount in Q13, subtract the deductible expense total of Q12 from the amount in Q11.
- 17) Q14 - List the services the client/family is to receive or is receiving from the agency, along with the monthly cost of providing those services. If the client/family has been paying a fee to the agency for other social services, those services should not be listed here. The fee being paid should be listed in Q12(c). If more than one service will be provided the client/family and the agency has separate cost figures for each, they should be listed separately in this question. If separate cost figures are not available, list the services and the total average monthly cost of providing those services.

If the total amount in Q14 is greater than the amount in Q13, the costs of the services rendered are federally reimbursable at the 75% level.