

# INSTRUCTIONS FOR COMPUTING INCOME AND COMPLETING THE CLIENT ELIGIBILITY CONSENT FORM

## COMPLETE TOP HALF OF THIS FORM WHEN:

1. Client makes first visit to clinic to seek state funded surgical services.
2. Client has already had an eligibility determination completed, returns for another type of service, and either his/her family size or income has changed since the last eligibility determination. (When another type of service is requested, the client must be redetermined eligible for subsidized services regardless of when the last eligibility determination was completed).

## COMPLETE BOTTOM HALF OF THIS FORM WHEN:

1. Client has already had an eligibility determination completed, returns for another type of service, and neither his/her family size nor income have changed since the last eligibility determination.

## HOW TO COMPLETE THIS FORM:

<b>CLIENT NAME:</b>	Print client's name.
<b>CLIENT NUMBER:</b>	Enter client's assigned identification/ID number.
<b>DATE OF VISIT:</b>	Enter six digit date of visit e.g., month/day/year.
<b>DATE OF BIRTH:</b>	Enter six digit date of birth e.g., month/day/year (04/21/85).
<b>AGE:</b>	Enter client's age.
<b>GROSS MONTHLY INCOME AND FAMILY SIZE:</b>	Enter gross monthly income and total number of family members supported by client's gross monthly income. For a definition of family and gross monthly income (see <u>FPRH Policy 4500 – Client Fees</u> )
<b>HOW TO COMPUTE MONTHLY INCOME:</b>	Divide yearly/annual income by 12, or multiply weekly income by 4.33, or multiply hourly income by 173.
<b>SERVICE CLIENT IS ELIGIBLE FOR:</b>	Write in type of state funded surgical service the client desires.
<b>ELIGIBILITY PERIOD:</b>	Write in beginning and ending dates of eligibility. The length of eligibility for surgical services is six months from the date of determination, e.g., from April 21, 2008 through October 20, 2008.
<b>CLIENT'S SIGNATURE:</b>	Obtain the client's signature and have him/her date it. If the client is incompetent or incapacitated, a person acting responsibly for him/her may sign and date the form. This includes agency staff. Unless a signature and date are obtained, the eligibility determination is not valid.
<b>WITNESS SIGNATURE:</b>	An agency staff person must sign and date the form <b><u>AFTER</u></b> observing the client signs and dates the form.