

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-EXTENDED FOSTER CARE (EFC)

INSTRUCTIONS: *Nonminors entering EFC after an absence from care shall complete in ink all questions to the left of the heavy black line. The Nonminor completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2; the placement worker/county welfare department is to complete the shaded portions.*

Completed by the Nonminor (NM)

1. NAME OF NM	2. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
3. PLACEMENT ADDRESS	3A. PHONE
4. CURRENT ADDRESS (IF DIFFERENT FROM PLACEMENT ADDRESS)	5. PHONE
6. BIRTH DATE	7. BIRTHPLACE
8. SOCIAL SECURITY #	9. APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. CITIZEN OF U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. ALIEN STATUS:
12. DO YOU HAVE MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST POLICY NUMBER, COMPANY NAME, AND NAME OF POLICY:	
13. DO YOU HAVE REAL OR PERSONAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST PROPERTY TYPE (LAND, CASH, AUTO, MOTORCYCLE, LIFE INSURANCE, TRUST FUND, BANK ACCOUNT, BOND, ETC.) AND ITS VALUE:	
14. DO YOU HAVE INCOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST AMOUNTS BELOW. IF APPLICATION PENDING, CHECK ASSOCIATED BOX.	

Income Type	Amount	Pending
SOCIAL SECURITY(SSA OR SSI/SSP) CIRCLE ONE		<input type="checkbox"/>
CHILD SUPPORT		<input type="checkbox"/>
UNEMPLOYMENT BENEFITS		<input type="checkbox"/>
PENSIONS		<input type="checkbox"/>
DISABILITY (STATE WORKMAN'S COMPENSATION, ETC)		<input type="checkbox"/>
IN-KIND INCOME (FREE RENT, UTILITIES, FOOD)		<input type="checkbox"/>
SALARY/WAGES		<input type="checkbox"/>
SCHOLARSHIP/GRANTS		<input type="checkbox"/>
OTHER		<input type="checkbox"/>

IF EARNED INCOME: NAME OF EMPLOYER:

ADDRESS:

WORK HOURS/MONTH:

ELIGIBILITY WORKER ONLY

DATE:

APPLICATION FOR RE-ENTRY
 REDETERMINATION

CASE NAME

CASE NUMBER

VERIFICATION

Former Foster Care Status

Termination of Prior Jurisdiction

AGE
SOCIAL SECURITY NUMBER

CITIZENSHIP/ALIEN STATUS

NM's Property (\$10,000 Exclusion)
Property Verification
Received Pending

Income Verification:
Received Pending
Current TILP exempt earned income

