COLORADO DEPARTMENT OF HUMAN SERVICES

CERTIFICATION FOR EMERGENCY ASSISTANCE
MAINTENANCE-OF-EFFORT (MOE) ELIGIBILITY DETERMINATION FORM

CBMS CASE ID#:

COUNTY:	HOUSEHOLD #:	CASE NAME:	TRAILS CASE ID#:

INITIATION OF APPLICATION

WORKER INITIATING APPLICATION : _____ DATE OF APPLICATION: _____

(Signature of Worker) (Enter this date in **Application Date** field in CBMS)

HEAD OF HOUSEHOLD INFORMATION

LAST NAME	FIRST	MIDDLE

MAILING ADDRESS: NUMBER	STREET/PO BOX/RURAL ROUTE	APT/UNIT NO.

CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER / LOCATION	IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD? YES ☐ NO ☐

HOUSEHOLD MEMBERS LIST FAMILY MEMBERS RESIDING IN THE HOME WITH THE CHILD(INCLUDING STEPPARENTS)

HH Suffix	STATE ID	TRAILS	LAST NAME, FIRST NAME, MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH	CITIZENSHIP U.S. Citizen, Qualified Alien, Unqualified Alien.	WORK INCOME (MONTHLY)	NON-WORK INCOME (MONTHLY)	DOES CHILD LIVE WITH A PARENT OR RELATIVE ? (YES/NO
			SAME AS ABOVE								

ELIGIBILITY CRITERIA AND FACTORS

1. Yes. ☐ or No. ☐ An emergency exists, defined as; the child is at risk of removal from their home into publicly funded care or supervision.
2. Yes. ☐ or No. ☐ The household income is less than $75,000 per year. Annual household income = _____.
3. Yes. ☐ or No. ☐ The child lives with a parent(s) or other specified relative.

TITLE XX

1. Yes. ☐ or No. ☐ Is the household income less than 200% of poverty?

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

_____

SIGN HERE (Authorized Agency Representative) Date Worker Number

DENIED REASON:

DATE AND INITIAL :

INCOME VERIFICATION:

TANF/WORKS_____; FS _____; DOLE/CUBS _____; ACSES_____; LEAP _____ ;SVES _____; Other_____ DATE AND INITIAL:_____

		CITIZENSHIP CODES	RELATIONSHIP CODES			
		1. US CITIZEN OR NATURALIZED CITIZEN E. QUALIFIED ALIEN D. NON-CITIZEN UNQUALIFIED	0 Not Related 1 Parent (Natural or Adoptive) 2 Grandparent 3 Uncle Aunt	4 Brother or Sister 5 Stepparent 6 Step-Brother or Step-Sister 7 Other	8 Son or Daughter 9 Grandson or Granddaughter 10 Niece or Nephew 11 Step-Son or Step-Daughter	12 Husband or Wife 13 Cousin

CBMS DATA ENTRY COMPLETE _____

FOR YOUR PROTECTION IT IS IMPORTANT TO READ THE FOLLOWING CAREFULLY

RIGHT TO APPEAL - PLEASE READ

IF YOU THINK YOUR COUNTY DEPARTMENT HAS BEEN UNFAIR OR HAS MADE A MISTAKE CONCERNING YOUR ELIGIBILITY OR THE AMOUNT OF YOUR BENEFITS, YOU HAVE THE RIGHT TO APPEAL EITHER VERBALLY OR IN WRITING.

THIS MEANS YOU WILL BE GIVEN A CHANCE TO PRESENT YOUR CASE FOR A REVIEW BY PERSONS NOT RESPONSIBLE FOR THE ORIGINAL DECISION TO BE SURE THE COUNTY ACTION WAS A PROPER ONE. AT YOUR HEARING, YOU MAY HAVE A LEGAL COUNSEL, A RELATIVE, A FRIEND, OR YOU MAY REPRESENT YOURSELF.

IF YOU WANT A HEARING, CALL YOUR ELIGIBILITY TECHNICIAN FOR A COUNTY HEARING OR CONFERENCE. IF YOU STILL DISAGREE AFTER THE HEARING OR IF YOU WISH TO SKIP THE COUNTY HEARING, WRITE TO OR REQUEST THE COUNTY DEPARTMENT TO WRITE TO:

COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION
OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202

IMPORTANT - PLEASE READ THE FOLLOWING NON-DISCRIMINATION STATEMENT

IF YOU THINK THAT THE DEPARTMENT OF HUMAN SERVICES TREATED YOU DIFFERENTLY FROM OTHERS BECAUSE OF RACE, COLOR, SEX, AGE, RELIGION, POLITICAL BELIEF, NATIONAL ORIGIN, OR MENTAL AND/OR PHYSICAL DISABILITY, LET US KNOW BY WRITING TO:

COLORADO DEPARTMENT OF PERSONNEL AND ADMINISTRATION
OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202

OR

USDA, DIRECTOR
OFFICE OF CIVIL RIGHTS
ROOM 326-W, WHITTEN BUILDING
1400 INDEPENDENCE AVE., SW
WASHINGTON, D.C. 20250-9410
OR CALL
202-720-5964 (Voice or TDD)

200% of Poverty

2008 HHS Poverty Guidelines

Size of Family Unit	200% of Poverty
1	$20,800
2	$28,000
3	$35,200
4	$42,400
5	$49,600
6	$56,800
7	$64,000
8	$71,200
For each additional person, add	$7,200

Refer to Staff Manual Volume III Section 3.600 (regulation used for Colorado Works) for guidance on who to include as a household member.