HHSC Enhanced Data Gathering Worksheet

Check or fill in all appropria	ate answers					
Case Name (Last, First, MI)				e/EDG No. or Head of	Autho	prized Representative
			Household's So	cial Security No.		
File Date		Clarification of	file date, if questiona	hle		
YTB Account user name		Client's telepho	one	Client's Address		
Person Interviewed			Paper Application	/Redetermination	Int	erview Type
				IOR signed & dated?		CBO Office Field Site
			☐ Yes - Continue	-		Food pantry Client's Home
				c not proceed until signed &		Phone Interview
How was identity viewed?			dated)	not proceed until signed a		hone interview, how was client's identity
			Your Texas Bene	efits Online	aut	henticated?
			Application/Rede			
			- clients must e-s	ign before online submittal		
Type of Interview			Expedite?	Yes 🗌 No		
Application] Redetermin	ation	· ··· L			
Was language line used?						🗌 Yes 📃 No
If Yes, what language?						
Are any household membe	rs documented	l aliens?				🗌 Yes 🗌 No
If any member is a docume	ented alien, pro	vide the follow	ving:	List any household memb	per who	is an undocumented alien:
Name	Alien No.	Entry Date	Expiration Date	Name		Relationship to Client
Is anyone applying for or re	eceiving TANF?)				🗌 Yes 🗌 No
If Yes, who?						
Is anyone applying for or re	eceiving Medica	aid?				Yes No
If Yes, who?						
Has the home address (ph	ysical address)	been verified	?			🗌 Yes 🗌 No
If Yes, how?						
Is any household member	receiving benef	fits from anoth				
If Yes, who?				nonth received:		What state?
Has the household applied						
If Yes , stop. Refer the clier					st the cli	lent in contacting 2-1-1.
Document the household of	composition and		separate nousenoi	u status.		
Is anyone in the household	age 60 or olde	er or anyone w	ith a disability?			🗌 Yes 🗌 No
If Yes, who?						
Does any household memb	per have a felor	ny drug convid	tion (FDC) occurri	ng after August 22, 1996?		🗌 Yes 🗌 No
If Yes, who?						
Is any household member	fleeing the law	on any charge	es, or in violation o	f probation or parole accor	ding to a	a court? 🗌 Yes 🗌 No
If Yes , who?	-			·	2	
Are there any household m	embers disqua	lified from get	ting benefits?			Yes No
If Yes, who?	·	5	-			

🗌 Yes 🗌 No

Step 1 - Resource documentation

(ie: Bank accounts, vehicles, cash, stocks, bonds) document bank names/source.

Name of Owner	Туре	Value	Amount Owed (vehicle, property)

Step 2 - Employment Services:

List household members and their exemption or registration/education codes:

Household Member Name	Code	Household Member Name	Code

Provide an explanation of individuals with Code E (Physically or mentally unfit for employment) or H (Cares for a disabled person in the home).

Provide an explanation of individual with **Code S** (Student age 18 or older in school/training program at least half time) document working or in work study program. Document the name and type of school. Also, document if the student is part-time or full-time.

Is there more than one adult household member?

If Yes, who is the Primary Wage Earner (PWE)?

Step 3 - Gross income documentation (including self-employment income)

Self-employment income: Income from one's own business, trade, or profession rather than from an employer. Some individuals may have an employer and receive a regular salary. A person is considered self-employed if an employer does not withhold income taxes or FICA, even if required to do so by law.

Does the household have a mem	ber who is self-e	mployed?					🗌 Yes 🔲 No
If Yes , who?			Wh	at type o	f work is done	?	
Does the household receive incor leasing, or selling property?	me from renting,	🗌 Yes	🗌 No			nany hours are spe for this property inc	
Does the household have any exp	penses related to	their self-	employm	nent incor	ne?		🗌 Yes 🗌 No 🗌 NA
If Yes , document the information	below						
Expense Type	Paid to			How	often paid?	Amount	Comments

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Yes No NA

Earned Income: Does the household have any earned income?

Document why any income fluctuates and why it is or is not representative.

Household Member who	receives this income:				
Employer name:				of contact:	
Employer address:			-	oyer phone n	umber:
How often are they paid	Pay period ended	Date pay received	Gross amount (before deduction	s)	Comments
Weekly					
Bi-weekly					
Semi-Monthly					
Monthly					
Other					
Verification provided?]Yes ∏ No ∏ NA	a If No , d	ocument specific in	ormation sti l	I needed here and on Form H0920.
Household Member who	receives this income:				
Employer name:				of contact:	
Employer address:	<u>г</u>		-	byer phone n	umber:
How often are they paid	Pay period ended	Date pay received	Gross amount (before deduction	s)	Comments
Weekly					
Bi-weekly					
Semi-Monthly					
Monthly					
Other					
Verification provided?]Yes No NA	n 100, 0	ocument specific in		I needed here and on Form H0920.
Household Member who	receives this income:		Nom	of contact:	
Employer name: Employer address:				byer phone n	umber:
How often are they paid	Pay period ended	Date pay received	Gross amount (before deduction		Comments
Weekly					
Bi-weekly					
Semi-Monthly					
Monthly					
Other					
Verification provided?	Yes No NA	A If No , d	ocument specific in	ormation stil	I needed here and on Form H0920.

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🗌 Yes 🗌 No 🗌 NA	🗌 Yes	🗌 No	
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Unearned Income: Does the household have any unearned income?

Document why any income fluctuates and why it is or is not, representative.

Household Member who r	receives this income	:		
Source of unearned income	e: 🔲 Workers' Comp	Cash Contributions		RSDI SSI Child Support Other
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly				
Bi-weekly				
Semi-Monthly				
Monthly				
Other				
Verification provided? [If Yes , type of verification:] Yes 🗌 No 🗌 N	A If No , d	ocument specific inform	ation still needed here and on Form H0920.
Household Member who r	receives this income			
Source of unearned income	e: 🗌 Workers' Comp	Cash Contributions		RSDI SSI Child Support Other
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly				
Bi-weekly				
Semi-Monthly				
Monthly				
Other				
Verification provided? [If Yes , type of verification:]Yes 🗌 No 🗌 N	A If No , d	ocument specific inform	ation still needed here and on Form H0920.
Step 4 - Deductions: Sh	elter Expenses Does	s the household pay shelt	er expenses?	□ Yes □ No □ NA

Rent, mortgage, home owner association fees, tax on home, insurance on home, lot rent, - any amount paid by household member: (If mortgage includes taxes and home insurance, do not list again separately.)

Person making the payment	To the landlord or mortgage co.	How often paid	Amount	Phone/address of person/company being paid and other comments
1 Does the SNAP hous	sehold have any utility costs?			

1.		
2.	Does the SNAP household pay expenses for any utilities for heating or cooling their home?	🗌 No
3.	Does the SNAP household anticipate receiving LIHEAA payments, such as HEAP or Energy Crisis?	□No
4.	Does the SNAP household pay utility expenses for utilities other than a telephone and heating or cooling costs, such as water, garbage or electricity not used for heating or cooling?	🗌 No
5.	Is the household homeless, but has some out-of-pocket shelter costs?	
	a. Describe what and how much those out of pocket shelter expenses are:	

	b. Does the household want to claim the \$143 homeless shelter deduction?	🗌 Yes	🗌 No
6.	Does the SNAP household pay expenses for a telephone?	🗌 Yes	🗌 No

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Medical Expenses: Does anyone age 60 or older, or anyone with a disability pay medical expenses?	
Document expenses	

Person with medical expenses	Source	How often paid	Amount	How is this verified?
ocument the name, address and	phone number of the medical care provider if i	not contained on th	e source of	verification:
			0 000.00 0.	Vormoution
	ousehold pay dependent care costs?			Yes No NA
Document costs for each depender			-	
Dependent	Source	How often paid	Amount	How is this verified?
)ocument the name, address and	phone number of the dependent care provider	if not contained or	the source	of verification:
Document the name, address and	phone number of the dependent care provider	if not contained or	the source	of verification:
) ocument the name, address and	phone number of the dependent care provider	if not contained or	the source	of verification:
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Document the name, address and	phone number of the dependent care provider	if not contained or	the source	of verification:
Document the name, address and	phone number of the dependent care provider	if not contained or	the source	of verification:
		if not contained or	the source	of verification:
:hild Support Payments : Does th	ne household pay child support payments?	if not contained or	the source	of verification:
Child Support Payments: Does the Document payments made to a dep	ne household pay child support payments?			Yes No NA
	ne household pay child support payments?	if not contained or	the source	

Document the name, address and phone number of the person whom receives the payment, if not contained on the source of verification:

Shelter - \$	Charge accounts - \$	Loan payment- \$									
Utilities - \$	Transportation - \$	Insurance - \$									
Telephone - \$	Cable TV - \$	Child care - \$									
Food - \$	Furniture/App. payments - \$	Medical expense - \$									
Car payments - \$		Other - \$									
ar maintenance- \$											
	Household's total monthl	y expenses - \$									
	Household's total monthly income - \$										

Document **past**, **current** and **future** management. If expenses exceed income, document how the household intends to, or did pay for their expenses. Also, document which bills are past due.

Step 6 - Client's Rights and Forms Provided/Explained

	If Yes, for whom?	Date	Document problems/disqualification	Document problems/disqualification								
7. Form H1106, Enumeration Referral - Social Security Adm., explained and given to client?												
6.	6. Form H1105, Expedited Screening Sheet, completed (submit with completed application packet)?											
	 Form H1019, Report of Change, was streamlined and non-streamlined reporting discussed and explained, along with the importance of reporting future status Changes?											
4.	4. Did you inform the client that the HHSC may call them to ask additional questions about the information provided?											
3.	. Form H0920, Client Receipt/Notice from Community Organization, explained and given to client?											
2.	. Form H0403, HIPAA - Explanation of Health Information Privacy Rights, explained and copy provided to the client?											
1.	Form H0401, HIPAA - Privacy Notice, explained and copy provided to the client?											

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8.	B. Form H1805, FS Rights/Responsibilities, provided and all reminders explained?														🗌 Yes	🗌 No				
9.	. Form H1808, Notice of FS Employment Services Registration, signed by 16-59 year old present at the interview and a copy provided for each person age 16-59 years old not present?															🗌 Yes	🗌 No			
10	10. Form H1826, Case Information Release, signed by the client before working with them?														🗌 Yes	🗌 No				
	11. Does client have an existing EBT card that has been used within the past 12 months? (EBT card data is purged if not used during past 12 months)														🗌 Yes	🗌 No				
If Yes , what is existing EBT card PAN number?																				
		6	1	0	0	9	8													
12. Was a new EBT card given to client?											🗌 Yes	🗌 No								
If Yes , Form H1172 must be completed (including client's signature) and attached to this packet. If Yes , training and explanation of process must be given to the client.																				
If No, Why?																				
13. Are any household members registered to vote?													🗌 No							
	If No , and eligible	e to vo	ote, p	rovide	e Vote	er Re	gistra	ition F	Packe	et wher	n rec	quest	ed.							

Additional comments:

City where CBO is located

Print name (CBO Interviewer)

Unique CBO identifier No.

Signature (CBO Interviewer)

CBO Telephone No.

Date