

## COMBINED TITLE V, TITLE X, AND XX FAMILY PLANNING ELIGIBILITY SCREENING FORM INSTRUCTIONS

### PURPOSE

1. To document a client's request for family planning services.
2. To document client information for eligibility determination.
3. To document provider certification that the information provided by the client is correct to the best of the client's knowledge.

### PROCEDURE

Family planning contract agency staff complete Form 2025 from information provided by the client only. Agency providers are not required to verify the information provided, but they may as long as the methods of verification do not jeopardize the client's right to confidentiality and as long as they are applied consistently to all Title V, Title X, and/or Title XX family planning applicants. Complete the form in a face-to-face interview with the client. Inform the client of Part III, Client Agreement, and ensure that the client understands his/her rights and responsibilities prior to having the client sign Part III of the form.

#### Number of Copies

Complete one copy in black ink.

#### Correction of Errors

If an error is found in Form 2025 after it is completed and signed, the error may be corrected by drawing a line through the error and entering the correct information. The staff who signed the Form 2025 originally must initial the correction if that staff is still an employee of the agency.

#### Form Retention

Maintain Form 2025 in the client's case record.

### DETAILED INSTRUCTIONS

#### PART I - CLIENT INFORMATION (Self-explanatory)

**Marital Status** - Check the appropriate box to indicate:

- Married - Client is currently married as defined by law. The law includes common-law marriage and separated status.
- Never Married - Client is not married and never has been married.
- Formerly Married – Widowed or divorced.

### PART II - ELIGIBILITY DETERMINATION

#### A. Income Eligibility

Interview the client to determine answers to questions 1 (Family Composition) and 2, 3, or 4 (Income).

1. **Number of People in Family** - Enter the number of people client self-declares to be part of their family's budget group based on the definition of family composition below.

**Family Composition** - The budget group consists of the applicant, his/her spouse, and all mutual and non-mutual children. If an unmarried applicant lives with a partner, ONLY count the partner's income and children as part of the budget group IF the applicant and his/her partner have mutual children together. Treat applicants who are 18 years of age as adults. No children aged 19 and older or other adults living in the household should be counted as part of the budget group.

#### 2, 3, and 4.

**Gross Monthly Income** - Enter the total gross monthly income received. Include all sources of income. For clients who are married or who are 18 years of age or older, enter the income of all family members.

For unmarried clients UNDER 18 years of age for whom confidentiality is not an issue, enter the income of all family members.

For unmarried clients UNDER 18 years of age for whom confidentiality is an issue, enter the income of the client only, not the income of all family members. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.

**Note:** Please refer to DSHS *Titles V, Titles X, and XX Family Planning Definition of Income* for definitions of Income.

### PART III - CLIENT AGREEMENT

Ensure that the client understands the statements in Part III. If the client does not understand English but does understand Spanish, use the Spanish version of the form. The client signs and dates the form. If the client speaks neither English nor Spanish, or cannot read, or if the client's disability hinders understanding, a reader or translator is required. The reader or translator should initial under the client's signature or client's mark (X). If the client uses a mark (X), a witness also signs the form. The witness may be a provider staff member not certifying the client's eligibility.

**Note:** Only the client may sign this form to request and consent to services. A requirement of spousal or parental consent is prohibited.

### PART IV – PROVIDER ELIGIBILITY CERTIFICATION

Family planning contract agency staff complete Form 2025, determine and certify the client's eligibility, sign and date the form, and enter the family planning agency name.

**Co-payment Assessment** - Should follow family planning contract agency established policies regarding co-payment collection.