

**COMBINED ELIGIBILITY SCREENING FORM FOR  
TITLE V, TITLE X, AND TITLE XX FAMILY PLANNING SERVICES**

**PART I – CLIENT INFORMATION**

Agency Client # \_\_\_\_\_

Name (Last, First, Middle)	Social Security Number	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Formerly Married	Date of Birth	Age
Residence Address (Street, Apt. No., City, State, Zip)		County of Residence	Telephone Number (     )     -     (     )     -     (     )     -     (     )	

**PART II – INCOME ELIGIBILITY DETERMINATION**

1. How many people are in the family? ..... \_\_\_\_\_
2. If client is married or is 18 years of age or older, what is the family's gross monthly income? ..... \$ \_\_\_\_\_ / per month
3. If client is unmarried and UNDER 18 years of age and **confidentiality is not an issue**, what is the family's gross monthly income? ..... \$ \_\_\_\_\_ / per month
4. If client is unmarried and UNDER 18 years of age or younger and **confidentiality is an issue**, what is the client's own gross monthly income? ..... \$ \_\_\_\_\_ / per month

**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.

**DEFINITION OF INCOME AND HOW TO CALCULATE:**

**Gross Monthly Income** - The total monthly income received before taxes. Include all sources of income as defined in *DSHS Title V, Title X & Title XX Family Planning Definition of Income*. For clients who are married or who are 18 years of age or older or for clients who are UNDER 18 years of age for whom confidentiality is not an issue, this is the income of all family members. For unmarried clients UNDER 18 years of age for whom confidentiality is an issue, this includes the income of the client only.

**How to Calculate the Gross Monthly Income** - If income is received in lump sums or at longer intervals than monthly, such as for seasonal employment, divide the income by the number of months the income is expected to cover. If paid weekly, multiply weekly income by 4.33. If paid every 2 weeks, multiply that by 2.17. If paid twice a month, multiply by 2.

**PART III – CLIENT AGREEMENT**

1. I have asked for family planning services and accepted family planning services from this clinic. I understand this clinic receives government monies from the Texas Department of State Health Services. The information that I have given to the clinic staff is true and correct to the best of my knowledge.
2. I will tell the staff at the clinic when there are any changes in my income or number of people in my family.
3. My preferred method of follow-up is? Check all that apply.      Mail    Phone    Home Visit    No Contact

**NOTE: Only the client who is to receive the family planning services may sign and date this form to request and consent to services. A requirement of spousal or parental consent is prohibited.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**NOTE: If a client uses a mark "X," a witness also signs this form.**

\_\_\_\_\_  
Signature of Witness (if applicable)

\_\_\_\_\_  
Date

**PART IV - PROVIDER ELIGIBILITY CERTIFICATION**

- Is the client eligible for Title V subsidized services? .....  Yes    No   Client Income Level (Percentage of FPL) \_\_\_\_\_ %  
 Is the client eligible for Title XX subsidized services? .....  Yes    No   Client Income Level (Percentage of FPL) \_\_\_\_\_ %  
 Is the client eligible for Title X subsidize services?.....  Yes    No   Client Income Level (Percentage of FPL) \_\_\_\_\_ %

Title V Co-payment level: \_\_\_\_\_ %      Title X Co-payment level: \_\_\_\_\_ %      Title XX Co-payment level: \_\_\_\_\_ %

Name of Agency	Signature – Agency / Staff Member	Date
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