

**SSI-E NATURAL RESIDENTIAL SETTING
 APPLICATION CHECKLIST**

Name - SSI Recipient (Last, First, MI)	County	Agency
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A. FINANCIAL ELIGIBILITY

	YES	NO		POLICY REFERENCE
	<input type="checkbox"/>	<input type="checkbox"/>	1. Currently receives SSI.	Page: 11

B. LIVING ARRANGEMENT

	<input type="checkbox"/>	<input type="checkbox"/>	2. Lives in house or apartment.	Page: 12
	<input type="checkbox"/>	<input type="checkbox"/>	3. Lives alone or with spouse only. If "NO"	Pages: 11, 15
	<input type="checkbox"/>	<input type="checkbox"/>	4. Pays proportionate share of household expenses while living with others.	
	<input type="checkbox"/>	<input type="checkbox"/>	5. Neighborhood includes non-elderly and nondisabled people; and	Page: 12
	<input type="checkbox"/>	<input type="checkbox"/>	6. Neighborhood provides access to services and community resources; and	
	<input type="checkbox"/>	<input type="checkbox"/>	7. Neighborhood offers regular and informal opportunities for social integration.	
	<input type="checkbox"/>	<input type="checkbox"/>	8. <u>Qualifies because</u> resides in a qualifying substitute care facility; and	Pages: 12, 13
	<input type="checkbox"/>	<input type="checkbox"/>	9. <u>Qualifies because</u> not part of or on the grounds of an institution.	

C. ASSESSMENT

	<input type="checkbox"/>	<input type="checkbox"/>	10. Used COP or other functional assessment process.	Page: 14
	<input type="checkbox"/>	<input type="checkbox"/>	11. Shows the need for 40 hours or more per month of primary long-term support services (SHC, DLST, CSP).	Page: 14
	<input type="checkbox"/>	<input type="checkbox"/>	12. If person lives with a spouse or is a minor child living with parent(s), then assessment <u>ONLY</u> counts needs which cannot be met because: (a) the parent or spouse is out of the home for employment; or (b) the spouse is physically or mentally not capable of providing care.	Page: 14

D. FORMS

	<input type="checkbox"/>	<input type="checkbox"/>	13. F-20818 Certification for SSI-E completed; including	Page: 16
	<input type="checkbox"/>	<input type="checkbox"/>	14. Correct effective date; and	Page: 17
	<input type="checkbox"/>	<input type="checkbox"/>	15. Social Security number correctly and legibly written.	
	<input type="checkbox"/>	<input type="checkbox"/>	16. F-20817/F-20817A Assessment Worksheet completed and on file at county agency.	Page: 16

Name – Case Worker	Today's Date	Telephone Number
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