

# Home Visiting Eligibility Worksheet

Family Name: \_\_\_\_\_

OCHIDS ID: \_\_\_\_\_

Eligibility Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete one form of income verification.**

Ohio WIC Card number:

Ohio Medicaid Card MMIS number:

**Two pay stubs – Primary Caregiver**

Date of pay stubs: (1) \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Frequency of Pay:  Weekly  Bi-weekly  Monthly

Name of employer: \_\_\_\_\_

Household size: \_\_\_\_\_

*\*Please include additional pages for additional members of the household\**

**Additional Caregiver**

Date of pay stubs: (1) \_\_\_\_/\_\_\_\_/\_\_\_\_ (2) \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Frequency of Pay:  Weekly  Bi-weekly  Monthly

Name of employer: \_\_\_\_\_

Household size: \_\_\_\_\_

*\*Please include additional pages for additional members of the household\**

**Please specify which risk factor(s): *Must identify one to be eligible***

- Yes  No Pregnant woman under age 21
- Yes  No Previous preterm birth
- Yes  No Pregnant woman with a current medical diagnosis that has the potential to affect birth outcomes
- Yes  No Family with a history of child abuse or neglect or who have had interactions with child welfare services
- Yes  No Family with a history of substance abuse or need substance abuse treatment
- Yes  No Family with a child who has a diagnosed developmental delay
- Yes  No Family with users of tobacco products in the home
- Yes  No Active Military family (Military ID number) \_\_\_\_\_
- Yes  No Family with a history of unstable housing or homelessness
- Yes  No Family with a caregiver who has a history of mental illness or other diagnosed mental health concern
- Yes  No Family with a first-time parent

### Eligibility Worksheet Guidance

Data Field	Instructions
<b>Family Name</b>	Record family last name.
<b>Home Visiting ID</b>	Record OCHIDS ID number.
<b>Eligibility Start Date</b>	Record the date you are confirming eligibility.
<b>Choose One:</b>	<b>*You must choose at least one of the following income verifications. For any caregiver who reports Medicaid as primary insurance, the Medicaid MMIS is required.</b>
<b>Ohio WIC Card</b>	Record the number found on the current WIC card.
<b>Ohio Medicaid Card</b>	Record the MMIS# found on the current Medicaid insurance card (see examples)
<b>Two Pay Stubs</b>	Record the date and amount for each pay stub.
<b>*Frequency of Pay:</b> (only if using two pay stub method of income verification)	Choose weekly, bi-weekly, or monthly based on the individual's payment schedule.
<b>* Household Size:</b> (only if using two pay stub method of income verification)	Indicate the number of individuals, including any current pregnancies, who file on the same tax form.
<b>Please specify which risk factor(s):</b> Must identify one to be eligible	<b>Identify all risk factors associated with the family. A minimum of one is required to confirm eligibility.</b>
<b>Pregnant woman under age 21</b>	Family with an expectant mother who is less than 21 years of age at time of system referral.
<b>Previous preterm birth</b>	Family consisting of a pregnant woman who reports a previous live birth that did not reach 37 weeks gestation.
<b>Family with a history of child abuse or neglect or who have had interactions with child welfare services</b>	Based on self-report or referral from child welfare: 1. An eligible caregiver or parent with active or historical involvement with child welfare as a result of allegations of child abuse or neglect; 2. A family consisting of an eligible child who has been identified as potentially being at-risk for abuse or neglect; or 3. A an eligible caregiver with a self-reported personal history of childhood abuse or neglect.
<b>Family with a history of substance abuse or need substance abuse treatment</b>	1. An eligible caregiver or parent with active or historical issues of substance abuse; or 2. Eligible caregiver or parent with documented need of substance abuse treatment from a medical or human services professional.

<p><b>Family with a child who has a diagnosed developmental delay</b></p>	<p>Caregiver or parent of an eligible child with a documented diagnosed developmental delay in any or all areas including cognitive, social, language, sensory, and emotional development. Source of diagnosis should be verified by home visitor and noted in a progress note within 30 days of establishing eligibility.</p>
<p><b>Family with users of tobacco products in the home</b></p>	<p>An eligible caregiver or parent who self-reports tobacco use, or residing in a home where other eligible caregiver(s) use tobacco products. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).</p>
<p><b>Active Military family</b></p>	<p>Family where an eligible caregiver or parent is on Active-Duty orders for service in any Department of Defense or Ohio National Guard Branch, 1. at time of referral, 2. has documented orders for upcoming active duty service for at least 90 consecutive calendar days or more.</p>
<p><b>Family with a history of unstable housing or homelessness</b></p>	<p>Family with an eligible caregiver or parent who reports current homelessness or a history of unstable housing experiences.</p>
<p><b>Family with a caregiver who has a history of mental illness or other diagnosed mental health concern</b></p>	<p>Eligible caregiver or parent reporting a current diagnosed mental illness or a history of mental health concerns. Mental Illness is defined as a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life (<a href="#">ORC 5122.01</a>)</p>
<p><b>Family with a first-time parent</b></p>	<p>Families that include 1. an eligible pregnant woman who has no other biological children; or an eligible first-time parent of an eligible infant or toddler.</p>