



Six Month Re-Determination Review Form

ATTACHMENT F

To be completed by eligibility staff to document applicant's re-determination.

Re-Determination Date Eligibility Staff Name

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Client's Name Address

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Please indicate any changes that have occurred, and attach appropriate documentation:

	Change	No Change
Living in Florida	<input type="checkbox"/>	<input type="checkbox"/>
Participating in Other Social Service Programs	<input type="checkbox"/>	<input type="checkbox"/>
Income	<input type="checkbox"/>	<input type="checkbox"/>

The client has provided updated documentation for any items marked "change" and/or updated income information where necessary. All employment income must be verified every six months.

Fill in the following information based on the re-determination:

Household Size	
FPL	
Income	
Other Programs (list all that apply)	