Situation
What county do you live in?

Describe your living situation.
☐ Married and living with my spouse.
☐ Single
☐ Unmarried and living with the parent of one or more of my children.

Are you or your spouse pregnant?
☐ Yes I am or my spouse is.
☐ Yes, my unmarried partner is.
☐ No

How many babies are expected during this pregnancy?

Children
Do you have any children ages 23 or younger that live with you at least half of the year?
☐ No
☐ Yes
If you select no, skip the next two questions.

Please list the ages of your children under 23 years old. These children must live with you for half of the year or more. If your child is under one year old, please indicate his or her age in months.

If you have children ages 19-23, how many are full time students?

Taxes & Dependents
Do you plan to file your taxes?
☐ Yes ☐ No
If you check no, please disregard the next two questions regarding tax dependents.

How many children do you plan to claim as dependents on your taxes?

How many other people do you plan to claim as dependents on your taxes?

For unmarried parents only:
Does your partner plan to file taxes?
☐ Yes ☐ No
If you check no, please disregard the next two questions regarding tax dependents.

How many children does your partner plan to claim as dependents on his/her taxes?

How many other people does your partner plan to claim as dependents on his/her taxes?

Income
For all income questions, if you don’t know, use your best guess. Choose between monthly or yearly when entering the amount.

How much money do you and your spouse (if married) make from work, before taxes and deductions?

$__________/month  OR  $__________/year

Enter to the total amount of money you and your spouse (if married) receive from the sources of income listed below:

$_____/month  OR  $_________/year
From unemployment, pensions, annuities, dividends or other taxable interest, alimony received, and/or rent or royalties.
Income (cont.)

$__________/month  OR  $__________/year

From Social Security, SSI, SSDI, RSDI, MFIP, GA, child support, worker’s compensation, disability payments, veteran’s benefits, tribal payments and/or retirement income.

If you claim other people as dependents, how much income will they earn? Include income from work and income from unemployment, pensions and annuities, dividends or other taxable interest, alimony, and/or rent or royalties.

$__________/month  OR  $__________/year

For unmarried parents only:

How much money does your partner make from work, before taxes and deductions?

$__________/month  OR  $__________/year

Enter to the total amount of money your partner receives from the sources of income listed below:

$__________/month  OR  $__________/year

From unemployment, pensions, annuities, dividends or other taxable interest, alimony received, and/or rent or royalties.

$__________/month  OR  $__________/year

From Social Security, SSI, SSDI, RSDI, MFIP, GA, child support, worker’s compensation, disability payments, veteran’s benefits, tribal payments and/or retirement income. If your partner claims other people as dependents, how much income will they earn? Include income from work and income from unemployment, pensions and annuities, dividends or other taxable interest, alimony, and/or rent or royalties.

$__________/month  OR  $__________/year

Deductions

What’s the total amount you and your spouse (if married) contribute to a health savings account and/or retirement account (IRA, 401K or 403B) and/or pay in student loan interest, education related tuition and fees, job-related moving expenses and/or alimony?

$__________/month  OR  $__________/year

For unmarried parents only:

What’s the total amount your partner contribute to a health savings account and/or retirement account (IRA, 401K or 403B) and/or pay in student loan interest, education related tuition and fees, job-related moving expenses and/or alimony?

$__________/month  OR  $__________/year

Other People

Not counting anyone you counted in the previous questions, how many other people live with you. Only list people with whom you share meals and expenses.

What is the income (earned and unearned) for all the people listed in the previous question?

$__________/month  OR  $__________/year

OVER ➔
Please indicate the programs below for which you’re already enrolled or not interested.

- Child Care Assistance
  - □ Already enrolled
  - □ Not Interested
- Energy Assistance
  - □ Already enrolled
  - □ Not Interested
- Supplemental Nutrition Assistance Program (SNAP)
  - □ Already enrolled
  - □ Not Interested
- Medical Assistance for Adults
  - □ Already enrolled
  - □ Not Interested
- Medical Assistance for Children
  - □ Already enrolled
  - □ Not Interested
- MinnesotaCare
  - □ Already enrolled
  - □ Not Interested
- School Meal Program
  - □ Already enrolled
  - □ Not Interested
- WIC
  - □ Already enrolled
  - □ Not Interested
- Earned Income Tax Credit/Working Family Credit
  - □ Already enrolled
  - □ Not Interested

**Personalized Application Plan Instructions for Screener**

Please inform your client that you will generate and mail/e-mail a personalized application plan that will guide him or her in applying for the program(s) for which household members are eligible. When generating the personalized application plan, we recommend selecting, when available, “One-on-One” assistance and sending an e-mail referral (see below). By sending an e-mail referral, an agency will follow up with the client. If the client doesn’t want assistance, ask them if they would prefer to apply online (if available) or by using a paper application. If they prefer a paper application you need to leave one with them or send it to them later.

**E-mail Referral**

By providing your contact information below, you consent to having your contact information sent to an application assistance organization that serves your county. The application assistance organization(s) will follow up with to help you apply and enroll in program(s) for which you may be eligible.

Name:

Address:

Phone Number:

E-mail:

Preferred Language:

Best Time to Contact:

Notes:

For which programs would you like a referral sent when available?

□ Health Care Programs  □ SNAP  □ Energy Assistance  □ Child Care Assistance  □ Tax Credits