



Bridge to Benefits Paper Screening Tool

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 you with 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 years 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.

OVER →

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

Please indicate the programs below for which you're already enrolled or not interested.

- | | | |
|--|---|---|
| Child Care Assistance | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| Energy Assistance | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| Medical Assistance for Adults | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| Medical Assistance for Children | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| MinnesotaCare | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| School Meal Program | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| WIC | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> Not Interested |
| Earned Income Tax Credit/Working Family Credit | <input type="checkbox"/> Already enrolled | <input type="checkbox"/> 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