

ABSENT PARENT QUESTIONNAIRE

┌

└

DATE:

FROM:

┌

└

PHONE:

FAX:

RE: _____

A Program Evaluation review is being conducted on the assistance received by the above named person. This person's case was selected entirely at random and not because there is any special question about it. Federal regulations require that a review of the assistance be made to determine if it is correct.

We are required to contact the absent parent of the children for information which has a bearing on eligibility.

Please understand this is not a request that you send money to the family but rather a request for information regarding the current and past situation. Any information you provide will be held in confidence and treated in accordance with state policies.

Please complete the attached questionnaire and return it to me in the enclosed envelope. If you have any questions, please call me, collect if necessary, at the above listed number.

This review has a deadline by which it must be completed. Therefore, I would appreciate your response by _____.

Sincerely,

Quality Control Reviewer

ABSENT PARENT QUESTIONNAIRE

RE: _____

1. To determine that you were absent from your children's home, we need to know where you were living as of _____.

Street City State Zip Code

With whom could we verify your living address for the above named month? Please provide name, address and phone number.

Name: _____ Telephone No: _____

Street City State Zip Code

2. Were you living with _____ (hereafter referred to as client) at any time during the past 6 months? Yes No If yes, list the dates of when you entered and left the home.

Entered: _____ Left: _____

3. Were the above named children living with _____ during:
(_____ Yes No) (_____ Yes No) (_____ Yes No)

If no, where and with whom did they live? _____

4. During _____, did you give the client or children any money, including gifts of money, or make any payment for them? If yes, list the dates, amounts, what the payment was for and to whom given.

5. Do you have any pensions, compensations, insurance payments or other benefits payable to the client or children? Yes No If yes, describe.

6. Are you a veteran? Yes No If yes, list dates of service _____ and your VA claim number. _____ Is the client or children entitled to any VA benefit? Yes No If yes, list amount. _____

7. Is the client or children receiving any Social Security benefits from your Social Security wage record? Yes No If yes, complete the following:

Amount: _____ Social Security Claim Number: _____

PLEASE CONTINUE TO NEXT PAGE

8. Do you have any of the following resources in the name of the client, children or owned jointly with you? Check yes or no for each item and completed the information for each item answered yes. If in your name only, do not include.

	Yes	No	Amount	Description
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		
Property	<input type="checkbox"/>	<input type="checkbox"/>		
Burial Lots	<input type="checkbox"/>	<input type="checkbox"/>		
Life Estates	<input type="checkbox"/>	<input type="checkbox"/>		
Trust Fund	<input type="checkbox"/>	<input type="checkbox"/>		
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>		
Time Certificates	<input type="checkbox"/>	<input type="checkbox"/>		

Is the resource accessible to client or children? Yes No

9. Do you have any life or other death benefit insurance on the client or children?

Yes No If yes, complete the following:

Is the insurance accessible to the insured? Yes No

Policy Owner	Person Covered	Company Name	Policy Number	Issue Date

10. Do you have health insurance on the children? Yes No

Person Covered	Company Name	Policy Number	Group Number

11. What services are covered under the health insurance?

Doctor's care Hospital care Major medical
 Prescriptions Dental Other (explain)

I certify that the above statements are correct to the best of my knowledge.

Signature _____ Date _____ Telephone _____

Signature _____ Date _____ Telephone _____