

SUCCESS INFORMATION VERIFICATION

SUCCESS information is used to verify self-reported address, household member composition, income and work information of prospective caregivers.

Instructions: Obtain the completed CPS Screening Request Form and Financial Statement (Form 44) and compare it with SUCCESS results. Answer the verification questions and complete the Action Plan.

Date of Screening:

Screener Name:

Household Name:

Resource Developer Name:

	Does the individual have an active or closed SNAP or Medicaid case from within the last 12 months?	Does the SUCCESS household composition information match self-report information?	What is the household income reported in SUCCESS?	What are the sources of income reported in SUCCESS?
Primary Caregiver	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Secondary Caregiver	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Other Adult Household Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Did SUCCESS list any current household members that were not listed on the CPS Screening Request Form? <input type="checkbox"/> NO <input type="checkbox"/> YES; If yes, list name(s), age(s) and DOB (s):				

SUCCESS Screening Information Action Plan

Based on the SUCCESS results, does it appear that the applicant provided complete household composition and financial information?

YES NO (If no, indicate next steps to resolve.)

Is additional household member composition or financial information needed from the caregiver?

NO YES (If yes, indicate next steps to resolve.)

Other Comments:

NOTE: This form is for internal use only and should not be given to the caregiver applicant to complete. Financial information in SUCCESS is not used to screen out applicants. However, it is a component of the overall financial assessment to determine if the caregiver(s) can demonstrate the personal financial stability and ability to provide for the needs of children placed on a reimbursement basis.