

# **System Outage Form for Eligibility Determination Crossroads-01**

**Purpose:** To gather eligibility data manually when Crossroads is disabled in accordance with ADM 13.0.

**Reference:** ADM 13.0

**Procedure:** Have the participant complete the enclosed form, the top part only. Local agency personnel shall verify income, residency, and identity. The method of verification shall be noted in the second part of the form. Comments may be entered in the comments section at the bottom of the form if a proxy is used, or for any other items that may need to be noted in Crossroads.

**Issuance:** To be used when Crossroads is disabled.

**Retention:** Forms shall be destroyed once information is entered into Crossroads.

# System Outage Form for Eligibility Determination Crossroads-01

Today's Date: \_\_\_\_\_ Date of next appointment: \_\_\_\_\_

Client or Family ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Source for proof of ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

Source for proof of residence: \_\_\_\_\_

Is the applicant a(n): \_\_\_\_\_ Infant \_\_\_\_\_ Child \_\_\_\_\_ Pregnant woman  
Postpartum woman \_\_\_\_\_ Breastfeeding \_\_\_\_\_ Non-Breastfeeding

Is the applicant: \_\_\_\_\_ Married \_\_\_\_\_ Single

Is the applicant: \_\_\_\_\_ Migrant worker \_\_\_\_\_ Homeless

Is the applicant a registered voter: \_\_\_\_\_ Yes \_\_\_\_\_ No, if No, is interested in registering \_\_\_\_\_ Yes \_\_\_\_\_ No

If the applicant is pregnant, if so when is due date? \_\_\_\_\_

Size of applicant's economic unit \_\_\_\_\_ Is applicant in foster care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the applicant adjunctively eligible through current participation in Medicaid, SNAP or TANF?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, what is the certification #: \_\_\_\_\_

Monthly income received: \$ \_\_\_\_\_

Source of income verification (if not adjunctively eligible) \_\_\_\_\_

Is the participant planning to move in the next 6 months? \_\_\_\_\_

If a new applicant, how did participant hear about WIC? \_\_\_\_\_

## WIC Staff to verify as needed:

\_\_\_\_\_ Adjunctive Eligibility (Medicaid, SNAP, TANF)

\_\_\_\_\_ Income

\_\_\_\_\_ Identity

\_\_\_\_\_ Residency

Notes: \_\_\_\_\_