Georgia Department of Human Services
GRG TANF Monthly Subsidy Payment (MSP) and/or
Crisis Intervention Services Payment (CRISP)
Worksheet

Grandparents Name: _____   **Date of completion**_____

AU ID #_____   **CL ID #**_____

Application date: _____   **SOP:** _____

Income eligibility for the participating grandparents: <u>**160% of the federal poverty level**</u>.

<u>MSP ELIGIBILITY QUESTIONNAIRE</u>

PART A - Determining Eligibility for GRG MSP:

1. Is the child living with the grandparent?   Yes   No

If No, the grandparent is not eligible to receive CRISP or MSP.

2. Is the grandparent or spouse of the grandparent at least 55 years old?   Yes   No

If No, next question must be asked.

3. Is the grandparent or spouse of the grandparent disabled?   Yes   No

If answer to questions no. 2 and 3 is "no", the grandparent is not eligible To receive "CRISP" or "MSP".

4. Is the grandparent or spouse of the grandparent participating in any existing foster care program and/or receiving p   Yes   No

If Yes, the grandparent is not eligible to receive CRISP or MSP.

5. What is the household's gross income? $
Do not count TANF benefits in this calculation.

6. Is this household's income below 160% of the Federal Poverty Level (FPL)?   Yes   No

If No, the grandparent is not eligible to receive CRISP or MSP.

7. How many grandchildren are there in the GRG AU?

8. What is the AU's MSP amount?   _____
Calculate @ $100.00 per eligible grandchild, per month. Enter this amount on Form 282. Complete form 281 to (1) initiate MSP or (2) issue retr

8. Was the impact of the MSP on adult Medicaid and the food stamp benefits explained?   Yes   No

(over)

CRISP ELIGIBILITY QUESTIONNAIRE

PART B - Determining the need and amount of CRISP payments:

Enter here name and ID of the child for whom the grandparent is applying for CRISP

Name: _____   **ID #:** _____

1. Has this grandparent previously received CRISP?   Yes_____   No_____

If yes, answer the following questions:
a: Name of the child for whom CRISP was received : _____
b: Amount of CRISP payments: _____
c: Date when payment was approved: _____

2. Does the grandparent present an emergency/crisis situation?   Yes _____   No_____

If No, the grandparent is not eligible for CRISP

3. Was the emergent need verified?   Yes_____   No_____

4. How much is the emergent need? $_____

5. What is the AU's CRISP amount? $_____

Show calculation:

Amount of emergency expenses: _____

Maximum TANF Grant for the AU size: _____

CRISP Amount: show calculation: _____

6. Date MSP and/or CRISP was approved: _____

7. Date Form 281 was sent to accounting: _____

Case Manager's Notes/comments:
_____

_____

_____

_____   _____
Case Manager's name/load #   Date

_____   _____
Supervisor's name   Date