



**CLIENT ASSESSMENT UNIT (CAU) MEMORANDUM**

TO: Client Assessment Unit (CAU)

From FCRC:

Date:

IES Number

Re:

\_\_\_\_\_ Case Name

\_\_\_\_\_ Referred Person's Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Date of Birth

**Type of Assessment: (check one)**

- New     Re-exam\*     DHS Appeal\* (Appeal No.) \_\_\_\_\_     Other (added information)\*

\* In addition to recent or new medical information, also attach all medical information previously sent for prior CAU decisions for this person.

- Noncitizen Emergent Medical Need
- Meets Eligibility Requirements under ACA or FHP
- OR -
- AABD
- Aged
- Blind or Disabled (Requires CAU decision)

- TANF Medical Condition
- Review of the client's Medical Condition
- OR -
- Review for Family Medical Care Barrier
- Qualifying Spouse
- Child under age 18

TANF Counter: \_\_\_\_\_

TANF 60-month Exception request?

Yes \_\_\_ No \_\_\_

- AABD Disability (Citizens)

Comments:

**For Noncitizen Emergent Need:**

Application Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

DOS Requested: \_\_\_\_\_

\_\_\_\_\_ Caseworker (Full Name)

\_\_\_\_\_ Caseload

\_\_\_\_\_ Phone