

ELIGIBILITY WORKSHEET

**NON-CUSTODIAL PARENTS OF WORK FIRST CHILDREN AND
LOW-INCOME FAMILIES (at or below 200% of poverty)**

Check One: Families At or Below 200% of Poverty Non-Custodial Parent of Work First Child

Language Preference: _____ Do you need an interpreter/translator? YES NO

The services of an interpreter/translator can be provided, at no cost to you, by the agency.

Do you have a disability you wish to report? (The reporting of a disability is strictly VOLUNTARY.)
 Yes None/Prefer not to report

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such "impairment" (Americans with Disabilities Act of 1990)

Do you need help to complete the application or interview process? Yes No

You only have to provide U.S. citizenship and immigration status information for individuals applying for Work First services.

Parent/Caretaker's Name(s): _____ U.S. Citizen Qualified Immigrant
 _____ U.S. Citizen Qualified Immigrant

Address: _____
 _____ Phone No. _____

For Non-Custodial Parent of Child(ren) currently receiving Work First:

Name of Child: _____ Work First Case ID: _____

Work First Casehead: _____ County Case No.: _____

You only have to provide U.S. citizenship and immigration status information for individuals applying for Work First services.

For Families With Income At or Below 200% of Poverty, show children(ren) living in the home:

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>	<u>Citizenship and Immigration Status</u>	
_____	_____	_____	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Qualified Immigrant
_____	_____	_____	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Qualified Immigrant
_____	_____	_____	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Qualified Immigrant
_____	_____	_____	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Qualified Immigrant

Employer: _____

Employer Address: _____

Source of Income	Monthly Gross Amount
	Total:

FEDERAL POVERTY GUIDELINES 2012 (MONTHLY AMOUNTS)

Family Size: Income Limit for This Size Family:									
Family Size	1	2	3	4	5	6	7	8	
200%	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	\$5,162	\$5,822	\$6,482	For each additional family member, add \$660
150%	\$1,397	\$1,892	\$2,387	\$2,882	\$3,377	\$3,872	\$4,367	\$4,862	For each additional family member, add \$495

<p>Worker Signature and Date</p> <p>_____</p> <p>_____</p> <p>Date _____</p>	<p>Non-Custodial Parent/Family Head Signature and Date</p> <p>I certify the information I have given is accurate and complete to the best of my knowledge. I understand that this information may be verified.</p> <p>_____</p> <p>Date _____</p>
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___ Approved ___ Denied Date Approved or Denied: _____

Authorization Period (1 to 12 months): _____

Date Food and Nutrition Services Notified of Authorization Period: _____

Date DSS-5027 keyed with services provided:

Document in the case record the parent/family's goals, activities, and the specific services provided.