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

Parent/Caretaker's Name(s): _____ ☐ US Citizen ☐ Eligible Alien

_____ ☐ US Citizen ☐ Eligible Alien

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.:_____

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

Name	**Age**	**Relationship to Applicant**	**Citizenship**
_____	_____	_____	☐US Citizen ☐Eligible Alien
_____	_____	_____	☐US Citizen ☐Eligible Alien
_____	_____	_____	☐US Citizen ☐Eligible Alien
_____	_____	_____	☐US Citizen ☐Eligible Alien

Employer: _____

Employer Address: _____

Income:

Source Of Income	**Monthly Gross Amount**
Total Monthly Income	

Family Size:					**Income Limit for This Size Family**:				
Family Size	1	2	3	4	5	6	7	8	
200%	$ 1595	$ 2139	$ 2682	$ 3225	$ 3769	$ 4312	$ 4855	$ 5399	For each additional family member, add $ 544.00. *2005*
150%	$1197	$ 1604	$ 2012	$ 2419	$ 2827	$ 3234	$ 3642	$ 4049	For each additional family member, add $408.00. *2005*

Worker Signature and Date	**Non-Custodial Parent/Family Head Signature and Date**
_____	**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.**
Date _____	_____
	Date _____

☐Approved ☐Denied Date Approved or Denied: _____

Authorization Period (1 to 12 months): _____
Date Food Stamp Unit Notified of Authorization Period: _____
DSS-5027 keyed with services provided. _____
Document in the case record the parent/family's goals, activities, and the specific services provided.

DSS-8225 Rev. 04/05
Family Support and Child Welfare Services