

CPS Expansion (TANF Transfer to SSBG) Eligibility Documentation Form

Child Name: _____

Case Number: _____

1. Is the family's income at or below 200% of Federal Poverty Level (FPL)?

Yes No

How was this verified? Please check all that apply.

- Work First
- Medicaid
- NC Health Choice
- Food & Nutrition Services
- Family's self-report of income

2. Is the child a US citizen or qualified alien?

Yes No

Social Worker Signature

Printed Name

Date Eligibility Determined