**ELIGIBILITY INFORMATION SYSTEM**

**APPLICATION FOR WORK FIRST FAMILY ASSISTANCE, MA, REFUGEE, AND SA**

**APPLICATION TYPE**

- [ ] NEW APPLICATION
- [ ] REAPPLICATION
- [ ] ADD AN INDIVIDUAL
- [ ] ADMINISTRATIVE ADD INDIVIDUAL(S) TO CASE
- [ ] AUTOMATIC NEWBORN
- [ ] RETROACTIVE BENEFITS
- [ ] MA RETROACTIVE BENEFITS
- [ ] NEW MA APPLICATION WITH RETROACTIVE BENEFITS
- [ ] MA REAPPLICATION WITH RETROACTIVE BENEFITS

**Food Stamps**

- I would like to apply for Food Stamps. [ ] Yes [ ] No
- I currently receive Food Stamps. [ ] Yes [ ] No

**APPLICATION DATE**

- Month
- Day
- Year

**DISPOSITION**

- MONTH
- DAY
- YEAR

**DISPOSITION DATE**

- MONTH
- DAY
- YEAR

**NOTICE OVERRIDE**

- TYPE
- D [ ] Dental
- W [ ] Withdrawal

**REASON**

- TYPE
- D [ ] Dental
- W [ ] Withdrawal

**JOBS/WORK REQUIREMENTS**

- PRESENT WORK
- REASON
- TYPE
- D [ ] Dental
- W [ ] Withdrawal

**AUTOMATIC NEWBORN**

- ADM
- BD
- TRANS
- DIS/DET
- RETRO
- ONG
- PNL-PLAN
- MOB-01
- REASON
- TYPE
- D [ ] Dental
- W [ ] Withdrawal

**CASEWORKER/S SIGNATURE**

**WITNESS/U27S SIGNATURE**

**COUNTY DIRECTOR’S SIGNATURE & DATE**

**DSS 8124 (REV.02/08)**

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