

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 PDC#:** _____

Work First Head of Household: _____ **Income Support #:** _____

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 INCOME GUIDELINES 2016 (MONTHLY AMOUNTS)

| Family Size: Income Limit for This Size Family: | | | | | | | | | |
|--|---------|---------|---------|---------|---------|---------|---------|---------|--|
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 200% | \$1,980 | \$2,670 | \$3,360 | \$4,050 | \$4,740 | \$5,430 | \$6,122 | \$6,815 | For each additional family member, add \$693 |
| 150% | \$1,485 | \$2,003 | \$2,520 | \$3,038 | \$3,555 | \$4,073 | \$4,591 | \$5,111 | For each additional family member, add \$520 |

| | |
|---|---|
| <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> |
|---|---|

Approval Date: _____ Authorization Period (1 to 12 months): _____

Denial Date: _____ Denial Reason: _____

Date DSS-5027 keyed: _____ Food and Nutrition Services Notification Date: _____

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

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion or age in the admission, treatment, or participation in its programs, services and activities, or in employment.