

**Work First Cash Assistance Cap Evaluation  
(Evaluate children born June 1, 1997 or later)**

Payee Name \_\_\_\_\_

PDC# \_\_\_\_\_

	Name of Child	Date of Birth	10 <sup>th</sup> Month	Names of Parents	* Did Parent Receive WFCA in 10 <sup>th</sup> month?	Is Child Cap?	Exclusion? & evidence added as applicable?
1				Mother	Yes or No	Yes or No	Yes or No
				Father	Yes or No		
2				Mother	Yes or No	Yes or No	Yes or No
				Father	Yes or No		
3				Mother	Yes or No	Yes or No	Yes or No
				Father	Yes or No		
4				Mother	Yes or No	Yes or No	Yes or No
				Father	Yes or No		
5				Mother	Yes or No	Yes or No	Yes or No
				Father	Yes or No		

Worker Signature \_\_\_\_\_

Date \_\_\_\_\_