

County Name: _____

ICS: _____

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

[DSS- 10001, Language Services Agreement](#) (For Limited English Proficiency (LEP) Customer) provided and signed by applicant. *(The services of an interpreter/translator can be provided, at no cost to you, by the agency.)*
[Instructions for completing the DSS-10001](#)

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)

[Learning Needs Screening Tool Waiver & Consent Agreement \(DSS-5330\)](#)

Completed Declined [Learning Needs Screening Tool \(DSS-5327\)](#)

Do you need help to complete the application or interview process? Yes No

Provided Voter Registration application (Provide voter registration application to all applicants. Refer to WF Manual Section 104)

Does anyone that you are applying for have an Intentional Program Violation? Yes No

Is anyone that you are applying for:

Trying to avoid a felony prosecution? Yes No Name: _____

Fleeing from law enforcement? Yes No Name: _____

Trying to avoid jail after conviction of a felony? Yes No Name: _____

In violation of the conditions of probation or parole? Yes No Name: _____

Convicted of a drug-related felony committed on or after August 23, 1996? Yes No

Name: _____ **If yes,** was the conviction in North Carolina? Yes No

If convicted in North Carolina, what was the classification of the felony? Class: _____
[Classification of felony must be verified by Agency. These individuals may not be eligible for services.]

You only must 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 Cash PDC#: _____
 Work First Head of Household: _____ Income Support #: _____

List children living in the applicant's 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
_____	_____	_____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Immigrant

1. Employer: _____
 Employer Address: _____

Source of Income	Monthly Gross Amount
	Total:

2. Employer: _____
 Employer Address: _____

Source of Income	Monthly Gross Amount
	Total:

Total of resources available to applicant household: \$ _____ [resources must not exceed \$3000]

FEDERAL POVERTY INCOME GUIDELINES 2021 (MONTHLY AMOUNTS)										
Family Size	1	2	3	4	5	6	7	8	9	10
200%	\$2,147	\$2,903	\$3,660	\$4,417	\$5,173	\$5,930	\$6,687	\$7,443	\$8,200	\$8,957
150%	\$1,610	\$2,178	\$2,745	\$3,313	\$3,880	\$4,448	\$5,015	\$5,583	\$6,150	\$6,718

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.

I, _____, certify the information I have given is accurate
(Applicant's Signature)

and complete to the best of my knowledge. I understand this information may be verified.

Date Signed: _____

Worker's Signature

Date