

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
	<b>Total:</b>

2. Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Source of Income	Monthly Gross Amount
	<b>Total:</b>

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
<b>200%</b>	\$2,147	\$2,903	\$3,660	\$4,417	\$5,173	\$5,930	\$6,687	\$7,443	\$8,200	\$8,957
<b>150%</b>	\$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