



## Making Work Count Eligibility Determination Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Are you a U.S. citizen or legal resident with the right to work in the US?  Yes  No

Check all you are receiving:  CalWORKS  Food Stamps  Medi-Cal

Do you have an income?  No  Yes, Source(s) of Income: \_\_\_\_\_

Your gross monthly income amount (before taxes or deductions- verification required) \$ \_\_\_\_\_

Have you been convicted of a misdemeanor or felony?  No  Yes, explain: \_\_\_\_\_

Have you been, or are you currently being treated for substance abuse?  No  Yes, explain: \_\_\_\_\_

Are you a (please circle one): **Custodial Parent** **Non-Custodial Parent**

### To Be Completed By Non-Custodial Parent

Are you or your non-custodial parent(s) of child(ren) in your home or of child(ren) living in another household who are:  Receiving CalWORKs or  Living in a household that meets the low income qualification?

A custodial or non-custodial parent must submit proof of income, child existence, and the relationship to the applicant with this application form that clearly verifies the child(ren) in your home or of child(ren) living in another household.

Please provide information for **ALL** persons living with you.

Total Family Size Including Applicant: \_\_\_\_\_

Total Monthly Income for the Entire Family: \_\_\_\_\_

|       |  |                |                |
|-------|--|----------------|----------------|
| Name: | Relationship to Applicant:   |                |                |
|       | Age:   | Date of Birth: | Last 4 of SSN: |
|       | Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                |
|       | If yes, source of income:  |                |                |
|       | Monthly Gross Income Amount (verification required):                                   |                |                |

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|       |  |                |                |
|-------|--|----------------|----------------|
| Name: | Relationship to Applicant:                           |                |                |
|       | Age:   | Date of Birth: | Last 4 of SSN: |
|       | Does this person have income? ___ Yes ___ No         |                |                |
|       | If yes, source of income:                            |                |                |
|       | Monthly Gross Income Amount (verification required): |                |                |
| Name: | Relationship to Applicant:                           |                |                |
|       | Age:   | Date of Birth: | Last 4 of SSN: |
|       | Does this person have income? ___ Yes ___ No         |                |                |
|       | If yes, source of income:                            |                |                |
|       | Monthly Gross Income Amount (verification required): |                |                |
| Name: | Relationship to Applicant:                           |                |                |
|       | Age:   | Date of Birth: | Last 4 of SSN: |
|       | Does this person have income? ___ Yes ___ No         |                |                |
|       | If yes, source of income:                            |                |                |
|       | Monthly Gross Income Amount (verification required): |                |                |
| Name: | Relationship to Applicant:                           |                |                |
|       | Age:   | Date of Birth: | Last 4 of SSN: |
|       | Does this person have income? ___ Yes ___ No         |                |                |
|       | If yes, source of income:                            |                |                |
|       | Monthly Gross Income Amount (verification required): |                |                |

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### Certification

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information on this application is true, correct and complete. I also understand that I must provide verification of income, relationships and right to work documents.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**CI Staff:** \_\_\_\_\_

**Authorizer:** \_\_\_\_\_

**Date:** \_\_\_\_\_