

## Client Assistance Program Eligibility Form

### Head of Household (HOH)

Name: _____	Date of Birth: _____	Phone: _____
-------------	----------------------	--------------

### Spouse and Dependents under Age 19 in Household:

Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:
Name:	Relation to HOH:	Date of Birth:

**Total Gross Household Work Income:** \$ \_\_\_\_\_ / month

### Please list everyone in the Household who is working & the name of their employers:

Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____	Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____
Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____	Name: _____ Unemployed _____ Employed _____ Employer: _____ Self-Employed: _____

### Total Household Non-work Income

(includes support from parents)

Child Support	\$ _____	/ mo.
Alimony	\$ _____	/ mo.
SSI/SSDI	\$ _____	/ mo.
Unemployment	\$ _____	/ mo.
Workers Comp	\$ _____	/ mo.
<b>Other</b> -If you are unemployed or a student, this includes the value of housing and food support provided by another person.	\$ _____	/ mo.

### Total Household Outgoing Expenses

Child Support	\$ _____	/ mo.
Elder Support	\$ _____	/ mo.
Medical Expenses	\$ _____	/ mo.
Health Insurance	\$ _____	/ mo.
<b>Other</b> (Please specify) <b>Note:</b> This does not include things like rent, car payments, credit card debt, or other similar expenses...	\$ _____	/ mo.

By signing below, I am attesting that the information presented on this paper is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Signature (if applicable): \_\_\_\_\_

### Office Use Only:

Income \_\_\_\_\_  
 Deductions \_\_\_\_\_  
 CAP rating: \_\_\_\_\_

Family Size \_\_\_\_\_  
 Eligibility Technician \_\_\_\_\_  
 Date processed: \_\_\_\_\_

<p><b>Work Income:</b> Please provide 1 of the following for each member in Household working</p>	<input type="checkbox"/> One month of current pay stubs showing GROSS income
	<input type="checkbox"/> Current letter from Employer stating Hourly Wage, Hours worked, pay frequency, Gross Monthly income (before taxes and any other deductions) and TIPS on company letterhead
<p><b>Self Employment</b> (if applicable): Please provide documentation for each member in the Household that is Self Employed</p>	<input type="checkbox"/> Previous month of Self Employment ledgers or Profit and Loss statement showing gross income received and business expenses paid
<p><b>Non-Work Income</b> (if applicable): Award letter, legal document, pay stubs, etc., are required for the following types of income for everyone in the Household that may be receiving</p>	<input type="checkbox"/> Social Security Disability Income <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> SSA Survivor's Benefits <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Alimony <input type="checkbox"/> Pensions <input type="checkbox"/> Rental Income <input type="checkbox"/> Any other non-work income