County Case #_____

Work First **Information Transmittal**

TO: ☐ *Work First* Family Assistance ☐ *Work First* Employment Services ☐ Child Day Care Services
(Check One)

FROM: _____ **DISTRICT #** _____ **DATE:** _____

RE: Casehead: _____EIS Case ID No. _____

Participant: _____EIS Ind. ID No. _____

Employment

The above participant is employed.

Date employment reported: _____   Date employment began: _____

Employer name and address: _____

_____

Frequency of pay: _____   Date first pay expected: _____

Rate of pay: _____   Number of hours per pay period: _____

Work First Employment Services

☐   Initiate a sanction in the above *Work First Family Assistance* case effective _____   This is the

_____sanction.

☐   This is a two-parent family Pay-after-Performance case that (check one)   ☐has / ☐has not met the

required hours and (check one)   ☐may / ☐ may not be issued a check.

☐   Terminate Work First Family Assistance due to: _____

☐   Other _____

Child Care

☐   The family requests assistance in arranging child care. Please notify *Work First* of the
arrangement within five workdays of when it is established.

☐   Child Care authorized beginning _____

☐   Payment amount: _____   Fee amount: _____

☐   Child Care assistance has ended (should end) effective _____

☐   Reason: _____

☐   Other _____

Comments:

DSS-6904 (Rev. 11/05) Family Support and Child Welfare Services Section