ELIGIBILITY INFORMATION SYSTEM
APPLICATION FOR WORK FIRST FAMILY ASSISTANCE,MA,REFUGEE,AND SA

FORM I.D.

CO.NO.   CO.CASE NUMBER   DIST.NO.

WORKER

COUNTY

ADDRESS LINE 1

APPLICATION TYPE

(X ONE)

1 ☐ NEW APPLICATION

4 ☐ NEW MA APPLICATION WITH RETROACTIVE BENEFITS

2. ☐ REAAPPLICATION

5 ☐ MA REAPPLICATION WITH RETROACTIVE BENEFITS

3. ☐ ADMINISTRATIVE ADD INDIVIDUAL(S) TO CASE

6 ☐ ADD AN INDIVIDUAL

7 ☐ AUTOMATIC NEWBORN

Food Stamps:

I would like to apply for Food Stamps. ☐ Yes ☐ No

I currently receive Food Stamps. ☐ Yes ☐ No

Food Stamp No.:

ADDRESS LINE 2

CITY   STATE   ZIP CODE

Adm. (Y/N) BD (Y/N) Trans. (Y/N) DIS/DET y/n ong retro

AID Pro-Cat   FAM-PLAN (Y/N)   MQB-QI (Y/N)   Health Choice (Y/N)

CASE I.D.

C/H Inclu (Y/N)   HOW APP. RECEIVED   Total # on this App.

LINE NO.	CASE INDIVIDUALS FIRST MI LAST	SUFFIX	DATE OF BIRTH MONTH DAY YEAR	RACE	SEX	SOCIAL SECURITY NO. required for applicants only
	To be included in case? (Answer for Types 1,2, 4, 5 and 7) ☐ YES ☐ NO Is this the Casehead/Payee? (Answer for Types 3 and 6) ☐ YES ☐ NO					
01			CD			
	INDIVIDUAL I.D.					
02			CD			
	INDIVIDUAL I.D.					
03			CD			
	INDIVIDUAL I.D.					
04			CD			
	INDIVIDUAL I.D.					
05			CD			
	INDIVIDUAL I.D.					
06			CD	APPLICATION DATE Month Day Year		I have read the statements on the back of this form and understand and agree to them all. APPLICANT'S/REPRESENTATIVE'S SIGNATURE
	INDIVIDUAL I.D.					

DISPOSITION

PROSP. DISPO.

TYPE D ☐ Denial W ☐ With-drawal

DISPOSITION DATE Month Day Year

REASON

NOTICE OVERRIDE

DISPOSITION

RETRO. DISPO.

TYPE D ☐ Denial W ☐ With-drawal

DISPOSITION DATE Month Day Year

REASON

NOTICE OVERRIDE

JOBS/WORK REQ.SAVINGS REASON

WITNESS'S SIGNATURE

CASEWORKER'S SIGNATURE:(WITNESS)

COUNTY DIRECTOR'S SIGNATURE & DATE

White Copy - Data Entry.

Canary Copy - Files.

Goldenrod Copy- Food Stamp Office

DSS 8124 (REV.02/08)