

**SUBSIDIZED EMPLOYMENT ELIGIBILITY DETERMINATION FORM**

**Referring Agency & Program (Section 1)**

<b>Referring Agency &amp; Program:</b>	<b>Type of Referral:</b> <input checked="" type="checkbox"/> <b>Subsidized Employment</b>
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**Applicant Information – To Be Completed By Applicant (Section 2)**

<b>PARENT/PARTICIPANT INFORMATION</b>		<b>Cell Telephone No.:</b>
<b>Name:</b>	<b>Home Telephone No.:</b>	
<b>Address:</b>	<b>Work Telephone No.:</b>	
<b>Age:</b>	<b>Date of Birth:</b>	<b>Last 4 digits of SSN:</b>
Do you have income? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Source(s) of Income:		
Your Monthly Gross Income Amount ( <b>before taxes/deductions</b> - verification required):		
Are you a U.S. citizen or legal resident with the right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Household and Income Information – To Be Completed By Applicant (Section 3)**

Below, please provide information on all persons living with you, including yourself. Please continue on a separate sheet for additional household members.

<b>Name:</b>	<b>Relation to Applicant (verification required):</b>		
	<b>Age:</b>	<b>Date of Birth:</b>	<b>Last 4 digits of SSN:</b>
	Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, Source(s) of Income:		
	Monthly Gross Income Amount (verification required):		
<b>Name:</b>	<b>Relation to Applicant (verification required)</b>		
	<b>Age:</b>	<b>Date of Birth:</b>	<b>Last 4 digits of SSN:</b>
	Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, Source(s) of Income:		
	Monthly Gross Income Amount (verification required):		
<b>Name:</b>	<b>Relation to Applicant (verification required)</b>		
	<b>Age:</b>	<b>Date of Birth:</b>	<b>Last 4 digits of SSN:</b>
	Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, Source(s) of Income:		
	Monthly Gross Income Amount(verification required):		
<b>Name:</b>	<b>Relation to Applicant (verification required):</b>		
	<b>Age:</b>	<b>Date of Birth:</b>	<b>Last 4 digits of SSN:</b>
	Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, Source(s) of Income:		
	Monthly Gross Income Amount (verification required):		
<b>Are you receiving or have received within the last 12 months: (check all that apply)</b>	<input type="checkbox"/> <b>CalWORKs</b> <input type="checkbox"/> <b>Food Stamps</b> <input type="checkbox"/> <b>(\$0 Share of Cost) Medi-Cal</b>		
<b>Are you or your spouse a non-custodial parent of child receiving CalWORKs or Medi-Cal in another household?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes Name of Child:</b>	
<b>Family Size:</b>	<b>Family's Total Monthly Gross Income:</b>	\$	

You must submit proof of income and verify the child(ren) in your home. It is recommended that you submit verification of income, child existence, and relationship to applicant with this application or you will be asked to provide it later. Examples of acceptable verification documents are listed on the next page.

**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.

_____	_____
Applicant's Signature	Date

