## WORK FIRST ASSISTANCE APPLICATION

Applicant Name: Sammie				Date of Application:		
Address:				Telephone:		
Case No.:		District N		County:		l
HOUSEI	IOI D. I 11		11 1 6 1		. 1	
HOUSEI	<b>HOLD:</b> List all	househo	old members for who	m Assistance is bein	g requested:	
(Non-Application Name	nt household member Date of	s are not re	equired to provide a social Social Security No.	security number, immigr Citizen/Eligible	rant, or citizen status)  Relationship	
Name	Birth		Social Security 140.	Immigrant	Keiationsinp	
	08/16/2010	M		Y	Son	
	04/14/2012	F		Y	Daughter	
Does the household inclu	de a child who meets	the Work	First age rule? □ Yes □	No		
T A 19112 2 2A	1.10 1	XX 1 E	.1: 1: 10 37	N		
Is the child living with an	adult who meets the	Work Firs	t kinship rule?   Yes	□ No		
Has anyone listed on the	EA application ever r	eceived E	A?   Yes When:	□ No		
Dogg onrong live in the h	ama that is not listed	on the EA	amuliantian? - Vas -	No		
	ome that is not listed idividual(s) a roomer.		application? □ Yes □ □ Yes □ No	No		
	( )					
m . 1 1	.1.1 1		Φ 000 00			
Total assessed m	onthly need:		\$ 900.00			
	Wo	orker Q	uality Assessmer	nt (circle one):		
			_			
	(	Poo:	r) Ex	cellent		
		$\overline{}$				
Applicant Stateme	e <b>nt•</b> Lunderstand	l that it i	s against the law for	me to make false sta	tements and that I at	m
			he information that I			
			belief. I certify, un			
			lified immigrants. I			
			746) that the foregoin			8
			ary to determine my			
1 The so	- •		,		•	
Witness's Signature				oplicant's/Representative'	s Signature	Date
winces a signature			A	pricant s/representative	o Digitature	Date

DSS-8169 (rev. 04/08) Family Support and Child Welfare Services Section