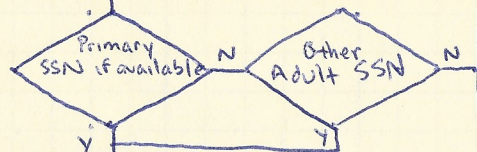


Form Filler

- name
- address
- contact
- signature



Enter SSN

Check for Duplicates

NO

Y

Show Duplicate Submission

Assistance Program

Y

N

Choose Program - case #

of Children

Any Foster

Y

N

Any Special

Y

N

Both

Y

N

n Child R

- name
- student status

Child F

- name
- student status
- foster?

Child S

- name
- student
- program list

Child B

- name
- student
- foster
- programs

Adults in Household

First Adult Income

- name

Military

Y

N

Military Wages rate

FOR EACH TYPE

Income Type Y/N

- 12 months
- amount
- frequency

