In addition to universal access under Labor Exchange, basic career services can be provided universally with WIOA Title I funding.

WIOA Program Staff shall ensure that all adults enrolled in a WIOA funded adult program are eligible. Program operators shall also ensure that adults who are enrolled to receive services meet the Priority of Service criteria.

There are three types of career services: basic, individualized, and follow-up. There is no sequence requirement for basic and individualized which can be provided in any order to provide flexibility in targeting services to the needs of the customer. Follow-up, however, can only be provided after exit.

Individuals must be registered, determined eligible and enrolled to receive WIOA Title I funded, staff-assisted career services beyond self-service or informational activities.

Individuals 18 years of age or older who are registered, meet the eligibility criteria for, and are enrolled in the WIOA adult program are eligible to receive career services.

Note: Self-service and informational activities are services made available and accessible to the general public that are designed to inform and educate individuals about the labor market and the range of services appropriate to their situation, and that do not require significant staff involvement with the individual in terms of resources or time.

Both can be provided before registration and neither constitutes enrollment as neither is formally recognized as a staff-assisted WIOA service. Significant staff involvement includes staff’s assessment of a participant’s skills, education or career objectives to assist the participant in making a decision or accessing information as opposed to staff providing a participant with readily-available information that does not require an assessment.

Typically, enrollment occurs on-going on a “first come, first served” basis giving priority to veterans and other covered individuals within the categories of priorities listed below.

**FIRST PRIORITY**

Covered persons, (veterans and eligible spouses), who are low income, recipients of public assistance, or basic skills deficient.
Priority of service entitles veterans or spouses to precedence over eligible non-covered persons in accessing service. The veteran or spouse is given enrollment or services earlier in time than others who are waiting for the same assistance. If program and service resources are limited, then the veteran or spouse is given access instead of others.

**NOTE:** This does not mean that the veteran or spouse is given “bumping rights” over others who are already enrolled and/or receiving services.

Priority of service guidelines can appear inconsistent given the Jobs for Veterans Act and local program requirements. When multiple priorities for a given program or service arise giving the appearance of conflicting priorities, local policy and procedure shall define the hierarchy of priorities that resolves the conflicts.

After meeting the eligibility requirement for the program, the veteran must be given priority over all non-veterans who also meet the requirement. Priorities set by federal statute are at the top of the hierarchy. Federal law sometimes allows targeting at the state or local level, but in these cases, priority of service for veterans takes precedence over state and local level targeting.

All “qualified” programs must use the broad definitions for veterans and eligible spouses at point of entry into their programs. WIOA Program Staff must verify the status of an individual as a veteran or eligible spouse at the eligibility determination and enrollment into the program.

Definitions:

- **Veteran** means a person who was in active military service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2). Active service also includes full-time duty in the National Guard or a Reserve component, other than full time duty for training purposes.

- **Eligible Spouse** as defined in section 2(a) of JVA (38 U.S. C. 4215(a)) means the spouse of any of the following:
  - Any veteran who died of a service-connected disability;
  - Any member of the Armed Forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
    - Missing in action;
    - captured in line of duty by a hostile force; or
    - forcibly detained or interned in line of duty by a foreign government or power;
  - Any veteran who has a total disability resulting from a service connected disability, as evaluated by the Department of Veterans Affairs;
  - Any veteran who died while a disability, as indicated in paragraph (3) of this section, was in existence.
SECOND PRIORITY

Individuals who are determined to be low income (based upon definition such as recipients of public assistance and other low-income individuals and those who are Basic Skills Deficient. The term "low-income individual" means an individual who:

- Receives, or is a member of a family that receives, cash payments under a Federal, State, or local income-based public assistance program; or

- Received an income, or is a member of a family that received a total family income, for the 6-month period prior to application for the program [exclusive of unemployment compensation, child support payments, payments described in subparagraph (A), and old-age and survivors insurance benefits received under section 202 of the Social Security Act (42 U.S.C. 402)] that, in relation to family size, does not exceed the higher of:
  - the poverty line, for an equivalent period; or
  - less than 70 percent of the Lower Living Standard Income Level (LLSIL), for an equivalent period;
  - See Attachments 5 & 6 for Includable and Excludable income
  - The income guidelines for the adult program are updated and distributed annually. They are available for viewing on the PacMtn website.

- Or is a member of a household that receives (or has been determined within the 6-month period prior to application for the program to be eligible to receive) food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.); or

- Qualifies as a homeless individual, as defined in subsections (a) and (c) of section 103 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11302); or

- Is a foster child on behalf of whom State or local government payments are made; or

- Is an individual with a disability whose own income meets the low income requirements as an individual, even though they live with their family and that family’s income is above the income requirements.

The following provides examples of when an individual who is 24 years of age or younger must be considered as a dependent (cannot be counted as a family of one):

Example 1 –

A youth not yet 18, who is not emancipated or a runaway, is living “at home” with their parents or guardians, is supported by them, and will be counted as a dependent on the parents’ income tax for that year. The youth will also be considered a dependent if they are in the temporary care of another individual or household to whom they are not related but are supported by (and are not claimed as a dependent by that household);
Example 2 –

A youth age 18-19 who is a full-time student in a secondary school or equivalent and is living “at home” with their parents or guardians, are primarily supported by their parents and will be counted as a dependent on the parents’ income tax.

Example 3 –

A youth age 18-24 who is not a full-time student and is living “at home” with their parents or guardians, are primarily support by them and will be counted as a dependent on the parents’ income tax.

Example 4 –

A guardian claims the youth as a dependent. A guardian is a blood relative (e.g. grandparent, aunt or uncle) or another legally recognized relative (e.g., decree of court) who claims the youth as a dependent. The key factors are:

- Relationship by blood or decree of court;
- Living in a single residence; and
- The youth is claimed as a dependent (on federal tax return).

Individuals (non-covered persons) who are low-income (may include unemployed individuals), recipients of public assistance, or basic skills deficient.

The mandatory priority criteria (low-income / public assistance recipients / basic skills deficient) have preference over covered persons (veterans and eligible spouses) who do not meet the mandatory priority criteria.

**THIRD PRIORITY**

Covered persons (veterans and eligible spouses) who are not low- income and not basic skills deficient.

Guidelines for serving covered persons apply in the third category (individuals who are not low-income / public assistance recipients / basic skills deficient). WorkSource System Policy 1009 Rev. 3 Priority of Service.

**FOURTH PRIORITY**

PacMtn has established additional priority groups for priority for services beyond the minimum adult eligibility. WorkSource Policy 1019, Revision 6.

In the PacMtn region, WIOA Program staff may also serve these other eligible individuals who are not recipients of public assistance, not low-income, not basic skills deficient after first serving eligible individuals who meet the established priority selection criteria;

AND

These individuals are required to complete a Self-Sufficiency Matrix.
NOTE: Up to twenty percent (20%) of the total number of participants enrolled in any program year may be enrolled using this criteria.

NOTE: Washington’s Marriage Equality Act (RCW 26.60) expands the definition of a “married couple” beyond that of a male and female couple. The US Department of Justice will no longer defend the federal “Defense of Marriage Act” as a number of courts have held it is unconstitutional, including the 1st and 2nd Circuit Court of Appeals. Accordingly, in relation to this policy, the state is expanding its definition of a married couple beyond that of a male and a female.

NOTE: An individual who is 18 years of age or older and lives with their family may be counted as a family of one if in the last six months they have had income that equals at least 30% of the OMB Poverty guidelines and are not going to be counted as a dependent on another’s income tax for the year in which they apply to the program. Their income may be in form of public assistance for their own child or children. A collateral statement from the family member(s) they live with is required to document that they are not going to be a dependent on their tax return (unless they receive public assistance for themselves and their child or children).

Procedures

WIOA Program Operators must complete a 100% verification of eligibility. Participants must be eligible on the first day of enrollment into a WIOA funded program. Attachment 1, the Adult Eligibility Criteria & Documentation form provides a list of eligibility criteria and examples of acceptable documentation.

To enroll an individual into a WIOA funded program, Program Operators shall follow these steps to ensure that a correct determination has been made:

Step 1
WIT System Data Entry Requirements (WorkSource Integrated Technology System)
Please follow all current and future Workforce Integrated Technology (WIT), System guidance, training, instructional materials and direct departmental or program supervisor instruction and policies developed.

If applicant or participant information is already entered in the WIT System, staff must verify that the information is current and/or makeup dates.

To deliver Career or Training Services, the program staff person is required to enter participant and program specific data which will create an Individual Employment Plan/Service Plan.

**Step 2**
Complete an Eligibility Verification Form, check eligibility status and sign. Copies of supporting documentation must be filed in the participant’s ETO Account.

**Step 3**
A staff person (other than the staff who completed the Eligibility Verification Form and determined eligibility) must review the supporting documentation and the Eligibility Verification Form to determine if a correct determination has been made.

If the second review shows that the applicant is not eligible, the file must be given to the WIOA program supervisor for a final determination.

**DOCUMENTATION IN ORDER OF PRIORITY:**

**First** - Documents listed on Adult Eligibility Criteria & Documentation form (Attachment 1) and/or as identified below.

Specifically for Basic Skills Deficiency determination one of the following must be used and the results recorded.
• CASAS assessment test, or
• Official school records (letter head, logo) with test scores reflecting BSD status, or
• Signed and dated WIOA registration form that specifically identifies the youth as BSD with scores, and
• Case notes with BSD status, test scores and planned/provided services

Note: CASAS is the required assessment tool for basic skills assessment, per WorkSource System Policy 1011, Revision 6, and WIN 0084 Rev 1

• BSD = A CASAS score below 238 for Reading and 235 or below in Math

Specifically for TANF or recipients of other public assistance:

• Participant must be listed and have received within 6 months of participation prior to participation in the program; TANF record must include participant’s name
• For other Public Assistance: Defined as and determined to be a person who is receiving or has received cash assistance or other support services from a qualifying source in the last six months prior to participation in the program

BSD, TANF and other Public Assistance criteria detailed here applies to Priority Two (Second) also.

Second - Collateral Statement (Attachment 3) that is signed by the applicant and another individual who is knowledgeable of the applicant's situation along with an explanation as to why other documentation was not available.

Third – **Self-Attestation (Attachment 3). An explanation must be provided by the applicant to explain the reason why the other forms of documentation are not available and their statement.

** Self-Attestation – WorkSource System Policy 1019 Revision 6 Eligibility Handbook - Attachment A.

The self-attestation column indicates whether or not the corresponding documentation list allows self-attestation. To ensure properly documented customer self-attestation, use the self-attestation forms provided (Attachment 4). WIOA program staff must document the reason for using self-attestation in case notes.

Improperly documented self-attestation or self-attestation on eligibility elements not permitted under federal law or guidance or this policy may result in disallowed costs. Properly documented self-attestation serves as documentary evidence of eligibility determination and does not, by itself, warrant disallowed cost findings. At the same time, properly documented self-attestation does not, by itself, preclude disallowed cost findings if it is determined during monitoring, reviews, or audits that the attestation was false.

Management of Applicant/Participant Medical, Disability Related and other Confidential Information

Medical and disability-related documents used in determining eligibility must be secured and maintained in a file separate from the participant working file. This includes documents from medical or other professionals, assessments, case notes and any form that would identify the individual as having a medical or disability related condition.

Sensitive or confidential information may not be filed with the medical and disability related documents/notes. It would be preferable to write case notes that indicate the effect of the sensitive/confidential information on a participant in the program without identifying the sensitive/confidential information.

Personal records of WIOA registrants will be private & confidential & will not be disclosed to the public.
Personal information may be made available to WorkSource partners or service providers with the registrant’s signed “Release of Information” form. In addition, this information may only be made available to persons or entities having responsibilities under WIOA including: DOL, the Governor; ESD, PacMtn; those in WIOA administration to extent needed for proper administration.

Any discrepancies arising between PacMtn policy and or procedures with federal and state provisions due to current or future revisions will default to the current minimum federal and state regulations and guidance available. PacMtn policy and or procedures may set forth stricter requirements than provided by federal and state guidance, but in no case will PacMtn policy and or procedures not meet minimum federal and state policy.

References

Workforce Innovation and Opportunity Act of 2014
WIOA Final Rule; 20 CFR Parts 676,677, and 678; Federal Register, Vol. 81, No. 161, August 19,2019
WIOA Section 134(c)(3)(E)


WorkSource System Policy 1009 Revision 3 – Priority of Service
WorkSource System Policy 1019 Revision 6- Attachment A, Eligibility Policy Handbook – AllSections

PacMtn Policy #5000, Adult / Dislocated Worker Eligibility
PacMtn Policy #5005, Self-Sufficiency
Procedures # 5005P, Self-Sufficiency
PacMtn – 2022 Income Guidelines

Compliance with the state’s eligibility policy will be based on the version of the handbook in effect at the time of the action or activity that may be at issue.

DATE APPROVED: July 1, 2016, 6/19/2019, 2/12/2021

Direct Inquiries to:
Pacific Mountain Workforce Development Council
1570 Irving Street SW Tumwater, WA 98512
Telephone: (360) 704-3568
Email: info@pacmtn.org

PacMtn is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. WA Relay 711
### ATACHMENT 1

**PacMtn - ADULT ELIGIBILITY CRITERIA & ACCEPTABLE DOCUMENTATION**

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Condition</th>
<th>Examples of Acceptable</th>
</tr>
</thead>
</table>
| Citizen / Legally Entitled to Work in the U.S. | Participants must be legally entitled to work in the United States. | • Self-attestation  
• Accepted I-9 Documentation, such as: driver’s license / ID card along with Social Security Card.  
Note: for more information on employment eligibility guidance and alignment with I-9 documentation please see M-274, Instructions for Completing |
| Age | 18 years of age or older | DRVS 3 - Date of Birth:  
• Driver’s License;  
• Baptismal record;  
• Birth certificate;  
• DD- 214;  
• Report of Transfer or Discharge paper;  
• Federal, state or local ID card;  
• Passport;  
• Hospital record of birth;  
• Public assistance/social service records;  
• School records or ID cards;  
• Work permit;  
• Family Bible  
Hard or electronic case notes (noting that staff saw proof of age document) for basic career services only. |
| Selective Service | Males age 18 to 25 who are required to register but have not, should be referred to [www.sss.gov](http://www.sss.gov)  
Males who did not register cannot receive WIOA services unless a PacMtn authorized waiver is approved. (This includes male aliens who entered the U.S. before their 26th birthday but are applying for WIOA services after age 26.) (TEGL8-98) | • Service acknowledgement letter;  
• Form DD-214 “Report of Separation”;  
• Screen printout of the [Selective Service Verification site:www.sss.gov](http://www.sss.gov)  
• Selective Service Registration Card;  
• Selective Service Verification (Form 3A); or  
• Stamped Post Office Receipt of Registration. |
<table>
<thead>
<tr>
<th>PacMtn Criteria for Priority of Service – Allowable Documentation</th>
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<tbody>
<tr>
<td><strong>1st Priority</strong></td>
</tr>
<tr>
<td>Veterans and Eligible Spouses, Low Income and/or Basic Skills Deficient</td>
</tr>
<tr>
<td>- Vet or recent separation (honorable discharge)</td>
</tr>
<tr>
<td>- Spouse of a veteran</td>
</tr>
<tr>
<td>- Basic Skill Deficient</td>
</tr>
<tr>
<td>- Other Public Assistance Recipient</td>
</tr>
<tr>
<td>1) DD214</td>
</tr>
<tr>
<td>2) Official documentation from a branch of the armed forces</td>
</tr>
<tr>
<td>3) Approved Assessment</td>
</tr>
<tr>
<td>4) As listed below under Priority 2</td>
</tr>
<tr>
<td>5) Documents listed in <a href="#">ESD Policy Handbook 1019, Rev. 6</a></td>
</tr>
<tr>
<td><strong>2nd Priority</strong></td>
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<tr>
<td>Low Income and/or Basic Skills Deficient and Low income</td>
</tr>
<tr>
<td>- DSHS Cash Payments (includes TANF, GAU, SSI)</td>
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<tr>
<td>- 70% of LLSIL</td>
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<td>- Food Stamps (within the last six months)</td>
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<td>- Homeless</td>
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<tr>
<td>- Foster Child</td>
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<tr>
<td>- Disabled (Disabled individuals would be considered a family of one and only their income considered in determining low-income.)</td>
</tr>
<tr>
<td>1) Public Assistance eligibility verification</td>
</tr>
<tr>
<td>2) Verification by DSHS</td>
</tr>
<tr>
<td>3) Housing Authority Verification</td>
</tr>
<tr>
<td>4) UI claim documents</td>
</tr>
<tr>
<td>5) Pay Stubs</td>
</tr>
<tr>
<td>6) Bank Statements</td>
</tr>
<tr>
<td>7) Self-Attestation</td>
</tr>
<tr>
<td>8) Documents listed in <a href="#">ESD Policy Handbook 1019, Rev. 6</a></td>
</tr>
<tr>
<td><strong>3rd Priority</strong></td>
</tr>
<tr>
<td>Covered persons (veterans and eligible spouses) who are not low-income and not basic skills deficient.</td>
</tr>
<tr>
<td>- Family income under 175% of poverty guidelines</td>
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<tr>
<td>- Able to benefit from services</td>
</tr>
<tr>
<td>1) DD214</td>
</tr>
<tr>
<td>2) Official documentation from a branch of the armed forces</td>
</tr>
<tr>
<td>3) Guidelines for serving covered persons apply in the third category (individuals who are not low-income /public assistance recipients / basic skills deficient). WorkSource System Policy 1009 Rev. 3 – Priority of Service</td>
</tr>
<tr>
<td><strong>4th Priority</strong></td>
</tr>
<tr>
<td>Other priority established by local policy</td>
</tr>
<tr>
<td>- Other eligible individuals who are not recipients of public assistance, not low-income, and not basic skills deficient after first serving eligible individuals who meet the established priority selection criteria; AND</td>
</tr>
<tr>
<td>- Completion of a Self-Sufficiency Matrix</td>
</tr>
<tr>
<td>1) Pay Stubs</td>
</tr>
<tr>
<td>2) Bank Statements</td>
</tr>
<tr>
<td>3) Family or Business Financial Records</td>
</tr>
<tr>
<td>4) Self-Attestation</td>
</tr>
<tr>
<td>And</td>
</tr>
<tr>
<td>A completed Self-Sufficiency Matrix</td>
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</tbody>
</table>
**WIOA Title I Program Self-Attestation-Applicant Statement Form**

**Applicant Information:**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
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</table>

<table>
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<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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</table>

Individuals entering WIOA services may self-attest or provide an applicant statement to the information below.

**Are you Low Income? Please Explain Below**

Explanation:

1. Are you legally entitled to employment within the U.S. and territories? (Adult and DW)  
   - Yes □  No □

2. Have you been terminated, laid off, or received a notice of termination or layoff? (DW Categories 1 and 2)  
   - Yes □  No □

3. Are you a military service member who was discharged or released from service (under conditions other than dishonorable) or has received a notice of military separation? (DW Category 5)  
   - Yes □  No □

4. Were you unable to continue employment due to your spouse’s permanent change of military station, or did you lose employment as a result of your spouse’s discharge from the military? (DW Category 6)  
   - Yes □  No □

5. Were you self-employed, but are unemployed as a result of general economic conditions in the community in which you reside? (DW Category 3)  
   - Yes □  No □

6. Are you a displaced homemaker? (DW Category 4)  
   - Yes □  No □

**Dislocation Information**

<table>
<thead>
<tr>
<th>Date</th>
<th>Separation Date (if known):</th>
<th>Start Date:</th>
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**Current Employment Information**

<table>
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<th>Job Title</th>
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<th>Business Name</th>
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<th>Address</th>
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<tr>
<th>City, State, Zip</th>
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**Self-Attestation Statement:**

I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any WIOA program and/or penalties as specified by law.

**SIGNATURE OF PARTICIPANT**  
X

**DATE**

**Staff Verification Statement:**

I certify that the individual whose signature appears above provided the information recorded on this form.

**SIGNATURE OF STAFF**  
X

**DATE**
**ATTACHMENT 5 – INCLUDABLE INCOME**

**Includable Income** - If the payment cannot meet one of the excludable criteria, then the payment will be includable income. If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable.

- Money, wages, and salaries before any deductions
- Unemployment insurance, child support payments and old-age survivors insurance
- Net receipts from non-farm self-employment (recipients from a person’s own unincorporated business, professional enterprise, or partnership after deductions for business expense)
- New receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses)
- Regular payments from railroad retirement, strike benefits from union funds, and worker’s compensation (not lump sum) training stipends
- Alimony
- Pensions whether private, government employee, law enforcement firefighters (LEF) disability income
- Regular insurance or annuity payment
- College or university grants, fellowships, and assistantships, state work-study, (not needs based scholarships): the key is whether or not the money is a loan to be paid back. If it is to be paid back, then it is a loan, and excludable income, if not, then it is includable
- Dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts
- Net gambling or lottery winnings
- L&I paid on a monthly basis
- Military Pensions:
  - Pension payments authorized by Title 10 U.S. Code as those received by military retirees whether or not their retirement was based on disability
  - Pension benefits paid under Chapter 15 of Title 38 U.S. Code
ATTACHMENT 6 – EXCLUDABLE INCOME

Excludable Income - *If the payment cannot meet one of the excludable criteria, then the payment will be includable income. If payment is a one-time lump sum, it is generally excludable. If it is in monthly installments, then it is includable.*

- Social Security Disability
- Public assistance payments (including TANF, SSI, RCA, GA, emergency assistance money payments, and general relief money payments)
- Foster child care payments
- Financial assistance under Title IV of Higher Ed. Act (such as Pell, federal supplemental ed. opportunity grants & federal work study, Stafford & Perkins loans, debt - not income. Needs-based scholarship assistance)
- Allowances, earnings, and payments (e.g. OJT) to individuals participating in WIOA.
- Capital gains
- Any assets drawn down as withdrawals from a bank, the sale of property, a house or a car. Tax refund, gifts, loans, lump-sum inheritance, one-time insurance payments, or compensation for injury (lump sum)
- Trade Readjustment Allowance (TRA)
- Workforce Training Assistance
- Job Corp
- Non-cash benefits such as employer fringe benefits, food or housing received in lieu of wages, Medicare, Medicaid, food stamps, school meals, and housing assistance
- Military Related:
  - Military pay or allowances paid while on active duty or paid by the Department of Veterans Affairs (VA) for vocational rehabilitation, disability payments, or related VA-funded programs are not includable income
    - All pay and/or financial allowances earned while on active duty are exempt [38 U.S.C. 4213 items (1) and (3)]:
    - Disability pension benefits or lump-sum payments at time of separation for unused leave. TEGL 10-09 Q & A # 17
    - Financial benefits received by a covered person under the following Chapters of Title 38 of the U.S. Code: CH 11 – Compensation for service connected disability or death
      CH 13 – Dependency and indemnity compensation for service-connected death
      CH 30 – All-volunteer force education assistance
      CH 31 – Training and Rehabilitation for veterans with service-connected disabilities
      CH 35 – Survivors’ and dependents’ education assistance
      CH 36 – Administration of educational benefits
ATTACHMENT 7 - VERIFICATION OF FAMILY SIZE
By Viewing Social Security Cards of Family Members
(Optional Form)

Social Security numbers of others may not be kept in participant files. If the social security card(s) of family members are presented as documentation for family size do not copy, rather visually verify the card(s) & complete the following:

Applicant Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>FAMILY MEMBER’S NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>Check here if Social Security Card Viewed</th>
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</table>

TOTAL NUMBER IN FAMILY

Social Security Cards were Visually Verified:

I verify that I have viewed the Social Security cards of the family members checked above to document the applicant’s family size.

__________________________________________
Staff Name and Date
ATTACHMENT 8 - INCOME CALCULATION OF LAST 6 MONTH’S FAMILY INCOME
(OPTIONAL FORM)

This form is not needed if the applicant/family is currently receiving public assistance or received food stamps within the last six months. The form’s purpose is to show how income was calculated.

| Date of Application: ______________ | Date Six Months Previous to Application: ______________ |

| #1 Name: __________________________ | Relationship to Applicant: SELF |
| Source of Income: __________________ | Income is Includable: _____ Income is Excludable: _____ |
| TOTAL INCOME FOR THE LAST SIX MONTHS: __________________ | (Use a separate sheet to list all employers and gross income by month) |

| #2 Name: __________________________ | Relationship to Applicant: __________________ |
| Source of Income: __________________ | Income is Includable: _____ Income is Excludable: _____ |
| TOTAL INCOME FOR THE LAST SIX MONTHS: __________________ | (Use a separate sheet to list all employers and gross income by month) |

| #3 Name: __________________________ | Relationship to Applicant: __________________ |
| Source of Income: __________________ | Income is Includable: _____ Income is Excludable: _____ |
| TOTAL INCOME FOR THE LAST SIX MONTHS: __________________ | (Use a separate sheet to list all employers and gross income by month) |

Add Includable Income for last six months:

#1 __________________

#2 __________________

#3 __________________

TOTAL INCOME LAST SIX MONTHS: __________________ FAMILY SIZE: ______

AMOUNT ALLOWED/PRIORITY: __________________ (Circle Priority - 1, 2 or (4) Self Sufficiency)

_______ Does Meet Income Guideline _______ Does NOT Meet Income Guideline

- Use separate sheet to list each job (employer, job title, start & end date, wage/hour, hours/week).
- File this and proof of income under the Eligibility & Priority of Service Verification Form.
- Indicate which income guideline is met on the Eligibility & Priority of Service Verification form.
- Check the Income Guidelines each year for updates.