

Application for *Family Works Services*

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Esta es una solicitud para los servicios familiares Family Works Services. Si necesita esta solicitud en otro idioma o si necesita un intérprete, comuníquese con la Oficina de Asistencia del Condado (CAO) de su localidad. La asistencia bilingüe es gratuita.

这是关于家庭工作服务的申请。如果您需要此申请表译成其它语言或需要有人替你翻译, 请联系您所在地区的郡县协助办事处。可提供免费语言协助。

នេះគឺជាសុំប្រតិបត្តិការសេវាកម្មសម្រាប់គ្រួសារ (Family Works Services)។ បើលោកអ្នកត្រូវការសុំប្រតិបត្តិការសេវាកម្មសម្រាប់គ្រួសារនេះជាភាសាផ្សេងទៀត ឬត្រូវការអ្នកបកប្រែសូមទាក់ទង ការិយាល័យដីលឃ្លីរបស់លោកអ្នក។ ការបកប្រែភាសានឹងផ្តល់ឱ្យដោយឥតគិតថ្លៃ។

Данный документ является заявлением на получение обслуживания, связанного с трудоустройством (Family Works Services). Если вам нужно это заявление на каком-либо другом языке или вам нужны услуги переводчика, обращайтесь в Бюро помощи вашего округа (County Assistance Office). Все переводческие услуги бесплатны.

Đây là mẫu đơn xin hưởng Những Dịch Vụ Trợ Giúp Gia Đình. Quý vị cần mẫu đơn này bằng một ngôn ngữ khác hay cần người thông dịch, xin tiếp xúc Văn Phòng Trợ Cấp Quận Hạt địa phương của quý vị. Trợ giúp về ngôn ngữ được cung cấp miễn phí.

THINGS YOU NEED TO KNOW

- The applicant's social security number is mandatory and may be used to check the information on this application and in computer matches with other agencies. Social Security Numbers are optional for all other individuals listed on the application.
- You can request a hearing if you do not agree with the county assistance office's (CAO's) decision made on this application.
- Temporarily Accepted applies to applications completed at a contractor's facility and is limited to a minimum of 30 days.
- Temporarily Accepted does not apply to applications completed at the CAO.
- Keep this application for your reference.

Instructions for Completing the PA-1720

PART A - To be completed by the applicant or applicant's representative and reviewed by the contractor and CAO. The contractor may assist the applicant in completing this section only if necessary.

NOTE: Please answer all questions in Part A, numbers 1 through 8, by entering complete and correct information. Do not write in either Part B or Part C. If you need more space please attach a separate piece of paper.

1. Please provide your full name (last, first and middle initial) and address (street, apt. #, city, state, zip code). Also provide your telephone number (include area code), county of residence, and school district and township information.
2. Please explain briefly why you are applying for these services and/or benefits.
3. Please indicate whether you or anyone in your household either has applied for, or is currently receiving public assistance benefits (cash assistance, food stamps, and/or Medicaid). If yes, provide the individual's name, the county assistance office, the individual's case record number, and type of assistance being received.
4. Please list the members of your household, starting with yourself. For the "relationship" please indicate how that individual is related to you. Examples to use are Husband, Wife, Son, Daughter, Stepson, Stepdaughter, or No Relationship. For the blocks requiring an entry of a code for "race," citizenship," and "marital status," please refer to the code chart below for the corresponding codes. You are required to provide verification (proof) of identity and social security number. If you are applying as a non-custodial parent, please list your minor child(ren) in the space(s) below your name and indicate the relationship by entering "non-custodial."

Race Codes	1 - Black or African American	3 - American Indian or Alaskan Native	5 - White
	2 - Hispanic Origin	4 - Asian	7 - Native Hawaiian or Pacific Islander
Citizenship Codes	1- US Citizen	3- Temporary Alien	5- Other – Not eligible for benefits except for Emergency Medical Benefits
	2- Permanent Alien (Qualified Alien or PRUCOL)	4- Refugee/Asylee/Parolee	
Marital Status Codes	1- Single	3-Common-law Marriage	5- Divorced
	2- Married	4-Separated	6- Widowed
Housing Assistance Codes	1- Public Housing	2- Rent Subsidy, Including HUD	3- No Housing Subsidy

5. Please indicate if anyone included on this application uses an alias or a maiden name. If so, please provide that individual's first and last name and the alias or maiden name that he/she uses.
6. Please indicate if you or anyone in your household, age 18 or older, is interested in registering to vote. If there is no entry made to this question, it will be assumed that you or any other adult(s) in your household have decided to not register at this time, or are already registered to vote.
7. Please indicate if you or anyone in your household is working. Report any gross earned income (before deductions), including self-employment income. In the "Hours/Week" block, enter the average number of hours per week worked. The "Pay Rate" block is asking for the hourly wage and the "How Often Paid?" block is asking for the frequency of pay dates. In that block, please enter whether the pay dates are weekly, biweekly (every 2 weeks), semi-monthly, or monthly. You are required to provide verification (proof) of your household's earned income.
8. Please provide your signature and the date you sign the application, only after you are sure you have read and fully understand the "Certification" statements that are above the signature and date lines.

PART B - To be completed by the contractor

Referral Date to CAO:

Date the application leaves the contractor (Mail, FAX or Hand Delivery)

Project Code/ID:

Specific to contractor

SSN Inquiry Date:

Date applicant's SSN inquiry is completed. Proceed as follows with the results of SSN Inquiry:

1. If applicant is active in Cash Assistance, do not continue with the preliminary screening and intake process. Refer applicant to the CAO.
2. If applicant is active in Food Stamps and/or Medicaid, is currently not receiving benefits, or if SSN inquiry results in no-match-proceed with the preliminary screening and intake process.

Preliminary Screening and Intake Process:

Check appropriate box after examining Household Criteria and computing 235% gross income eligibility test.

- Temporarily Accepted: Insert begin and end dates (minimum 30 days).
Enroll applicant in program and open in AIMS. Keep contractor copy, give applicant a copy and forward remaining application to the CAO.
- Not Temporarily Accepted: Keep contractor copy, give applicant a copy and forward remaining application to CAO for eligibility determination.

ID & SSN Verification Code:

Enter "D" to indicate "document attached"

PART C - To be completed by the CAO

Family Size:

This number reflects the members that qualify as being part of the Family Works Household. Include applicant, spouse and dependent children who live with the applicant.

Gross Monthly Income:

Any gross countable earned income

235% Income Limit:

(Per Federal guidelines - monthly limit)

ID Verification Code:

Refer to codes on 601P (TVER table)

Project Code/ID & Referral Date to Contractor:

Complete only if application originates at CAO. Refer to the TPOI System table for the Project/ID Codes.

Application Source:

Indicate where the application originated.

Date Stamp/AP#/County/District/Record Number/Caseload:

Determined by CAO

CAO Determination:

Eligible: If applicant meets definition of a Family Works Household and is within 235% Income limit for family size, send notice of eligibility to Applicant and Contractor.

Non-Eligible: If applicant does not meet the definition of a Family Works Household or if Gross Monthly Income exceeds 235%, send notice of ineligibility to applicant and a copy to the contractor. **NOTE: If applicant was temporarily accepted by the contractor, authorize NCE for minimum 30-day temporary period.

Worker ID/Date Authorized: Date the CAO determination was made.

Application for Family Works Services

PART A - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

1	YOUR NAME - Last, First, Middle Initial	COUNTY OF RESIDENCE	TELEPHONE NUMBER				
	ADDRESS - Street, Apt. #, City, State, Zip	SCHOOL DISTRICT	TOWNSHIP				
2	Please explain briefly why you are applying for these services and/or benefits:						
3	Has anyone in your household applied for, or is anyone receiving cash assistance, Medicaid or food stamps? If yes, please provide:						
	INDIVIDUAL'S NAME (First, Last)	COUNTY	RECORD				
			TYPE OF ASSISTANCE				
HOUSEHOLD MEMBERS: Please list the members of your household. Starting with yourself, also list your spouse, and all minor children. Please see the instruction sheet for the codes requested. If you are applying as a non-custodial parent, please refer to the attached instruction sheet for directions on how to complete this section.							
4	1	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)	RACE CODE	CITIZENSHIP CODE	MARITAL STATUS CODE
		LAST NAME	RELATIONSHIP	SEX (M/F)	HOUSING ASSISTANCE CODE		
	2	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)	RACE CODE	CITIZENSHIP CODE	MARITAL STATUS CODE
		LAST NAME	RELATIONSHIP	CODE SEX (M/F)	HOUSING ASSISTANCE		
	3	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)	RACE CODE	CITIZENSHIP CODE	MARITAL STATUS CODE
		LAST NAME	RELATIONSHIP	CODE SEX (M/F)	HOUSING ASSISTANCE		
5	Does anyone listed on this application use an alias or maiden name? If yes, list the individual's name and the alias/maiden name used.						
	NAME (First and Last)	ALIAS/MAIDEN NAME					
6	Are you or anyone in your household, age 18 or older, interested in registering to vote? If yes, list that individual(s) below.						
Line Number CAO ONLY	LAST NAME	FIRST NAME	Line Number CAO ONLY	LAST NAME	FIRST NAME		

EMPLOYMENT: Please list below gross earned income (before deductions) from a job for anyone included on this application who is working. Please include self-employment.								
7	1	WHO IS WORKING?	EMPLOYER NAME/INCOME SOURCE			EMPLOYER ADDRESS (Street, City, State, Zip)		
		Start (MM/DD/YY)	HOURS/WEEK	PAY RATE	HOW OFTEN PAID? <input type="checkbox"/> weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	GROSS MONTHLY PAY	HIGHEST GRADE COMPLETED
	2	WHO IS WORKING?	EMPLOYER NAME/INCOME SOURCE			EMPLOYER ADDRESS (Street, City, State, Zip)		
		Start (MM/DD/YY)	HOURS/WEEK	PAY RATE	HOW OFTEN PAID? <input type="checkbox"/> weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	GROSS MONTHLY PAY	HIGHEST GRADE COMPLETED
3	WHO IS WORKING?	EMPLOYER NAME/INCOME SOURCE			EMPLOYER ADDRESS (Street, City, State, Zip)			
		Start (MM/DD/YY)	HOURS/WEEK	PAY RATE	HOW OFTEN PAID? <input type="checkbox"/> weekly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semimonthly <input type="checkbox"/> Monthly	GROSS MONTHLY PAY	HIGHEST GRADE COMPLETED

8	CERTIFICATION: 1. I authorize and request the disclosure to the Department of Public Welfare (DPW) or its authorized agent to verify any information that may be desired concerning residence, employment, income, or any other information I have given concerning this application for the Family Works Initiative. I understand that the information obtained may also be used for purposes related to determining eligibility for other DPW programs. 2. I authorize the release of information to _____ involved in providing any service for which I may be eligible. 3. I understand my social security number may be used to check the information on this application and in computer matches with other agencies. 4. I understand I can request a hearing if I do not agree with the county assistance office's decision made on this application. I certify that all information on this application is true under penalty of perjury.						
	_____ (Signature)			_____ (Date)			
<i>If you need cash assistance, food stamps, or medical assistance, you must complete a different application. Please contact your local county assistance office for application information or call the HELPLINE at 1-800-692-7462.</i>							

PART B - TO BE COMPLETED BY CONTRACTOR

REFERRAL DATE TO CAO	PROJECT CODE/ID	SOC SEC NO INQUIRY DATE (MM/DD/YY)	ID/SSN VERIFICATION CODE
PRELIMINARY SCREENING AND INTAKE PROCESS <input type="checkbox"/> TEMPORARILY ACCEPTED <input type="checkbox"/> NOT TEMPORARILY ACCEPTED		TEMPORARY ACCEPTANCE PERIOD (MINIMUM 30 DAYS)	

PART C - TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

FAMILY SIZE	GROSS MONTHLY INCOME	235% INCOME LIMIT FOR FAMILY SIZE	ID VERIFICATION CODE	REFERRAL DATE TO CONTRACTOR	PROJECT CODE/ID
APPLICATION SOURCE	DATE STAMP	APPLICATION REG #	COUNTY	DISTRICT	RECORD NUMBER
<input type="checkbox"/> CONTRACTOR					
<input type="checkbox"/> CAO		CAO DETERMINATION <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE	DETERMINATION MADE BY (WORKER ID)		DATE AUTHORIZED