CPS Expansion (TANF Transfer to SSBG) Eligibility Documentation Form

1. Is the family’s income at or below 200% of Federal Poverty Level (FPL)?
   □ Yes  □ No

   How was this verified? Please check all that apply.
   □ Work First
   □ Medicaid
   □ NC Health Choice
   □ Food & Nutrition Services
   □ Family’s self-report of income

2. Is the child a US citizen or qualified alien?
   □ Yes  □ No

__________________________________________________________
Social Worker Signature

__________________________________________________________
Printed Name

__________________________________________________________
Date Eligibility Determined