CPS Expansion (TANF Transfer to SSBG) Eligibility Documentation Form

 Is the family's income at or below 200% of Federal Poverty Level (FPL)? Yes
How was this verified? Please check all that apply. Work First Medicaid NC Health Choice Food & Nutrition Services Family's self-report of income
Is the child a US citizen or qualified alien? ☐ Yes ☐ No
Social Worker Signature
Printed Name
T TILLEG Name
Date Eligibility Determined