

The Mississippi Partnership WIOA Family & Income Form

First Name	Middle Initial	Last Name
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Include only the following relatives who live in the same household as the participant.

FAMILY SIZE DETERMINATION	TOTAL GROSS INCOME*
Relationship to Participant Family Member Name	Gross Income (Previous 12 months)
<input type="checkbox"/> Self	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling/Stepsibling <input type="checkbox"/> Child/Stepchild	\$
TOTAL HOUSEHOLD GROSS INCOME (Including Participant & Family)	\$

REVIEW OF LOW INCOME AUTOMATIC QUALIFIERS		
<i>If a participant answers Yes to any of these questions, WIOA staff must obtain documentation.</i>		
1. Is the Participant a youth who lives in a "High Poverty County"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Participant an In-School Youth who is eligible for free or reduced lunch based on individual eligibility criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the Participant a Foster Child on behalf of whom state or local government payments are made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the Participant Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Within the last 6 months, has the participant or the participant's family received the following:		
a. TANF Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. SNAP Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. SSI Payments	<input type="checkbox"/> Yes	<input type="checkbox"/> No

* NOTE: If the WIOA participant is determined to be low income and there is not an automatic low-income qualifier documented, WIOA staff must have income documentation for each family member listed above that has income.

I attest that all information provided above is true to the best of knowledge.

Applicant Signature	Date
Parent/Guardian Signature (if required)	Date
WIOA Staff Signature	Date