Eligibility PROGRESS NOTES

Child/Applicant Name:	Date of Birth:	FID/PID:
Area/Site/Caseload:	Staff Name:	

Purpose of this form:
To be used to record and capture accurate and complete family eligibility information. This form may be used to capture the following, but not limited to:
- missing siblings (if different from a previous Application),
- household size,
- timeframe of income reported
- living circumstances that have a direct effect on the applicant's eligibility,
- income incorrectly calculated, and/or
- income story that provides clarification to either the income documentation, self-declaration form, zero-declaration form etc.

DATE	Record the above family's eligibility story.	NHA Staff Signature