Eligibility Inquiry Form
Career Services Program

Name (Last, First, MI)	Client ID Number	SKIES Seeker ID
ESD Staff Name	**Phone Number**	**Office Location**

What program is the parent on: ☐ **Basic Food (FS)**
☐ **TANF (AF) or DCA (DA)**

For Official Use Only

DSHS Review and Approval by: _____

☐ **TANF Exit** **Date of TANF Exit: _____**

☐ **DCA Recipient** **Date of DCA Check: _____**

☐ ****Basic Food Parent**** **Food assistance opened on: _____**

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☐ **Parent is eligible – has a child <u>under</u> 19 years old in the home**

☐ **The parent does NOT meet the program criteria per DSHS:**
- ☐ **No eligible children in the home for BF/DCA/TANF**
- ☐ **Child support sanction for TANF/DCA**
- ☐ **WF sanction for TANF**
- ☐ **Medical sanction for TANF/DCA**
- ☐ **Other reason: _____**

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☐ **System has been updated and parent may be enrolled as of _____.**

☐ **Parent has already received Career Services during this program year.**

****Please check to see if parent has received CSP during current fiscal year, if so they are NOT eligible. ****