



JOB SEARCH DOCUMENTATION

State Form 57104 (4-21)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
CHILD CARE AND DEVELOPMENT FUND (CCDF) VOUCHER PROGRAM

Name of Applicant and/or Co-Applicant

Case number

I am currently looking for a job and plan on doing the following:

- Complete job applications
- Register for work at an employment agency

I know my assistance will end on _____.
(month, day, year)

I understand I must tell the eligibility office if my monthly income (gross pay, child support and social security) is more than the amount listed below for my family size.

Size of Family	Maximum Monthly Income
1	\$3,065
2	\$4,008
3	\$4,951
4	\$5,894
5	\$6,838
6	\$7,781
7	\$7,957
8	\$8,134

Size of Family	Maximum Monthly Income
9	\$8,311
10	\$8,488
11	\$8,665
12	\$8,841
13	\$9,018
14	\$9,195
15	\$9,372
16	\$9,549

Signature of Applicant

Date *(month, day, year)*

Signature of Co-Applicant

Date *(month, day, year)*