



JOB SEARCH DOCUMENTATION

State Form 57104 (R2 / 4-24)
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	\$3,513
2	\$4,594
3	\$5,675
4	\$6,756
5	\$7,837
6	\$8,918
7	\$9,121
8	\$9,323

Size of Family	Maximum Monthly Income
9	\$9,526
10	\$9,729
11	\$9,931
12	\$10,134
13	\$10,337
14	\$10,539
15	\$10,742
16	\$10,945

Signature of Applicant	Date <i>(month, day, year)</i>
Signature of Co-Applicant	Date <i>(month, day, year)</i>