

# Family Development & Self-Sufficiency (FaDSS) Program Initial Eligibility Determination Form

## Section 1: Basic Information

HoH Name Click or tap here to enter text.	Date Referral Received Click or tap here to enter text.
Recruitment Start Date Click or tap here to enter text.	Referral Source Click or tap here to enter text.
Date of Eligibility Determination Click or tap here to enter text.	Name of FaDSS Staff Click or tap here to enter text.

## Section 2: Categorical Eligibility

Is the household currently receiving FIP cash assistance or participating in PROMISE JOBS?

☐ Yes (proceed to Section 6)

FIP Verification Documentation: Click or tap here to enter text.

Date of Specialist Verification: Click or tap here to enter text.

☐ No (proceed to Section 3)

## Section 3: Required Family Member Information

Family Member Type	Name	Date of Birth	Required Documentation	Verification Documentation & Date Verified
<b>Head of Household</b>	Click or tap here to enter text.	Click or tap here to enter text.	Proof of SSN	Click or tap here to enter text.
<b>Dependent child</b>	Click or tap here to enter text.	Click or tap here to enter text.	Proof of SSN	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<b>Not Required</b>	<b>Not Required</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<b>Not Required</b>	<b>Not Required</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<b>Not Required</b>	<b>Not Required</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<b>Not Required</b>	<b>Not Required</b>

Family Size: Click or tap here to enter text.

Section 4: Income Verification

Is the household currently receiving SNAP benefits?

☐ Yes (proceed to Section 5)

SNAP Verification Documentation: Click or tap here to enter text.

Date of Specialist Verification: Click or tap here to enter text.

☐ No

Option 1: 30-Day Lookback

☐ Family had no countable sources of income (if selected, **do not** complete the table below).

Family Member(s) Receiving	Countable Income Source	Amount Received in Most Recent 30 days	Approved Verification Documentation	Date Verified by Specialist
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Total Countable Income: \$ Click or tap here to enter text				

## Option 2: 3-Month Lookback

Family Member(s) Receiving	Countable Income Source	Amount Received in Most Recent 90 days	Approved Verification Documentation	Date Verified by Specialist
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
Choose an item.	Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.
<b>Total Countable Income</b>	\$ Click or tap here to enter text.			

**Figure 1. 2025 Monthly Federal Poverty Limits**

2025 Monthly Income Limits	
Family Size	175% Federal Poverty Level
1	\$2,283
2	\$3,085
3	\$3,887
4	\$4,689
5	\$5,491
6	\$6,293
7	\$7,095
8	\$7,897
For each additional person beyond 8, add \$802.	

## Section 5: At-Risk Criteria

Select all that apply (based on family self-disclosure)

### Education level of Head of Household

- ☐ Less than a high school education
- ☐ Lacks basic literacy skills

### Work Experience of Head of Household

- ☐ Never been employed
- ☐ Multiple episodes of employment lasting less than one year
- ☐ Currently unemployed

### Household Composition

- ☐ Members are homeless or nearly homeless
- ☐ Members outside the nuclear family are in residence
- ☐ One or more children in the household were born while the parent was on public assistance
- ☐ One or more children in the household are identified as having special needs
- ☐ Household includes an alcohol or substance abuser
- ☐ Household includes a past or current perpetrator of child abuse or domestic violence
- ☐ Household includes a member with a record of incarceration

### Background of Head of Household

- ☐ Head of Household was a teenager at birth of first child
- ☐ Head of Household has a disability or chronic illness (mental or physical)
- ☐ Head of Household is a past or current victim of child abuse or domestic violence

- ☐ Head of Household grew up in a household with alcohol or substance abuse

### Public Assistance History

- ☐ Head of Household grew up in a household that received public assistance
- ☐ Household has experienced multiple episodes of receipt of public assistance
- ☐ Household has been on public assistance for three or more years

### Other Conditions

- ☐ Geographic location
- ☐ Lack of employment opportunity
- ☐ Lack of available services
- ☐ Lack of transportation

## Section 6: Review of Initial Eligibility Determination

- ☐ Family receives FIP and/or is participating in PROMISE JOBS

**OR** all of the following criteria have been confirmed:

- ☐ Family resides in Iowa
- ☐ Family has dependent child(ren)
- ☐ HoH and at least one dependent child has SSNs
- ☐ The family meets one or more approved at-risk criteria
- ☐ The family is at or below 175% of the federal poverty level based on size

☐ **Eligible**

☐ **Not Eligible**

**Date of initial Eligibility Determination:** Click or tap here to enter text.

**Eligibility Review Month/Year:** Click or tap here to enter text.