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|  | **JOB SEARCH DOCUMENTATION**  State Form 57104 (R3 / 4-25)  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** |  |  | **Size of Family** | | **Maximum Monthly Income** |
| 2 | | $4,977 |  |  | 9 | | $10,320 |
| 3 | | $6,148 |  |  | 10 | | $10,540 |
| 4 | | $7,319 |  |  | 11 | | $10,759 |
| 5 | | $8,490 |  |  | 12 | | $10,979 |
| 6 | | $9,661 |  |  | 13 | | $11,198 |
| 7 | | $9,881 |  |  | 14 | | $11,418 |
| 8 | | $10,100 |  |  | 15 | | $11,637 |
|  | | | | | | | |
| Signature of Applicant | | | | | | Date *(month, day, year)* | |
| Signature of Co-Applicant | | | | | | Date *(month, day, year)* | |