|  |  |
| --- | --- |
|  | **JOB SEARCH DOCUMENTATION**State Form 57104 (R2 / 4-24)FAMILY AND SOCIAL SERVICES ADMINISTRATIONCHILD 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** |
| 1 | $3,513 |  |  | 9 | $9,526 |
| 2 | $4,594 |  |  | 10 | $9,729 |
| 3 | $5,675 |  |  | 11 | $9,931 |
| 4 | $6,756 |  |  | 12 | $10,134 |
| 5 | $7,837 |  |  | 13 | $10,337 |
| 6 | $8,918 |  |  | 14 | $10,539 |
| 7 | $9,121 |  |  | 15 | $10,742 |
| 8 | $9,323 |  |  | 16 | $10,945 |
|  |
| Signature of Applicant      | Date *(month, day, year)*      |
| Signature of Co-Applicant      | Date *(month, day, year)*      |