

FEDERAL TAX CREDIT ELIGIBILITY SCREENING FORM

I. Employee/ Employer Information

Name _____ SSN --

Birth Date _____

Home Address _____ City/State/Zip _____

Phone Number _____ Job Title _____

First Date of Work _____ Have you worked for this employer before? Yes ___ No ___

Employer Name _____

This worksheet will be used to determine if you and/or your company may be eligible for income tax benefits. Please check any box below that applies (or applied) to you **as of your date of hire**:

- 1) Are you under the age of 25? Yes ___ No ___ **If YES, please answer the following:**
 - a. Have you attended a high school, technical school or college for more than 10 hours per week within the past 6 months? Yes ___ No ___
 - b. Have you been regularly employed in the last 6 months? Yes ___ No ___
 - c. Do you have a certificate of graduation from a high school or GED? Yes ___ No ___
(If YES, have you had a regular job since receiving your certificate)? Yes ___ No ___

- 1a) Were you unemployed or did you work less than 40 hours during the previous 60 days? Yes ___ No ___

- 2) Are you a Veteran of the U. S. Armed Forces? Yes ___ No ___ **If YES, please answer the following:**
 - a. Did your family that received Food Stamps in 3 of the 15 months before you were hired? Yes ___ No ___
 - b. Are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___
 - c. Were you unemployed for at least 6 months during the year before you were hired? Yes ___ No ___
 - d. Did you receive unemployment benefits for at least 4 weeks in the past year? Yes ___ No ___

Name of *primary recipient* _____ and *city/state* where benefits were received _____.

Date of *discharge or release from active duty* _____

- 3) Are you a member of a family that received Food Stamps
 - a. for the 6 months before you were hired? Yes ___ No ___
 - b. for at least 3 of the 5 months before you were hired and are no longer receiving them? Yes ___ No ___

Name of *primary recipient* _____ and *city/state* where benefits were received _____.

- 4) Were you referred to an employer by
 - a. Vocational Rehabilitation Agency approved by a State? Yes ___ No ___
 - b. an Employment Network under the Ticket to Work Program? Yes ___ No ___
 - c. by the Department of Veterans Affairs? Yes ___ No ___

Agency Name _____ Contact *Name & Number* _____

- 5) Are you a member of a family that received TANF assistance
 - a. for any 9 months during the 18 months before you were hired? Yes ___ No ___
 - b. for at least the last 18 months before you were hired? Yes ___ No ___
 - c. Did your family stop being eligible for TANF assistance within 2 years? Yes ___ No ___

Name of *primary recipient* _____ and *city/state* where benefits were received _____.

- 6) Were you convicted of a felony or released from prison after a felony in the year before hired? Yes ___ No ___
 Date of conviction _____ and *the date of release* _____.
 Was this a Federal _____ or a State _____ conviction? (Check One)

- 7) Did you receive Supplemental Security Income (SSI) within 60 days before you were hired? Yes ___ No ___

Hiring Manager, please mail the original signed 8850, the Eligibility Screening Form, and a copy of Driver's License to Incentives Advisors.