


Attachment A
WorkPlus Regional System
Determination of WIA Dependent Status

*Support as it relates to dependent includes food, clothing, shelter, utilities, education, medical and dental care, recreation, and transportation; as well as cash public assistance and food assistance.

	Required Documentation	YES	NO	Documentation & comments on file
<input type="checkbox"/>	Are you 24 or older?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you provide more than 50% of your own support *?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Are you married? (Answer "Yes" if you are separated but not divorced)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you have children who receive more than half of their support * from you?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Are you currently serving on active duty in the U.S. armed forces for purposes other than training? (If you are a National Guard or Reserves enlistee, are you on active duty ofr other than state or training purposes?)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Are you a veteran of the U.S. armed forces?			

By signing this document, you attest that all information provided is true and valid.

X _____

Signature

Date