



**Seashore
Family Service of NJ**
Comprehensive Services for Families

FINANCIAL ASSISTANCE FOR DAS FUNDING GRANTS

DOCUMENTATION CHECKLIST

In order to determine if you might qualify for grant assistance towards our fees for your services, it is necessary that you make the following applicable documents available for our review. This documentation should be brought into our office on to your first appointment to avoid unnecessary confusion and inconvenience for you and our staff. Please complete the attached application also. Thanks

- a. Photo I.D.
- b. Income Verification: (for all households members; see household definition, below)

NOTE: The following is considered income: Supplemental Security Income(SSI), Social Security Survivors/Retirement, Social Security Disability Benefits, Veterans Benefits, Unemployment, State Disability, Worker's Compensation, Pension or Annuity, Interest of Dividends, Alimony, Child Support. Cash from Friends or Family, Income from Rent, other earned income.)

Minors: Clients less than 18 years old, might qualify for State free assistance from the Children System of Care. To apply, please contact PerformCare at 1-877-652-7624 **Toll Free** or 1-866-896-6975 **TTY (For the Hearing Impaired)**. You also can apply over the internet at www.performcarenj.org.

If minor does not qualify for services under PerformCare, the residing parent or caretaker's income is required.

Please bring one of the following:

- _____ Copy of current month pay stubs from all employers showing gross income
- _____ Copies of W-2's (applicant's, spouse's, or parent's if applicable)
- _____ Letter from Employer on Employer's Letterhead (indicating gross salary per week, month, or year)
- _____ If self employed, copy of most recent IRS 1040 including Schedule C, Form S1120, Schedule E and other relevant schedules

_____ Unemployment Statement / Verification of Application for Unemployment,

(Visit <http://njsuccess.dol.state.nj.us/html/uimain.html> to apply for unemployment. Please print documents and bring them with you.)

Household Definition and income requirements: The following persons are considered household members and income must be included if they reside with the client.

- a. In the case of a parent or caretaker
 - i. Parent or caretaker
 - ii. Spouse of the parent or caretaker
 - iii. Parent or caretaker natural and adoptive children under age 21
 - iv. Blood related siblings, (including half blood) under age 21 of the parent or caretaker
 - v. Natural or adoptive father or mother of any children in the household
 - b. In the case of a single adult who does not meet the definition of dependent, (until age 19), the adult only.
 - c. In a case of a couple without dependent children; The couple only
 - d. In the case of a child
 - i. The child
 - ii. Natural and adoptive parents
 - iii. Blood related and half-blood siblings
 - iv. Adoptive children under age 21
 - v. Child stepparent
 - e. In the case of a pregnant woman:
 - i. The pregnant women
 - ii. The unborn child or children (medically verified)
 - iii. Pregnant women spouse
 - iv. Pregnant women natural or adoptive children until age 21
 - v. Natural or adoptive father of any children in the household
- c. You must also bring your Medicaid or insurance card **if you have coverage.**

Please be aware that family size and income would be considered utilizing the State guidelines and criteria. The SFSNJ staff is not able to determine your qualification status unless you provide all the required information.