

## Case History for Family Cap Waiver Request

This form must be completed by the worker and submitted along with the Family Cap Exception/Waiver Request form whenever any recipient requests a waiver to the Family Cap date rule.

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's SSN \_\_\_\_\_ Age \_\_\_\_\_

Family Cap Date \_\_\_\_\_

Date of birth for child born after the Family Cap date \_\_\_\_\_

Is this a two parent household?      Yes    No  
If yes, is the family meeting the work required expectations?      Yes    No  
Explain why or why not, including ESP component for both \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highest grade of school completed by the parent(s) \_\_\_\_\_

Does the parent(s) have his/her diploma or GED?      Yes    No      Yes    No (If two parent HH)

Is the parent currently employed?      Yes    No      Yes    No (If two parent HH)  
If no, when was the last time the parent was employed? \_\_\_\_\_  
If the parent is on a maternity leave can she return to her job?      Yes    No  
\_\_\_\_\_

Ages of other children \_\_\_\_\_

Is there child support being collected?      Yes    No  
If yes, for what children and how much? \_\_\_\_\_  
If no, why not \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is DSS involved in this case?      Yes    No  
If yes, give all specifics \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

(Revised 12/96)