



WIOA Category of Eligibility:

ADULT

Adults (Economically Disadvantaged) are individuals age 18 and older who may be eligible based on family size and income. There are two ways to verify your Adult eligibility. If you fall within the **low-income guidelines** below OR are receiving **food stamps**, then you will fall under the ADULT category of eligibility.

OPTION 1: Low-income Guidelines

Review the low-Income guidelines for eligibility below. To demonstrate your eligibility, you must submit proof of income for 6-month period.

| Adult (Low-Income) Guidelines for the Workforce Innovation and Opportunity Act (WIOA) Effective Date: July 1, 2018 | | |
|--|--|--|
| Family Size | Annual Income | Six Month Eligibility Period Income |
| One | \$24,280 | \$12,140 |
| Two | \$32,920 | \$16,460 |
| Three | \$41,560 | \$20,780 |
| Four | \$50,200 | \$25,100 |
| Five | \$58,840 | \$29,420 |
| Six | \$67,480 | \$33,740 |
| Seven | \$76,120 | \$38,060 |
| Eight | \$84,760 | \$42,380 |
| Additional Family Members | \$8,640 for each additional family member | \$4,320 for each additional family member |


OPTION 2: Food Stamps

Review the samples attached. To demonstrate your eligibility, you must submit your proof of food stamps with one of the two DFCS Food Stamp Verification letters.

DFCS Food Stamp Verification

EXAMPLE 1:

COBB COUNTY DFCS
 325 S. FAIRGROUND ST
 MARIETTA, GA 30060-2355
 (877) 423-4746




GEORGIA DEPARTMENT OF HUMAN SERVICES
 Division of Family and Children Services

NOTICE OF DECISION

DATE: 12/05/2014

CLIENT ID: _____
 Report Medicaid Fraud: 1-800-533-0686

We have made a decision on your recent request for benefits.

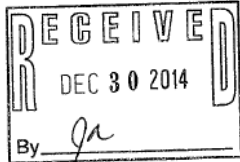


Your application for **Food Stamp** benefits dated **12/02/2014** has been completed. You have been determined eligible for Food Stamps for the months of **December 2014 through May 2015**. Your benefit amount for **December** is **\$192.00**. After that, your benefit amount will be **\$346.00 per month** on your issuance cycle of the **23rd** of each month.

EXAMPLE 2:

| AU ID | HOH Last Name | | | | First Name | | | | |
|--------------------|---------------|-------------|----------|-------------|-----------------|---------------|---------------|-------------|-----------|
| Sel | Issn Date | Issn Number | Issn Sts | Status Date | Tot-Issn Amount | Benefit Month | Recoup Amount | Issn Amount | Issn Type |
| ----- DETAIL ----- | | | | | | | | | |
| | 10 01 14 | | CD | 10 01 14 | 194.00 | 10 14 | | 194.00 | O |
| | 09 01 14 | | CD | 09 01 14 | 189.00 | 09 14 | | 189.00 | O |
| | 08 01 14 | | CD | 08 01 14 | 189.00 | 08 14 | | 189.00 | O |
| | 07 01 14 | | CD | 07 01 14 | 189.00 | 07 14 | | 189.00 | O |
| | 06 10 14 | | CD | 06 10 14 | 189.00 | 06 14 | | 189.00 | I |
| | 05 01 13 | | CD | 05 01 13 | 200.00 | 05 13 | | 200.00 | O |
| | 04 01 13 | | CD | 04 01 13 | 200.00 | 04 13 | | 200.00 | O |
| | 03 01 13 | | CD | 03 01 13 | 200.00 | 03 13 | | 200.00 | O |
| | 02 01 13 | | CD | 02 01 13 | 200.00 | 02 13 | | 200.00 | O |

Message



DEPARTMENT OF
 FAMILY AND CHILDREN SERVICES
 MARIETTA, GA