



Gulf Coast Jewish Family & Community Services

NCP ELIGIBILITY DETERMINATION FORM

Name:	Date:
SS#:	Phone #:
Street Address:	Email:
City/Zip Code:	Marital Status:
D.O.B:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Race:

ARE CHILDREN IN THE STATE OF FLORIDA? YES NO

Ch. Sup. Case/Docket #: _____ Monthly Child Support Amount \$ _____

Referred by DOR Court Website Other: _____

Custodial Parent Name(S) & Date of Birth or Age: _____

1. _____
2. _____

Name of Child/Children & Date of Birth or Age: _____

1. _____
2. _____
3. _____
4. _____

Check all that apply for The Non-Custodial Parent (NCP):

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">1. Having difficulty paying child support</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Unemployed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Under-employed/needing another job</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Driver's License Suspended for child support</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Smoking Status:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Never Smoked</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Current Some Day Smoker</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Current Every Day Smoker</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Former Smoker/Tobacco User</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Trying to Quit Smoking/Tobacco</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	1. Having difficulty paying child support	<input type="checkbox"/>	2. Unemployed	<input type="checkbox"/>	3. Under-employed/needing another job	<input type="checkbox"/>	4. Driver's License Suspended for child support	<input type="checkbox"/>	Never Smoked	<input type="checkbox"/>	Current Some Day Smoker	<input type="checkbox"/>	Current Every Day Smoker	<input type="checkbox"/>	Former Smoker/Tobacco User	<input type="checkbox"/>	Trying to Quit Smoking/Tobacco	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;">Steady Transportation:</td> <td style="width: 15%; text-align: center;">YES <input type="checkbox"/></td> <td style="width: 20%; text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td>Military Veteran:</td> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td>Have a Resume:</td> <td style="text-align: center;">YES <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td>Have a: HS Diploma <input type="checkbox"/></td> <td style="text-align: center;">GED <input type="checkbox"/></td> <td style="text-align: center;">NO <input type="checkbox"/></td> </tr> <tr> <td colspan="3">Highest Grade Completed:</td> </tr> <tr> <td colspan="3">Work Experience:</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">Enrolled in School/Training Program- Type:</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3">Legal Background: NO <input type="checkbox"/> YES <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/></td> </tr> </table>	Steady Transportation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Military Veteran:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have a Resume:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have a: HS Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	NO <input type="checkbox"/>	Highest Grade Completed:			Work Experience:						Enrolled in School/Training Program- Type:						Legal Background: NO <input type="checkbox"/> YES <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>		
1. Having difficulty paying child support	<input type="checkbox"/>																																																
2. Unemployed	<input type="checkbox"/>																																																
3. Under-employed/needing another job	<input type="checkbox"/>																																																
4. Driver's License Suspended for child support	<input type="checkbox"/>																																																
Never Smoked	<input type="checkbox"/>																																																
Current Some Day Smoker	<input type="checkbox"/>																																																
Current Every Day Smoker	<input type="checkbox"/>																																																
Former Smoker/Tobacco User	<input type="checkbox"/>																																																
Trying to Quit Smoking/Tobacco	<input type="checkbox"/>																																																
Steady Transportation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																															
Military Veteran:	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																															
Have a Resume:	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																															
Have a: HS Diploma <input type="checkbox"/>	GED <input type="checkbox"/>	NO <input type="checkbox"/>																																															
Highest Grade Completed:																																																	
Work Experience:																																																	
Enrolled in School/Training Program- Type:																																																	
Legal Background: NO <input type="checkbox"/> YES <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>																																																	

PLEASE SUBMIT COMPLETED FORMS HERE

OR FAX TO:

Hillsborough: 813-433-5552	Pasco/Hernando: 727-484-3388	Pinellas: 727-499-6250	Miami-Dade: 786-336-1114
----------------------------	------------------------------	------------------------	--------------------------