

Notice of Eligibility

							Form Completed By:	
Eligibility Determination Date							☐ RWP A	
-							 ☐ RWP B	
						_		
Client First Name	Client Middle Initial		Client Last Name		DOB (MM/DD/YYYY)		Client ID Number*	
Client Street Address			City	Si	ate	ZIP	Phone Number	
			-					
This client's eligibilit	•		r B Program in F	lorida is va	lid fo	or a maxin	num of 366 days	
Household Size: #			Gross Hou	Gross Household Income: \$ FPL				
This client's eligib	ility must	be recertif	ied no later tha	n (MM/DD	YYY	Y):		
Eligibility Staff Name				Agency Name				
Agency Stree	t Address		City	Sta	te	ZIP	Phone Number	

The client should keep this NOE in a safe place. The client may be asked to provide this NOE to receive services.

^{*}This client ID number is specific to the program/jurisdiction issuing the NOE.