

STRIKER EVALUATION

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants FoodShare benefits but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of FoodShare Wisconsin. See the application instructions or publication number PHC 16012 for more information on the use of your SSN.

Complete this form if you are applying for FoodShare benefits and someone in your household is on strike. Do not write in the shaded areas. Attach separate sheets of paper if more room is needed.

OFFICE USE ONLY

Case Name	Case Number
-----------	-------------

SECTION I – APPLICANT / STRIKER INFORMATION

Applicant Name (Last, First, MI)	Social Security Number
Address (Street, City, State, Zip Code)	
Name of Person on Strike	Striker's Social Security Number
Date Strike Began	Name of Company Being Struck

SECTION II – HOUSEHOLD INFORMATION

List the names of everyone who was in your household on the day before the strike began.

SECTION III – INCOME

List the amount of earnings that the striker would have received if the strike had not occurred.

How often were you paid? Weekly Bi-weekly Monthly Bi-Monthly

Rate of Pay	Average hours per pay period	Total (Office Use Only)	Converted Amount (Office Use Only)
\$			
\$			
\$			

List the household's gross income for the month the strike began. Include Social Security payments, W-2 payments, Veterans benefits, Unemployment Insurance, Child Support received and earnings from all household members. Do not include earnings listed above.

Amount	Type of Income	Date	Person's Name

SECTION IV - ASSETS

List the amount and type of all assets your household had on the day before the strike began. Types of assets include cash on hand, savings and/or checking accounts, savings bonds, property other than your home, etc.

Amount	Type of Asset	Amount	Type of Asset

SECTION V – CHILD CARE EXPENSE

List the total amount your household paid for child or dependent care services the month the strike began. List only the amount you paid someone so you could work or look for work. \$

SECTION VI - EXPENSES

List the amount your household paid for shelter expenses the month in which the strike began.

Rent	Mortgage (including monthly property tax and insurance)	Water
Sewer	Heat	Electricity
Gas	Trash Removal	Telephone

SECTION VII – MEDICAL EXPENSES

Is anyone listed in section II one of the following (check yes or no for each)?

• Sixty years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Disabled Child of a Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Veteran with service connected disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Disabled surviving spouse of a veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Disabled or blind and receiving Social Security Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" above, list the amount and type of that person's medical expenses for the month the strike began.

Amount	Type	Amount	Type

SECTION IIX SIGNATURE

My Signature shows that the answers on this form are correct and complete to the best of my knowledge.

SIGNATURE - Applicant	Date Signed
------------------------------	-------------

OFFICE USE ONLY

Eligible Before Strike <input type="checkbox"/> Yes <input type="checkbox"/> No	Gross Monthly Earnings of Striker before Strike \$
Agency Representative Name (please print)	Date