



### DESCRIPTION OF REASONABLE EFFORT

Name of Family: \_\_\_\_\_

Lack of documents to prove:

- Income
- 51% Agriculture
- Current Agriculture
- Foster Child
- Homelessness

Briefly describe actions you took to verify the family's eligibility:

Date: \_\_\_\_\_

Talked to: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sent e-mail, letter, or fax to: \_\_\_\_\_

Date: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Decision to enroll: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Services Coordinator's (FSC) Printed Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Printed Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_