

## TA REQUEST FORM

The Welfare Peer Technical Assistance Network provides technical assistance (TA) to States, counties, localities, or community-based organizations, providing services to Temporary Assistance for Needy Families (TANF) recipients. TA applications are jointly reviewed by the Welfare Peer TA Network and the Administration for Children and Families (ACF) based on the following criteria:

- The extent to which the TA requested is likely to move TANF recipients from welfare to work, self-sufficiency, and family stability.
- The degree to which the area of requested TA is related to ACF priorities:
  - Provide assistance to needy families so that children may be cared for in their own homes, or in the homes of relatives;
  - End of the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
  - Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual, numerical goals for preventing and reducing the incidence of these pregnancies, and;
  - Encourage the formation and maintenance of two-parent families.
- The level of urgency of the requested TA.
- The degree to which the requested TA methods foster information exchange among States, counties, and communities.
- The extent to which the TA requested may have value for other States or programs.
- The cost-effectiveness of the requested TA.

To apply for TA, please complete and submit this form. Once your TA Request is received, a Welfare Peer TA Network representative will contact you within three business days to discuss your request. If you need assistance filling out this form, please call the Welfare Peer TA Network at (703) 385-3200 from 9 AM - 5 PM ET. **Please fax request to AFYA, Inc. at (301) 270-3441.** A copy of the form will be forwarded by the Welfare Peer TA Network to the Administration for Children and Families.

## I. Identifying Information

Please complete this section so that the Welfare Peer TA Network can contact you. An asterisk (\*) indicates the field is required.

\*Name & Title:

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\*Agency/Organization:

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\*Address 1:

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Address 2:

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\*City, \*State, \*Zip Code:

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\*Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

\*E-mail Address:

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## II. Background of Agency

Please indicate the type of agency you are with and the geographic area served by your agency.

A. Type of Agency (select one):

- State TANF Agency
- County/Local TANF Agency
- Other Public Agency, please indicate:
  
- Community- or Faith-Based Organization
- Other, please indicate:

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B. Geographic area(s) served by your agency (select all that apply):

- Urban
- Rural
- Suburban

- Tribal
  - Statewide
  - Other, please indicate:
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**III. Please describe your particular technical assistance need, and anticipated participants in the intervention/event. Please include any specifics regarding prior and current efforts to address this need.**

**IV. To what extent is this issue/TA need a priority within your organization (Check one that applies the most)?**

- Interesting, but still at the exploratory stage
- Background on issue completed, ready to act
- Everyone is on board, outcomes are expected.

**V. Which of the choices below best illustrates the current stage of your long range plan with respect to your request for technical assistance (please check one)?**

- Early stages, looking at options
- Taken action, trying to improve
- Implementation complete, trying to make quality adjustments

**VI. Is this Peer TA activity primarily for (choose one)**

- Gaining content exposure
- Developing an action plan
- Developing ongoing professional relationships
- Developing implementation strategies
- Actualizing priorities set by organizational leaders
- Improving current levels of performance
- Building partnerships
- Creating successful programs for targeted TANF populations

**VII. What impact do you anticipate this event will have on your TANF population?**

- How many TANF recipients will potentially benefit from this activity?
- How many offices/locations/centers are expected to implement new initiatives?

**VIII. Which of the choices below most reflects the intent of your intervention (Please enter 1 for primary reason and 2 for secondary reason)?**

- Improve the well-being of children and families
- Improve services to struggling or non-compliant families
- Improve employment and self-sufficiency outcomes
- Improve relationships with key strategic partners
- Improve family stability

**IX. When do you expect to have completely integrated the lessons learned from this TA intervention?**

- 0-3 months from the date of the event
- 4-7 months from the date of the event
- 8-12 months from the date of the event
- 12+ months from the date of the event