

TANF Applicant Services Screening Form

Right Work The Right Way

ApplicantName:

Application Date:

Case Number

Social Security Number Screened

Previous closure reason code

Screen print attached Y N (circle one)

How Many TANF Lifetime Months Received

Work Screen Documentation Read

ES Screens Read, ESPR and ESWP

Reason applying for TANF

Is this a Payee/GRG only case?

Yes

No

Is this a New TANF applicant?

Yes

No

Does AU have income?

Yes

No

Source

Does AU receive Child Support?

Yes

No

Direct or CSE?Amount?

What other state(s) has applicant lived

What source of income did they have?

New TANF Program/ Procedures discussed

Yes

No

Case Withdrawn

Yes

No

If Yes proceed

If NO schedule customer for 1st Step Orientation

Screener Name

Date

Referrals:

Employment Information:

DOL:

Domestic Violence:

Substance Abuse:

Mental Health:

Housing:

Food:

Clothing:

Utilities:

Explain Other (other service center):

Customer referred to "2nd Step" Applicant Services

Were applicant support services offered?

Yes

No

If so what services?

Comments: