TANF Applicant Services Screening Form			
Right Work The Right Way			
Applicant Name:			
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**
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			