

TANF Eligibility Statement

Client name: _____

Type of family: _____

Date of eligibility: _____

Case Manager: _____

Item to Verify:	Acceptable Verification:	Check Box	Comments/Notes																
Identity (1 Photo I.D. birth certificate AND verification of SSN for Adults on the grant)	Required for <u>Adults on the Grant</u>: <input type="checkbox"/> SSN Card <input type="checkbox"/> State verification Photo I.D. (<u>1</u> of the Following Required for Needy and Non-Needy Applicants) <input type="checkbox"/> Drivers' License <input type="checkbox"/> State I.D. <input type="checkbox"/> Tribal I.D. <input type="checkbox"/> Passport <input type="checkbox"/> Birth certificates for all adults on the grant	<input type="checkbox"/>	List Adults <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Adult</th> <th style="width: 12.5%;">BC</th> <th style="width: 12.5%;">SS</th> <th style="width: 12.5%;">ID</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Adult	BC	SS	ID												
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#1 Residency (one from list)	<input type="checkbox"/> Rental or Lease Agreement <input type="checkbox"/> Statement from Landlord <input type="checkbox"/> State verification <input type="checkbox"/> Mortgage papers <input type="checkbox"/> Utility company records or bills (addressed to primary applicant at current address) <input type="checkbox"/> Letter from education, local, state, tribal or governmental agency <input type="checkbox"/> Residency statement (for homelessness only Kitsap and Pierce)	<input type="checkbox"/>	Type: _____																
#2 US Citizen or Eligible Alien	<input type="checkbox"/> Citizenship Form completed All on grant must be citizen or eligible alien. <input type="checkbox"/> Social Securities Card for all members in the household (Adults and Children)	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Name</th> <th style="width: 25%;">SS Card</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	SS Card														
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#3 Child's Age (one from list)	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Tribal Identification <input type="checkbox"/> School records	<input type="checkbox"/>	List Children _____ _____ _____ _____																
#3a Child Enrolled in School (one from list)	<input type="checkbox"/> Current school records <input type="checkbox"/> Vocational School records (registration or class record)	<input type="checkbox"/>	List Children _____ _____ _____ _____																

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#4 Child in Caretaker/Relative home (one from list)	<input type="checkbox"/> Court papers <input type="checkbox"/> CPS/ICW order or documentation		Type: _____
#5 Adult Supervised Living Arrangement	<input type="checkbox"/> Diploma/GED for Minor Parent (if applicable) <input type="checkbox"/> Statement from Supervising Adult (if other than custodial parent)		Comments: _____ _____ _____
#6 Application Completed & Signed	Verified at application by: <input type="checkbox"/> Completed and signed application <input type="checkbox"/> Completed Client Responsibility Statement		
#7 Income (one or more of the following if applicable)	<input type="checkbox"/> No income declared by client <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Written Employer statement <input type="checkbox"/> Statement of Government/Insurance benefits (ex: L&I, UI, SSI) <input type="checkbox"/> Per Capita statement		If any amount \$ _____.
#8 Tribal Affiliation	<input type="checkbox"/> Tribal Enrollment card <input type="checkbox"/> Written verification from Federally Recognized Tribe <input type="checkbox"/> Alaska Native (see Section 2.5)		Tribe _____ Is a member of this household receiving Per Capita? _____
#9 Resources	<input type="checkbox"/> Resources over \$5000 not declared <input type="checkbox"/> Bank statements <input type="checkbox"/> Insurance documents <input type="checkbox"/> Fair Market Value Estimate (for exempt vehicle) <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Other resource documents as they apply		
Prior Tribal/State Assistance	<input type="checkbox"/> DSHS TIC Sheet <input type="checkbox"/> Written statement from DSHS for prior TANF months <input type="checkbox"/> TICS from Prior Tribal TANF		# of prior tics HH _____ # of prior tics Spouse or other adult on grant _____
Non Duplication Cross Check	<input type="checkbox"/> ACES information on all adults on grant <input type="checkbox"/> ACES information on all children on grant		
Child Support	<input type="checkbox"/> Assignment Referral Form (if applicable)		

I declare and attest the, information provided on this Eligibility Statement is true, correct and complete to the best of my knowledge. All documentation has been received and eligibility has been established as described in our policy and procedures.

(Intake Staff Signature)

(Date)

(Site Manager's Signature)

(Date)