

Department of Workforce Services  
**TANF NEEDY FAMILY ELIGIBILITY FORM**



Case/PID # (if applicable) \_\_\_\_\_

**Section 1: Household information**

There must be a dependent child under age 18 living in the home. A Social Security number is a condition of eligibility for assistance required by section 1137 of the Social Security Act. Services will not be delayed or discontinued pending the issuance or verification of a Social Security number, if the applicant has documented application for one. Social Security numbers must be provided for all individuals included in the TANF Needy Family household size.

**For more information please access the TANF contractor website at: <http://jobs.utah.gov/services/tevs/tanfcontract.html>**

Please use a black ball point pen to complete form

Parent or relative caretaker name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
 Address \_\_\_\_\_ Utah resident?  Yes  No  
 Date of birth (MM/DD/YYYY) \_\_\_\_\_ Alien registration number \_\_\_\_\_ Date of entry \_\_\_\_\_ Gender:  Female  Male

Spouse or relative caretaker name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Date of entry \_\_\_\_\_ Utah resident?  Yes  No  
Alien registration number \_\_\_\_\_ Gender:  Female  Male

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
 Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender:  Female  Male  
Alien registration number \_\_\_\_\_

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender:  Female  Male  
Alien registration number \_\_\_\_\_

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender:  Female  Male  
Alien registration number \_\_\_\_\_

Dependent child name (first, middle initial, last) \_\_\_\_\_ Social Security number \_\_\_\_\_  
Date of birth (MM/DD/YYYY) \_\_\_\_\_ Gender:  Female  Male  
Alien registration number \_\_\_\_\_

## Section 2: Categorical Eligibility

Mark all services the customer is receiving. If any of these services are marked, the family may meet the income eligibility requirement. Documentation must be provided for all services marked. If no services are marked move to Section 3.

<input type="checkbox"/> CHIP (Children's Health Insurance Program) Plan B or C	<input type="checkbox"/> Refugee Cash Assistance
<input type="checkbox"/> Any of the following Family Medicaid Programs: Child Medicaid, 12 Month Transitional Medicaid, Medically Needy Family, Medically Needy Child, Pregnant Woman or Medically Needy Pregnant Women	<input type="checkbox"/> Family Employment Program (FEP)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Family Employment Program (FEP) Diversion
	<input type="checkbox"/> TANF (Temporary Assistance for Needy Families) Non-FEP Training
	<input type="checkbox"/> Women, Infant & Children (WIC) Food & Nutrition Service

## Section 3: Income Guidelines

All parent or relative caretaker income is counted even if the parent or relative caretaker is not eligible to be included in the household size.

Does the family meet the income requirement of the contract or service being provided?  Yes  No

Refer to TANF Needy Family Policy and Table 13 – Income Guidelines:

[http://jobs.utah.gov/infosource/EmploymentBusinessManual/Tables/Table\\_13\\_Income\\_Guidelines\\_TANF\\_Needy\\_Family.htm](http://jobs.utah.gov/infosource/EmploymentBusinessManual/Tables/Table_13_Income_Guidelines_TANF_Needy_Family.htm)

Monthly Gross Income of Parent(s) or Relative Caretaker(s) \$ \_\_\_\_\_

(Refer to Policy at above web address, Section 720-5, Sources of Includable and Excludable Income)

\*Note: Use prior one full month of gross income and provide documentation of that income in case file.

I attest the information I have provided above is accurate.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

I attest the information provided by the customer is accurate to the best of my knowledge.

\_\_\_\_\_  
Contractor signature

\_\_\_\_\_  
Date

Note: If any required information is incomplete or incorrect, the customer is not eligible for TANF Needy Family funding.

If you do not agree with the decisions made regarding your case, you may request a Fair Hearing with an impartial Hearing Officer verbally or in writing, by contacting either your contract service provider, or contacting the

Department of Workforce Services at 1-877-837-3247 or

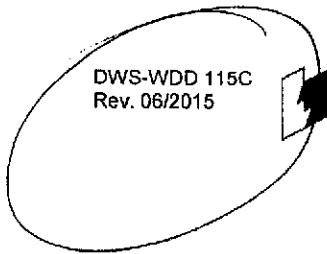
<http://jobs.utah.gov/appeals/filingpublic.html>

Contractor will enter required customer information into the TANF Eligibility Verification System (TEVS) at least weekly, using the Form 300. Access the TEVS website at: <http://jobs.utah.gov/jsp/tevs/>

\*\*Form 300 information has been entered into TEVS for all customers with Social Security numbers.

### Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162



DWS-WDD 115C  
Rev. 06/2015

State of Utah  
Department of Workforce Services  
**RELEASE/DISCLOSURE OF INFORMATION &  
CONSENT FOR COORDINATED SERVICES**  
ONLY for use by Contracts and Refugee Home Visits  
Where UWORKS is Unavailable

X \_\_\_\_\_  
Name (Print) PID Case #

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency .....  Yes  No

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Div. of Child & Family Services | <input type="checkbox"/> Div. of Services for People with Disabilities | <input type="checkbox"/> Div. of Juvenile Justice Services   |
| <input type="checkbox"/> Job Corps                       | <input type="checkbox"/> Juvenile Court                                | <input type="checkbox"/> Local Mental Health Providers       |
| <input type="checkbox"/> School Districts                | <input type="checkbox"/> State/Local Health Department                 | <input type="checkbox"/> Substance Abuse Treatment Providers |
| <input type="checkbox"/> Vocational Rehabilitation       | <input type="checkbox"/> Social Security Administration                | <input type="checkbox"/> Any & All Employer/Worksite         |
|  | <input checked="" type="checkbox"/> Other <u>SEU/ALG</u>               | <input type="checkbox"/> Other _____                         |

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

**Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.**

R=Release my information from a third party to DWS D=Disclose my information from DWS to a third party

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Employment Information (wages, hours worked, schedule, etc.)       | <input type="checkbox"/> <input type="checkbox"/> Employment Plan Development/Renegotiation                 | <input type="checkbox"/> <input type="checkbox"/> Legal Information (court documents/orders, etc.)         |
| <input type="checkbox"/> <input type="checkbox"/> Add'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.) | <input type="checkbox"/> <input type="checkbox"/> School Information (progress, attendance, schedule, etc.) | <input type="checkbox"/> <input type="checkbox"/> Treatment Information (plan, schedule, attendance, etc.) |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Other <u>TANF Eligibility</u>                           | <input type="checkbox"/> <input type="checkbox"/> Other _____   | <input type="checkbox"/> <input type="checkbox"/> Other _____  |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Other <u>Contact Information</u>                        | <input type="checkbox"/> <input type="checkbox"/> Other _____   | <input type="checkbox"/> <input type="checkbox"/> Other _____  |

X \_\_\_\_\_ X  
Signature of Customer Date

\_\_\_\_\_  
Signature of Parent or Guardian, if under age 18 Date

Attachment - J  
**UHMIS Informed Consent Release Form**

**PLEASE READ THE FOLLOWING STATEMENTS.**

**MAKE SURE YOU HAVE HAD THE CHANCE TO HAVE YOUR QUESTIONS ANSWERED.**

SEU ALG  
(Agency Name) is part of the Utah Homeless Management Information System (UHMIS).

UHMIS is a system that uses computers to collect information about homelessness. The reason for UHMIS is to track funding for homeless programs given by many funders. The goal is to simplify service delivery to people in need.

UHMIS operates over the internet and uses many security protections to keep your information safe. Many service providers across Utah use UHMIS, so your information will be shared with other service providers that provide similar services. Information collected is housed in a secure server located at Data System International (DSI), in Sandy, Utah. DSI employees have access to this server and the data housed there, but only for network support and maintenance purposes. UHMIS staff and approved Utah State Community Services Office (SCSO) staff collect and use only information that is needed for reports on homelessness to help inform policy decisions. Every person with access to this information must sign and comply with all confidentiality agreements.

To better provide services to you in the best way possible SEU ALG  
(Agency Name) is asking your permission to share your information with the other approved UHMIS participating agencies in Utah. This will include sharing the following information about you and any dependant minor children with you:

- **Name, gender, partial SSN, birth date**

By signing this form you are letting us share your information, and the information of your dependent children under the age of 18 with other UHMIS participating agencies. This information will be accessible for seven years from the last date of service.

You may cancel this consent at any given time by written request to this agency. The cancellation will not be applied to records already collected from you. If you choose to not give consent, it does not make you ineligible to receive services unless you are applying for the Homeless Prevention and Rapid Re-housing Funding (HPRP or TANF).

**Your Rights**

- You have the right to get non-UHMIS, services even if you choose **NOT** to participate in the UHMIS.
- You have the right to ask who has seen your information.
- You have the right to see your information and to change it if it's not correct. But you must show documentation.

A list of participating agencies is available from your case manager or online at <http://hmis.utah.gov>. If you don't want your information shared with a specific agency, please let your case manager or intake worker know. He/she can then take the proper action to honor your request.

X  
SIGNATURE OF CLIENT (AND/OR GUARDIAN)

X  
DATE

f  
PRINTED NAME OF CLIENT

X  
DOB OF CLIENT

\_\_\_\_\_  
SIGNATURE OF INTAKE WORKER/CASE MANAGER

<b>Income for the month of (Los Ingresos para el mes de):</b>		
	<b>Gross Bruto)</b>	<b>Net (Neto)</b>
1 <sup>st</sup> Income (Primer Ingreso)		
2 <sup>nd</sup> Income (Segundo Ingreso)		
TANF or GA		
Food Stamps		
Social Security		
Unemployment (Desempleo)		
Child Support (Sostenimiento Infantil)		
Student Aid (Ayuda para los Estudiantes)		
WIC		
Other (Otro)		
<b>TOTAL;</b>		

<b>Income for the month of (Los Ingresos para el Mes de):</b>		
	<b>Gross (Bruto)</b>	<b>Net (Neto)</b>
1 <sup>st</sup> Income (Primer Ingreso)		
2 <sup>nd</sup> Income (Segundo Ingreso)		
TANF of GA		
Food Stamps		
Social Security		
Unemployment (Desempleo)		
Child Support (Sostenimiento Infantil)		
Student Aid (Ayuda para los Estudiantes)		
WIC		
Other (Otro)		
<b>TOTAL</b>		

<b>Future Income (Ingreso Futuro)</b>		
	<b>Gross (Bruto)</b>	<b>Net (Neto)</b>
1 <sup>st</sup> Income (Primer Ingreso)		
2 <sup>nd</sup> Income (Segundo Ingreso)		
TANF or GA		
Food Stamps		
Social Security		
Unemployment (Desempleo)		
Child Support (Sostenimiento Infantil)		
Student Aid (Ayuda para los Estudiantes)		
WIC		
Other (Otro)		
<b>TOTAL:</b>		

<b>Monthly Expenses (Los Gastos Mensuales)</b>	
Rent (Alquilo)	
Deposit (Deposito)	
Electrical (Luz)	
Gas	
Utilities(Utilidades)	
Phone (Teléfono y Celluar)	
Groceries (Abarrotes)	
Eating Out(Comida fuera de Casa)	
Day Care (Mantenimiento do los Niños)	
Car Payments (Pagos del Carro)	
Car Insurance (Seguro para el Carro)	
Transportation(Transportación)	
Medical Expenses(Gastos Medicos)	
Medical Insurance(Seguro Medico)	
Credit Cards (Tarjetas de Credito)	
Loans (Prestamos)	
Child Support (Sostenimiento Infantil)	
Other (Otro)	
Other (Otro)	
Other (Otro)	
Other (Otro)	
<b>TOTAL:</b>	

<b>SUMMARY ( RESUMEN)</b>	
Income (Ingreso)	
Expenses (Gastos)	
Difference (Diferencia) ±	