DWS-ESD/WDD
300 Rev. 07/2017

State of Utah
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 Gender: ☐ Female ☐ Male
Date of birth (MM/DD/YYYY)	Alien registration number: _____ Date of Entry: _____
Spouse or relative caretaker name (first, middle initial, last)	Social Security number
Date of Birth (MM/DD/YYYY)	Utah resident? ☐ Yes ☐ No Gender: ☐ Female ☐ Male
Date of Entry	Alien registration number: _____
Dependent Child Name (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____ Gender: ☐ Female ☐ Male
Dependent Child Name (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____ Gender: ☐ Female ☐ Male
Dependent Child Name (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____ Gender: ☐ Female ☐ Male
Dependent Child Name (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____ Gender: ☐ Female ☐ Male

Section 2: 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.

☐ CHIP (Children's Health Insurance Program) Plan A, B, or C	☐ Refugee Cash Assistance
☐ 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	☐ Family Employment Program (FEP)
	☐ Family Employment Program (FEP) Diversion
	☐ TANF (Temporary Assistance for Needy Families) Non-FEP Training
☐ Food Stamps	☐ 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 Policy, Charts and Tables, Table 13 – Income Guidelines:
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.

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DWS-WDD 116C
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

☐ Div. of Child & Family Services	☐ Div. of Services for People with Disabilities	☐ Div. of Juvenile Justice Services
☐ Job Corps	☐ Juvenile Court	☐ Local Mental Health Providers
☐ School Districts	☐ State/Local Health Department	☐ Substance Abuse Treatment Providers
☐ Vocational Rehabilitation	☐ Social Security Administration	☐ Any & All Employer/Worksite
	☒ Other SEVAIG	☐ 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

R	D		R	D		R	D	
☐	☐	Employment Information (wages, hours worked, schedule, etc.)	☒	☒	Employment Plan Development/Renegotiation	☐	☐	Legal Information (court documents/orders, etc.)
☐	☐	Addt'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.)	☐	☐	School Information (progress, attendance, schedule, etc.)	☐	☐	Treatment Information (plan, schedule, attendance, etc.)
☒	☐	Other TANF Eligibility	☐	☐	Other _____	☐	☐	Other _____
☒	☐	Other Contact Information	☐	☐	Other _____	☐	☐	Other _____

X _____ X _____
Signature of Customer Date

_____ _____
Signature of Parent or Guardian, if under age 18 Date

Equal Opportunity Employer Program
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Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

(Agency) Sevalg participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?

(Agency) Sevalg must collect client information in UHMIS for program participation, even if the client does not sign this form. However, information is shared with other providers only **after** the client signs this consent form to release that information (providers are listed at UtahHMIS.org/Participating-Agencies). For more information on how client information is protected and shared, please refer to the UHMIS Privacy Posting (found at all HMIS data collection points) or the UHMIS Privacy Policy; both are available at UtahHMIS.org/Governance.

What happens if the client refuses to sign this form?

- Clients may refuse, and they will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- Clients may refuse to share their information with only one or all other providers.
- Clients may choose not to share any specific data element even after signing this consent form.
- For (Agency) Sevalg to serve clients with this UHMIS participating project, client information will still be entered into UHMIS and is visible by the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does client consent end?

Client consent will end seven years after the signature date by default; however, clients may also change their consent to share at any time. Due to the nature of UHMIS, when client consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Client Rights

- Clients may request this document in a format better suited for their needs and understanding.
- Clients may request to see information for themselves and their legal dependents and to change it if incorrect.

I understand the above statements and consent to the inclusion of personally identifying information in UHMIS about me and any dependents listed below and authorize information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by submitting a UHMIS Informed Consent Revocation Form, which can be provided to me by this agency. I understand that I may obtain a copy of my signed consent form from this Agency.

Dependent children under 18 in the household, if any (please print first and last names):

_____ _____ _____

_____ _____ _____

_____	_____	_____
Client Signature (Parent/Guardian)	Client Name (Print Clearly)	Date
_____	_____	_____
Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

(Agency use, as needed) ▫ The client provided verbal consent ▫ Client refused ▫ Client restricts some sharing (specify agencies on the form)

Bruce Adams
Board Chair
Geri Gamber
Executive Director

SEUALG SEUEDD

Providing Services in Carbon, Emery, Grand, and San Juan Counties

375 S. Carbon Ave. • PO Box 1106 • Price, UT 84501 • 435 637-5444 • Fax 435 637-5448

Relay – 711
Spanish Relay Utah
888-346-3162

Southeastern Utah Association of Local Governments (SEUALG), TANF Family Housing Program provides assistance to families with children. TANF Family Housing provides deposits, rental and utility assistance for up to 4 months, provided the funding is available. If funding is expended during program enrollment, it is client's responsibility to make further payment arrangements.

_____ _____

Applicant Signature Date

_____ _____

Program Specialist Date

_____ _____

Program Manager Date

SEUALG SEUEDD

Providing Services in Carbon, Emery, Grand, and San Juan Counties

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

Income for the month of (Los Ingresos para el Mes de):		
	Gross (Bruto)	Net Neto)
1st Income (Primer Ingreso)		
2nd 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)		
TOTAL		

Future Income (Ingreso Futuro)		
	Gross (Bruto)	Net (Neto)
1st Income (Primer Ingreso)		
2nd 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)		
TOTAL:		

Monthly Expenses (Los Gastos Mensuales)	
Rent (Alquilo)	
Deposit (Deposito)	
Electrical (Luz)	
Gas	
Utilities(Utilidades)	
Phone (Teléfone y Celluar)	
Groceries (Abarrotes)	
Eating Out(Comida fuera de Casa)	
Day Care (Maintenimiento 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 (Sostenimento Infantil)	
Other (Otro)	
Other (Otro)	
Other (Otro)	
Other (Otro)	
TOTAL:	

SUMMARY (RESUMEN)	
Income (Ingreso)	
Expenses (Gastos)	
Difference (Diferencia) ±	

JOB SEEKER QUICK START

It's easy to find jobs!

Download the

UTAH JOBS mobile app

jobs.utah.gov/jobseeker

For no cost, you can:

- View thousands of current job listings
- Get employer contact information
- Explore career options and get economic information, such as current wages
- Access job seeker guides and resources
- Find information on training services
- Search for child care

Here's how to get started on your online job search:

1. Download **Utah jobs mobile app**

   OR

   Go to: **jobs.utah.gov/jobseeker**
2. Use the **Search** feature to begin browsing

   OR

   Sign In to manage your account, access additional services or refine your job search.

   Not registered with us? To begin, select **Register** and choose your sign in method. If you do not already have a login, you will need to choose from Google, Yahoo or Facebook or you can create a Utah ID.
3. Once you've signed into your account, you will then be taken through a series of screens asking for information regarding your education, job history, etc. to help refine your job search. You can return at any time to complete or update your information. Your information is always saved.

Equal Opportunity Employer/Programs • 07-57A-1017 • 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 the Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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