

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

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*Parent or relative caretaker name (first, middle initial, last)	* Social Security number
	⋆Utah resident? ☐ Yes ☐ No
*Address	★ Gender: ☐ Female ☐ Male
	Alien registration number:
*Date of birth (MM/DD/YYYY)	
	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 #
"Dependent Crind Name" (First, W.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 #
Change (Change and Change)	Coolai Cooanty ii
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
	Gender: Li Female Li Male

Documentation must be provided to marked move to Section 3.	for all services marked. If no services are	
□ CHIP (Children's Health Insurance Program) Plan A, B, or C □ 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 □ Food Stamps Section 3: Income Guidelines. All parent or repative caretaker is not aligible to	Refugee Cash Assistance Family Employment Program (FEP) Family Employment Program (FEP) Diversion TANF (Temporary Assistance for Needy Families) Non-FEP Training Women, Infant & Children (WIC) Food & Nutrition Service	ne parent or
*Does the family meet the income requirement of t		. □ No
Refer to Policy, Charts and Tables, Table 13 – Inc https://jobs.utah.gov/infosource/EmploymentBusiu - Contracted Services.htm Monthly Gross Income of Parent(s) or Relative C (Refer to Policy at above web address, Section 7) *Note: Use prior one full month of gross income ar I attest the information I have provided above	come Guidelines: nessManual/700_Eligibility/726_Income_Guideline aretaker(s) \$	s_TANF_Needy_Fam
*Applicant Signature	*Date	
I attest the information provided by the custo	omer is accurate to the best of my knowledge	
*Contractor Signature	*Date	
Note : If any required information is incomplete of funding.	r incorrect, the customer is not eligible for TANF	Needy Family
impartial Hearing Officer verbally or in writing the Department of W	e regarding your case, you may request a Fair H , by contacting either your contract service provious /orkforce Services at 1-877-837-3247 or h.gov/appeals/pa/filingpublic.html	
Contractor will enter required customer infor least weekly, using the Form 300. Access the		
	nto TEVS for all customers with Social Securi	
Auxiliary aids and services are available upon reques	ortunity Employer Program st to individuals with disabilities by calling (801) 526-9240. In Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3	

Section 2: Mark all services the customer is receiving. If any of these services are marked, the family may meet the income eligibility requirement.

Rev. 12/2014

INSTRUCTIONS FOR FORM 300 TANF Needy Family Eligibility Form

Purpose:

Form 300 is to be completed by all contractors who determine eligibility for services they provide to TANF Needy Families. Documentation substantiating eligibility must be present in the file for each family member included in the TANF Needy Family household. Attach an additional Form 300 if needed for more than four dependent children.

Preparation: Contracts must clearly state any other eligibility factors and documentation required in order for the family to receive the service.

Case/PID may not apply for families not receiving DWS services.

Section 1: Families must have at least one US citizen or eligible alien in the TANF Needy Family household to be eligible for TANF funded services. A household unit includes eligible parents or relative caretaker(s) and their eligible dependent children under the age of 18 living in the home. Documentation of citizenship or immigration status and relationship for all parents or relative caretakers and their dependent children included in the TANF Needy Family household on Form 300 must be present in the case file. Refer to Table 9 for acceptable documentation.

Only enter eligible family members' information on Form 300.

The family must declare they are or intend to be a resident of Utah.

Skip to Section 3 if customer does not currently receive any of the services listed in Section 2

- **Section 2:** Mark services the customer is receiving. Acceptable verification includes current letters or notices showing current eligibility status. All services marked must have documentation of receiving those services included in the case file.
- **Section 3:** Complete Section 3 if customer is not receiving any services listed in Section 2, showing the Gross Monthly Income from the previous one full month. All income is counted. Acceptable verification includes a statement from the employer, copies of check stubs, or other documentation of previous one full month's income. Refer to Table 13 for income guidelines.

The contractor will enter required TANF Needy Family information into TEVS. A DWS employee will retrieve the information from TEVS and complete the required eShare query for the household. The contractor will be notified if additional information from the customer is required or if a family member is no longer eligible for the TANF Needy Family service. Refer to procedure, TANF Needy Family - Using the TANF Eligibility Verification System (TEVS) for Contracted Service.

The contractor will mark the check box at the bottom of Form 300 when required TANF Needy Family information has been entered into TEVS.

Applicant's Signature: The customer must sign indicating the information given is correct.

Signatures: The contractor who is determining eligibility must sign and date the form.

Distribution: Original filed in the case record

Retention: Three (3) years