

# TANF YOUTH SERVICES APPLICATION

The information requested on this form is necessary to determine whether or not federal Temporary Assistance for Needy Families (TANF) funds may be used to provide services to you.

## SECTION ONE

### A. Information About the Youth Applicant

1. Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (apartment number)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month, day, year)

Telephone Number: \_\_\_\_\_

2. Are you currently living in foster care?  No  Yes

### B. Information About Family Members

Provide information below about **Family Members** who live with you. You should include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you or other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

	NAME <small>(First, Middle Initial, Last)</small>	RELATIONSHIP TO YOU	SOCIAL SECURITY NO.	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				
6.				

## **SECTION TWO Citizen / Non-Citizen Status**

**A.** Are you a United States citizen?

- Yes.** If yes, **go to** Section Three.
- No.** If no, complete Item B.

**B.** If you (the youth applicant) are not a United States citizen, look at the “*Immigration Status List*” on page 3 and tell us which status applies to you. Enter the status number from the list and complete the information below.

Immigration status (# 1 through 18) that applies: \_\_\_\_\_

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Date of Entry into United States: \_\_\_\_\_

## **SECTION THREE Income of Family Members**

**A.** Do you (the youth applicant) currently receive benefits under one or more of these programs?

- Yes,** check which program(s) and then **go to** Section Four.

<b>FAMILY ASSISTANCE/ SAFETY NET</b>	<b>MEDICAID</b>	<b>FOOD STAMPS</b>	<b>HEAP</b>	<b>SSI</b>	<b>FREE/REDUCED SCHOOL LUNCH</b>

- No,** complete Item B, below.

**B.** If you do not currently receive one of the programs listed above, please tell us about any income of your family members that you included in Section One, Item B (parents, siblings, etc).

Include the gross income (income before taxes and deductions) of each family member listed in Section One Item B. List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 19 years of age but must include any unearned income.

	NAME	INCOME SOURCE: WAGES, SOCIAL SECURITY, etc.	AMOUNT	RECEIVED (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						

## **SECTION FOUR Applicant Notification and Signature**

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to receive TANF services, you may have your certification reviewed by a person at a level above the person who made the first decision.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

Signed: \_\_\_\_\_

Date:

Relationship to Applicant: \_\_\_\_\_

**A parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care when parental signature is not practicable.**

### **Immigration Status List**

This list is used to complete Section Two when the applicant is not a United States citizen.

You will be asked to provide documentation to verify the individual's immigration status. We are asking about your immigration status to determine if you or a family member is eligible for federally funded TANF services. You may be a legal immigrant, but not be eligible for federally funded TANF services.

<b><u>STATUS</u></b>	<b><u>PROOF</u></b>
1. Refugee	1. Immigration and Naturalization Service (INS) Form I-94, INS Form I-551, INS Form I-688B or INS Form I-766
2. Cuban/Haitian Entrant	2. INS Form I-94, INS Form I-551
3. Asylee	3. INS Form I-94, INS Form I-551
4. Amerasian Immigrant	4. INS Form I-94, INS Form I-551
5. Deportation or Removal Withheld	5. Judges order showing deportation or removal withheld

- |   |   |
|---|---|
| 6. Hmong or Highland  | 6. INS Status Granted   |
| 7. Lawfully Admitted for Permanent Residence (LPR) who entered the U.S. before 8/22/96  | 7. INS Form I-94, INS Form I-551  |
| 8. Lawfully Admitted for Permanent Residence (LPR) and entered the U.S. on or after 8/22/96 and has been in the United States for 5 years or more   | 8. INS Form I-94, INS Form I-551  |
| 9. Parolee (for one year or more) who entered U.S. before 8/22/96   | 9. INS Form I-94, INS Form I-688B, INS I-766                              |
| 10. Parolee (for one year or more) and entered U.S. on or after 8/22/96 and has been in the U.S. for 5 years or more  | 10. INS Form I-94, INS Form I-688B, INS I-766                             |
| 11. North American Indian born in Canada (Eligibility depends on Status Granted.)   | 11. INS Status Granted  |
| 12. Member of a federally recognized Tribe born outside U.S. (Eligibility depends on Status Granted.)   | 12. INS Status Granted  |
| 13. A non-citizen serving or discharged from U.S. Armed Forces or a discharged individual's spouse or child. Discharge must have been honorable and not for reason of "alienage" or lack of citizenship | 13. DD-214  |
| 14. A battered spouse or child of a U.S. citizen or lawfully admitted permanent resident who entered the U.S. before 8/22/96  | 14. INS "Notice of Prima Facie Case" dated within 150 days of application |
| 15. A battered spouse or child of a U.S. citizen or lawfully admitted permanent resident who entered the U.S. on or after 8/22/96 and has been in the United States for 5 years or more                 | 15. INS "Notice of Prima Facie Case" dated within 150 days of application |
| 16. A conditional entrant who entered U.S. before 8/22/96   | 16. INS Form I-94, INS Form I-688B, INS I-766                             |
| 17. A conditional entrant who entered U.S. on or after 8/22/96 and has been in the United States for 5 years or more  | 17. INS Form I-94, INS Form I-688B, INS I-766                             |
| 18. Immigration status is not included in the listing above. If you are a non-citizen whose immigration status is not listed above, you are not eligible for federal TANF services.                     |   |