

Attachment I

**TANF Youth Services Application Review Form**

Applicant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

Date of Review: \_\_\_\_\_

CERTIFICATION ITEM	Yes	No																								
1. Is the applicant a New York State resident?																										
2. Is the applicant under 21 years of age?																										
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																										
<p>4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.]</p> <p>___ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, Food Stamps, HEAP or SSI?  <b>OR</b>            ___ Income test is met based on a calculation of combined gross income for applicant's family size.</p> <div style="background-color: #cccccc; padding: 5px; text-align: center;"> <p><b>Worksheet - Calculation of Current Gross Income</b> (convert all income to annual income)</p> <p style="text-align: center;">Weekly</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Source</th> <th style="width: 20%; text-align: center;">Yearly <small>(x12=yearly)</small></th> <th style="width: 20%; text-align: center;">Monthly <small>(x12=yearly)</small></th> <th style="width: 20%; text-align: center;">Weekly <small>(x 52=yearly) (x4.333=monthly)</small></th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>a. Total gross income is: \$ _____ per year.            b. Subtract child support payments made - \$ _____ per year.            c. Net gross income for 200% test is: \$ _____ per year.  <small>(Time period must be the same for a, b, and c)</small>            d. Total family size is _____.</p> <p>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</p> </div>	Source	Yearly <small>(x12=yearly)</small>	Monthly <small>(x12=yearly)</small>	Weekly <small>(x 52=yearly) (x4.333=monthly)</small>	1.				2.				3.				4.				5.					
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1.																										
2.																										
3.																										
4.																										
5.																										
5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? <small>(The DSS Commissioner or designee may sign for a child in foster care)</small>																										

**Current Income** – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

**or**

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

**Gross Income includes:** Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker’s compensation; Supplemental Security Income (SSI); child support payments received; alimony received; interest payments; other recurring income that is not excluded below.

**Excluded Income:** Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

**Certification Decision**

- The applicant is certified for TANF Services.** All Items above must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):**
  - The applicant is not a resident of New York State.
  - The applicant is not under 21 years of age.
  - The applicant is not a U.S. citizen or a qualified non-citizen.
  - The income of the family members is above 200% of poverty
  - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.)  
Specify reason below.

\_\_\_\_\_  
\_\_\_\_\_

**Signature of reviewer:** \_\_\_\_\_

**Date** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

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**Second Level Review**

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The result of the second level review is that:**

- The applicant for services is certified to receive TANF Services.

The applicant for services is not certified to receive TANF Services. And/or,

If some but not all family members requesting services are not certified for TANF Services, list the name(s) of the individual(s) who are not certified and the reasons he or she is not certified.

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**Signature of reviewer:** \_\_\_\_\_

**Date** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_