

To be completed by program staff to determine eligibility for TANF-funded services. (complete the information on the front and back as well as any attachment to this form))



# TANF-EZ Eligibility Form for TANF-Funded Services #TA01-06/DOA

## Section I: Identifying Information

Name:	Address:	City:	Zip:
Phone Number:	SSN:	Date of Birth:	

## Section II: Eligibility Information. Check the following if:

**Step 1:**  The family indicates they receive FITAP, KCSP payments, free/reduced school lunch, food stamps, Medicaid or LaChip,. Letter of eligibility or other official documentation should accompany this form to verify receipt of one or more of these services, **OR** complete Step 2 AND Step 3 to verify eligibility and parental status using income.

**If checked, the family is eligible for TANF-funded services. Go to Section III.**

**If not checked, complete Step 2 AND Step 3 to verify eligibility and parental status using income.**

**Step 2:** The family applying for services includes:

- A parent or relative caring for one or more children under 19 years of age (individual should provide documentation of their parental status); **or**,
- A pregnant woman; **or**
- A non-custodial parent of a child under 19 years of age.

**Step 3:**  The family income is less than 200% of the federal poverty level (See the income level chart on back and complete Financial Eligibility Section)

**Step 4:** The TANF-funded services are for the benefit of a family member who is:

- A citizen of the United States; **or**
- A non-citizen who meets the TANF-eligible citizen criteria (**For determination, go to the attached sheet entitled "TANF- funded Services non-citizen eligibility" and complete**).

**If Step 2 , 3 AND 4 above are checked, the family is eligible for TANF-funded services. Go to Section III. If Step 2 AND 3 are not checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section IV.**

## Section III: TANF Service Goal

The services being provided are designed to:

- 1. Provide services to needy families so that the child or children may be cared for in their own home or the home of relatives.
- 2. Promote job preparation, work or marriage.
- 3. Prevent or reduce the incidence of out-of-wedlock pregnancies.
- 4. Encourage the formation and maintenance of two-parent families.

## Section IV : Eligibility Criteria

I certify that the information, provided on this form, is true and correct to the best of my knowledge. If the information changes, I will notify a program staff person of the new information.

\_\_\_\_\_  
Signature of Responsible Family Member

\_\_\_\_\_  
Date signed

### OFFICE USE ONLY:

Based on the information provided, the family is  eligible **OR**  not eligible for TANF-funded services for the period:  
\_\_\_\_\_ through \_\_\_\_\_.

Name of program staff person (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_