



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
Date of Entry	Gender: ☐ Female ☐ Male
	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 ☐ 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	☐ 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
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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:
[https://jobs.utah.gov/infosource/EmploymentBusinessManual/700 Eligibility/726 Income Guidelines TANF Needy Family - Contracted Services.htm](https://jobs.utah.gov/infosource/EmploymentBusinessManual/700%20Eligibility/726%20Income%20Guidelines%20TANF%20Needy%20Family%20Contracted%20Services.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
<https://jobs.utah.gov/appeals/pa/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.

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

State of Utah
Department of Workforce Services
**RELEASE OF INFORMATION FOR GRANTEEES
CONSENT FOR COORDINATED SERVICES**

Name	PID	Case Number
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Release of Information. I understand that records about me, including my personally identifiable information, are protected under State and Federal law as well as professional codes of ethics governing confidentiality and will not be released or disclosed by DWS without my written consent, unless otherwise provided by law or regulation.

This Release of Information is effective from the date I sign below until revoked by me in writing, or from the last day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this Release at any time by sending written notification to DWS. I further understand that data up to the date I revoke my consent may still be provided to the Provider listed below to evaluate the effectiveness of my program after I revoke my consent, whichever is later. This Release can be modified in writing, with my initials next to changes and the dates of those changes. I understand that my information will be released to the agencies or individuals below to assist in coordinating services for me.

Consent for Coordinated Services. By signing this Release, I authorize the release and/or disclosure of my information from DWS to Social Research Institute. I understand that Workforce Services will be coordinating with the Social Research Institute to evaluate the services provided 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 with one another.

Information that may be released to these agencies or individuals should be no less and no more than what is necessary to assist in the evaluation of the delivery of services to me, and includes, but may not be limited to the following: employment information (e.g., wages, hours worked, schedule); additional monitoring information (e.g., worksite learning, activity progress); employment plan development/renewal; school information (e.g., progress, attendance, schedule); legal information (e.g., court documents, orders); or treatment information (e.g., plan, schedule, attendance).

I am aware that the agencies and individuals listed may also share information with DWS in order to evaluate the effectiveness of services provided to me. Those agencies or individuals may have separate requirements for additional releases of information to be signed by me to allow for this exchange of information.

Signature of Customer

Date

Signature of Parent, Guardian or Legal Representative

Date

Equal Opportunity Employer Program

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