

APPLICATION TO DETERMINE TANF ELIGIBILITY
FOR SPECIAL PROJECT-SCHOOL CLOTHES
Authorized by Hardin County PRC Plan

PARENT/GUARDIAN NAME	DATE
MAILING ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF, YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE

NAME	RELATIONSHIP TO YOU	AGE	GRADE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

Is there a court order for any child listed on this application? ☐ Yes or ☐ No

If your answer is “Yes” please circle which applies to you: **Primary** **Custodial** **Residential Parent**

Signature and Release of Information

I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information of each household member applying for assistance. I state under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest. I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility. I understand that this form may be used to allow for billing to the appropriate fund for services used.

Signature of Adult or Authorized Rep

Date

Signature of Hardin County DJFS Staff

Date