



ELIGIBILITY FORM FOR TANF FUNDED SERVICES

SECTION I: IDENTIFYING INFORMATION

RECIPIENT NAME:		ADDRESS:		TELEPHONE:
CITY:	STATE:	ZIP CODE:	SSN:	DATE OF BIRTH:

SECTION II: ELIGIBILITY INFORMATION *(Check those areas that apply)*

☐ **STEP 1: Participation Eligibility** *(Check those areas that apply)*

- ☐ Transitional Employment Assistance (TEA)
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Medicaid or Chip (Including ARKids),
- ☐ Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)
- ☐ Woman, Infant & Children (WIC)
- ☐ Housing and Urban Development (HUD), Section 8 or Public Housing

If the family indicates that they receive any of the assistance listed above, a letter of eligibility or other official documentation should accompany this form to verify the receipt of one or more of these services.)

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: Family Definitions**

The family applying for services includes:

- A parent or relative caring for one or more minor children *(see definition of "child" below)*
- A pregnant woman, or
- A non-custodial parent *(see definition of "non-custodial parent" below)*

Child: a dependent person under 18 *(or under 19 who is still a full-time student in high school or at the equivalent level of vocation or technical training)*, who has never married or whose marriage was annulled and whose eligibility is being determined.

Parent: includes a mother, father, adoptive mother, adoptive father, step-father and step-mother.

Non-Custodial Parent: the parent is not in the household of the child (see definition of child above) whose eligibility is being considered. Both the non-custodial parent and the child must live in the State of Arkansas.

Blood Relative: including those of half-blood, within the relationship of siblings, first cousins, nephews, nieces, aunts, uncles and individuals of preceding generations as denoted by prefixes of grand, great, great-great, etc. This group includes relatives within the fifth degree of kinship to the dependent child; therefore, this includes first cousins once removed, but not the second cousins.

☐ **STEP 3: Income Eligibility**

The family income is less than 200% of the federal poverty level *(See the income chart and complete Financial Eligibility Section)*.

If Step 1, 2 AND 3 are not checked, STOP. The family is NOT eligible for TANF-funded services. Go to Section IV.

☐ **STEP 4: Citizenship Eligibility**

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.

(If neither box is checked, the person or family is NOT eligible for TANF funded services or programs.)

If Step 2, 3 AND 4 above are checked, the family is eligible for TANF-funded services. Go to Section III.

Worksheet on Family Income - Eligibility for TANF-Funded Services

2024 Poverty Guidelines 200% of the Federal Poverty Level

Family Size	Annual Income	Monthly Income
1*	\$30,120	\$2,510.00
2	\$40,880	\$3,406.67
3	\$51,640	\$4,303.33
4	\$62,400	\$5,200.00
5	\$73,160	\$6,096.67
6	\$83,920	\$6,993.33
7	\$94,680	\$7,890.00
8	\$105,440	\$8,786.67
9	\$116,200	\$9,683.33

*This family size category should only be used when determining eligibility for a parent of a minor child whose child does not reside in the home of the applicant.

If Family Size is over 9, Contact the agency.

Financial Eligibility (to be completed by program staff person):

1. Family size: _____ (number of adults and minor children who are related to each other; Non-custodial parents need not live w/their minor child and should use a family size of one.

Household Members: List all the people who live in your home, including yourself, if needed, attach a sheet of paper listing additional members.

Social Security Number	Full Name (First, middle, and last)	Birthdate	Relationship to you

2. The total family earned income is \$ _____ per (week, month or year) _____. (This is money earned from employment, this amount is before taxes)

3. Convert to a monthly amount (divide yearly amount by 12) and list the family's total monthly income:
\$ _____

4. Is this amount **less than 200%** of the federal poverty level on the above chart? ☐ YES ☐ NO

If YES, the family is eligible for TANF-funded services. If NO, the family is not eligible for TANF funded services based on earned income.

SECTION III: DETERMINATION OF NEED (TANF Service Goal)

Depending on the purpose served, program, benefit or service, the family's income level may have to be determined. Although TANF purposes number #3 and #4 do not require a determination of "needy", the State may restrict benefits and services to individuals and families below a certain income.

The services being provided are designed to:

1. To provide assistance to **needy families** so that the child or children may be cared for in their own home or the home of relatives.
2. To **end the dependence of Needy parents** on government assistance by promoting job preparation, work or marriage,
3. Prevent or reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

DETERMINATION OF NEED (Continued)**A.** What TANF purpose does the program, benefit or service accomplish? ☐ 1 ☐ 2 ☐ 3 ☐ 4**B.** Does eligibility have income requirements? ☐ Yes ☐ No**Note:** If TANF purpose number 2 were selected above, the answer is "Yes."**C.** If "Yes," does the family meet income eligibility requirements? ☐ Yes ☐ No

If income is strictly based on Arkansas' definition of "needy":

- Does the family receive Temporary Cash Assistance, relative caregiver program payments, food stamps or are the children in the family eligible for Medicaid? ☐ Yes ☐ No
- Is the family's total income less than 200% of the Federal Poverty Level based on household size? ☐ Yes ☐ No Number of household members _____

If income is based on reporting instructions, local operating procedures or guidance, please review the appropriate materials for income eligibility determination.

SECTION IV: CERTIFICATION OF ELIGIBILITY CRITERIA

This is a certification that the information provided on this form is true and correct to the best of the knowledge of those individuals whose signatures are affixed. If the information changes notification will be provided to program staff of the new information.

The provider is to review the following statements with the program applicant/participant.

☐ **Income based or means tested benefits require "family eligibility."**

I understand that a family member may be designated as a non-applicant, and his/her information regarding citizenship or qualified non-citizenship status will not be required. I understand that my benefits or services will not be delayed if information regarding the non-applicant's citizenship status is not provided.

☐ **Privacy Statement**

I understand that I am required by law to provide my social security number(s) or proof that I have applied for a social security number if I do not currently have one to receive TANF funded benefits/services. This is mandatory under Social Security Act ((42 U.S.C. 1137). If I do not have a social security number and have not applied for a social security number, I can request help with filing an application. The social security number is used to administer the program, including determining eligibility, attributing the receipt of services, correspondence and participation to my case, as well as for reporting purposes.

☐ *If I do not have a Social Security Number and do not know how to apply for one, I understand that I can request help from the program provider identified below. The designated person will refer me to the appropriate agency and may provide other help as needed and requested.*☐ *I understand that my Social Security Number will be used to associate all records to my identification, including program participation and the receipt of services and benefits.*

I _____ certify, to the best of my knowledge, the above information in this form is true, including income and citizenship/qualified non-citizenship information.

NAME:	SSN:	DATE:	
SIGNATURE:		PHONE NUMBER:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
PROGRAM SERVICE PROVIDER: Print Name	PROGRAM SERVICE PROVIDER: Signature	DATE:	
NAME: (Please Print)	SIGNATURE OF RESPONSIBLE FAMILY:	DATE:	
Based on the information provided, the family is <input type="checkbox"/> eligible OR <input type="checkbox"/> not eligible for TANF-funded services for the period: _____ through _____			