

<b>Give Like A Mother</b> <b>Application for TANF Funded Services</b>																			
For the purposes of this form, the parent, primary caregiver, or guardian is referred to as the APPLICANT. Only ONE COPY is required per family.																			
Applicant's Name:																			
Applicant's Social Security Number (SSN):												Date of Birth							
Street Address					City					Zip Code					Phone Number				

Applicant's Email	
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The applicant and all household members are residents of																					
	County Name				State																
The applicant has an open or active Child Protective Services (CPS) case.	Yes		No		If yes, please list the active CPS county below:																
The applicant has a child under the age of 18 living in the household.	Yes		No																		
The applicant and all household members are citizens or lawful aliens.	Yes		No																		
Please circle the number of household members (including all children and adults living in the home).										1	2	3	4	5	6	7	8	9	10	11	12

PLEASE LIST ALL INDIVIDUALS LIVING IN THE HOUSEHOLD														
First and Last Name	Relation to Applicant	Social Security Number						Date of Birth						
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Please list your household's total MONTHLY INCOME.	\$
Include all types of income such as child support, worker's or unemployment compensation, and social security, including the income of a spouse if they live in the home.	
If salaried, please divide by 12.	

Please read the following statement and provide a signature below.	
I understand I am receiving TANF funded services. The information provided above is complete and correct to the best my my knowledge and belief.	
Applicant's Signature     x	Date
Representative's Signature     x	Date

FOR AGENCY USE ONLY		
Did the applicant attest to meeting the Family and Income Eligibility Requirements?	Yes	No
Was the applicant approved or denied?	Yes	No
Organization Name	Date	

Child's Name:			
Child's Age		Child's Grade	

Please check the most applicable description.					
Are you currently receiving foster care payments for this child?	<input type="checkbox"/> Yes	What is the custody arrangement for this child?	<input type="checkbox"/> I have legal custody of this child.	Does this child live with you?	<input type="checkbox"/> This child lives in my home full or part time.
	<input type="checkbox"/> No		<input type="checkbox"/> This child has been placed with me by the county.		<input type="checkbox"/> I care for this child but they do not live with me.
	<input type="checkbox"/>		<input type="checkbox"/> I do not have legal custody of this child.		
			<input type="checkbox"/> This is my partner or spouse's child.		

Clothing Request					
Please place a check mark in the grey box beside the choice you would like to select. Write in the jean and sports bra size your child wears (if applicable).					
Child's Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female at birth but prefers male clothing.	Should we include any of the following?	<input type="checkbox"/> Jacket	<input type="checkbox"/> Pajamas
	<input type="checkbox"/> Female	<input type="checkbox"/> Male at birth but prefers female clothing.		<input type="checkbox"/> Underwear	<input type="checkbox"/> Socks

Infant and Toddler Sizes	Youth Sizes	Adult Bottoms	Adult Bottoms
<input type="checkbox"/> Premie	<input type="checkbox"/> 6x	<input type="checkbox"/> Adult XS	<input type="checkbox"/> Adult XS
<input type="checkbox"/> Newborn	<input type="checkbox"/> 6-7	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult S
<input type="checkbox"/> 0-3 months	<input type="checkbox"/> 7-8	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult M
<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 8-10	<input type="checkbox"/> Adult L	<input type="checkbox"/> Adult L
<input type="checkbox"/> 6-9 months	<input type="checkbox"/> 10-12	<input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult XL
<input type="checkbox"/> 9-12 months	<input type="checkbox"/> 14-16 (Adult XS)	<input type="checkbox"/> Adult 2XL	<input type="checkbox"/> Adult 2XL
<input type="checkbox"/> 12-18 months	<input type="checkbox"/> 16-18 (Adult XS)	<input type="checkbox"/> Adult 3XL	<input type="checkbox"/> Adult 3XL
<input type="checkbox"/> 18-24 months	<input type="checkbox"/> 18-20 (Adult M)	<input type="checkbox"/> Adult 4XL	<input type="checkbox"/> Adult 4XL
<input type="checkbox"/> 2T		<input type="checkbox"/> Adult 5XL	<input type="checkbox"/> Adult 5XL
<input type="checkbox"/> 3T		<input type="checkbox"/> Adult 6XL	<input type="checkbox"/> Adult 6XL
<input type="checkbox"/> 4T		<input type="checkbox"/> Adult 7XL	<input type="checkbox"/> Adult 7XL
<input type="checkbox"/> 5T			

Shoe Sizes			
<input type="checkbox"/> Infant 1	<input type="checkbox"/> Child 13	<input type="checkbox"/> Adult 11	
<input type="checkbox"/> Infant 2	<input type="checkbox"/> Youth 1	<input type="checkbox"/> Adult 12	
<input type="checkbox"/> Infant 3	<input type="checkbox"/> Youth 2	<input type="checkbox"/> Adult 13	
<input type="checkbox"/> Infant 4	<input type="checkbox"/> Youth 3	<input type="checkbox"/> Adult 14	
<input type="checkbox"/> Infant 5	<input type="checkbox"/> Youth 4		
<input type="checkbox"/> Child 6	<input type="checkbox"/> Youth 5		
<input type="checkbox"/> Child 7	<input type="checkbox"/> Adult 6		
<input type="checkbox"/> Child 8	<input type="checkbox"/> Adult 7		
<input type="checkbox"/> Child 9	<input type="checkbox"/> Adult 8		
<input type="checkbox"/> Child 10	<input type="checkbox"/> Adult 9		
<input type="checkbox"/> Child 11	<input type="checkbox"/> Adult 10		

Jean Size	
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Sports Bra Size	
Sizes Youth S to Adult 3XL available.	

If we do not have your child's clothing or shoe size available, what size should we provide?	
Clothing:	Shoes:

Additional Information
Please list any style preferences, favorite characters, special considerations, or sizing needs in the box below.