

**Give Like A Mother  
Application for TANF Funded Services**

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                         |  |  |  |   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |          |               |  |  |   |              |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |             |  |  |  |  |  |  |  |  |  |       |  |  |  |  |
|--|-------------|--|--|--|--|--|--|--|--|--|-------|--|--|--|--|
| 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 CHILDREN LIVING IN THE HOUSEHOLD**

| Child First and Last Name | Relation to Applicant | Child Social Security Number |   | Child's Date of Birth |   |
|---------------------------|-----------------------|------------------------------|---|-----------------------|---|
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |
|                           |                       | -                            | - | /                     | / |

|  |    |
|--|----|
| Please list your household's total MONTHLY INCOME.   | \$ |
| <i>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.</i> |    |
| <small>If salaried, please divide by 12.</small>   |    |

**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 of my knowledge and belief.

|                            |      |
|----------------------------|------|
| Applicant's Signature      | Date |
| Representative's Signature | Date |

**FOR AGENCY USE ONLY**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Did the applicant attest to meeting the Family and Income Eligibility Requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the applicant approved or denied?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organization Name   | Date                         |                             |