

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 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																		Date																					
Representative's Signature																		Date																					

**FOR AGENCY USE ONLY**

Did the applicant attest to meeting the Family and Income Eligibility Requirements?
Was the applicant approved or denied?

	Yes		No
	Yes		No

Organization Name	Date
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