

**TANF**  
**Non-Recurrent Short-Term Benefits Program Eligibility Form**

**Section I: Identifying Information**

<b>Claimant Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Social Security #:</b>	
<b>Date of Birth:</b>	

**Section II: Household Information**

**Family size - number of adults and minor children who are related to each other.**

<b>Name</b>	<b>Relationship to Claimant</b>

- **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 and adoptive father.
- **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.

**SECTION III: Eligibility Information – Must meet all 5 requirements.**

**Requirement 1.**

Yes	No	Items	Documentation Required
		Eligible for state or federal unemployment benefits, has a weekly benefit amount of less than \$100, <u>AND</u> has a demonstrated need for assistance	DWS UI Letter and Verification of UI payments below \$100 weekly.
<b>Must demonstrate at least one of the following:</b>			
		The participant is unable to work due to contracting COVID-19 leading to lost wages.	Self-Attestation
		Children’s school or childcare provider closed due to COVID-19.	Notice or Self-Attestation
		Workplace closed due to COVID-19.	Notice from place of work
		Rent or mortgage assistance due to COVID-19.	Notice for Renter or mortgage company
		Utility assistance due to COVID-19.	Invoice or Past Due Notice
		Lost housing due to COVID-19.	Self-Attestation
		Similar circumstances that are not COVID-19 related, that demonstrate a specific crisis situation or episode of need	Use local area procedure to determine eligibility

**Requirement 2.**

Yes	No	Item	Documentation Required
		Unemployed or partially unemployed due to disruptions caused by the COVID-19 pandemic.	Self-Attestation

**Requirement 3. Family income is less than 200% FPL. (Can be documented by other Public Assistance.)**

Yes	No	Item	Documentation Required
		Transitional Employment Assistance (TEA)	A letter of eligibility or other official documentation
		Supplemental Nutrition Assistance Program (SNAP)	A letter of eligibility or other official documentation
		Medicaid or Chip (Including ARKids),	A letter of eligibility or other official documentation
		Supplemental Security Income (SSI) or Supplemental Security Disability (SSD)	A letter of eligibility or other official documentation
		Woman, Infant & Children (WIC)	A letter of eligibility or other official documentation
		The family income is less than 200% of the federal poverty level (Use worksheet on the <i>Financial Eligibility Section</i> ).	Tax return prior year, Check stubs and other income (1 month), Employer Verification, and Self Employed Verification.

**Requirement 4.**

Yes	No	Item	Documentation Required
		Custodial parents with a child under the age of 18.	Child under 18 – birth certificate or court papers.
		OR	
		A woman who is currently pregnant.	Pregnant – self attestation.

**Requirement 5.**

Yes	No	Item	Documentation Required
		Ability to Work in the United States	Completed I-9 or acceptable documents from List of Acceptable Documents from USCIS Form I-9

**SECTION IV. Financial Eligibility Section – required if you answered “Yes” to the family income is less than 200% of the federal poverty level.**

**2020 Poverty Guidelines - 200% of the Federal Poverty Level**

<b>Family Size</b>	<b>Annual Income</b>	<b>Monthly Income</b>
<b>1</b>	<b>\$25,520</b>	<b>\$2,127</b>
<b>2</b>	<b>\$34,480</b>	<b>\$2,873</b>
<b>3</b>	<b>\$43,440</b>	<b>\$3,620</b>
<b>4</b>	<b>\$52,400</b>	<b>\$4,367</b>
<b>5</b>	<b>\$61,360</b>	<b>\$5,113</b>
<b>6</b>	<b>\$70,320</b>	<b>\$5,860</b>
<b>7</b>	<b>\$79,280</b>	<b>\$6,607</b>
<b>8</b>	<b>\$88,240</b>	<b>\$7,353</b>
<b>9</b>	<b>\$97,200</b>	<b>\$8,100</b>
<b>Amount</b>	<b>Description</b>	
	1. The total family earned income of everyone in the household annually. If you have the monthly amount, you must multiply by 12.	
	2. Annual Income from table above - Family size is the number of adults and minor children who are related to each other.	
If #1 is greater than #2, the family is not below the 200% Federal Poverty Level and is not eligible. If #1 is lesser than #2, the family is below the 200% Federal Poverty Level and is eligible.		
<b>Yes</b>	<b>No</b>	<b>Question</b>
		Is the family’s total income less than 200% of the Federal Poverty Level based on household size?

**SECTION V: Certification of Eligibility Criteria Section**

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.

By initialing below, the claimant agrees with the statements below. The provider is to review the following statements with the program applicant/participant.

Initial	Item
	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. 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 thee receipt of services and benefits.

I \_\_\_\_\_ certify, to the best of my knowledge, the information on all of the pages on this form is true, including income and citizenship/qualified non-citizenship information.

Claimant's Signature:	
Claimant's Printed Name:	
Date:	

**Review of information provided to staff:**

Yes	No	Question
		Based on the information provided, does the claimant meet all 5 requirements and is eligible for Non-Recurrent Short-Term Benefits?

Staff Signature:	
Date:	

This form and all backup documentation must be submitted to MIS for review/approval.