



QUINAULT INDIAN NATION
 Temporary Assistance for Needy Families
SUPPORT SERVICE REQUEST



Please complete the entire form and attach supporting documentation, as needed. Incomplete forms, to include those that do not have supporting documentation, will not be staffed until completed. If you have received a Sanction Warning, are in Sanction or not complying with program requirements, your request may be denied.

Date of Request:

Participant Name:

Requested Item or Service	Cost of Item or Service
1)	\$
2)	\$
3)	\$
4)	\$
5)	\$
6)	\$

What is the urgent need for the item/service that you requesting? If you are open on a Child Only Case, please know that the request must be tied to the needs of the child on the case.

What is the reason that you cannot afford the item/service that you are requesting? _____

If approved, what will you do to cover this expense in the future? _____

Have you received assistance for the requested item/service from another agency, program or individual? Yes No

If yes, what item/service were you provided and on what date? _____

What agency provided you with assistance? _____

Have you received assistance from Quinault Family Services or Child Protective Services? Yes No

If yes, what item/service were you provided? What was the date that you received assistance? _____

What amount are you able to contribute toward the item/service that you are requesting? \$ _____

PLEASE COMPLETE THE REMAINDER OF THE FORM ON BACK

MONTHLY BUDGET

Please complete the monthly budget below to show what your income and expense are or are expected to be for the month. If you are reporting income that you receive more than once per month, please estimate what the monthly total will be. Family and Child Only Cases where the biological or adopted parent is the caregiver, must report all income for the household. Child Only Cases must report income and expenses specifically for the children on the case.

INCOME

Income Type	Amount	Date Received	Income Type	Amount	Date Received
TANF Grant	\$		Food Stamps	\$	
Wages	\$		WIC Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSI/Survivor Benefits	\$		Unemployment Benefits	\$	
Child Support	\$		Income Tax Return	\$	
College Financial Aid	\$		LIHEAP/Energy Assistance	\$	
Per Capita	\$		Other:	\$	

BASIC LIVING EXPENSES

Expense	Amount	Already Paid?	Expense	Amount	Already Paid?
Rent/Mortgage	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water/Sewer/Garbage	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electricity	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Groceries (paid for with cash)	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas/Propane/Wood	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Payment	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Cleaning/Hygiene Items	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Insurance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I attest that all of the information that I have provided is true and correct to the best of my knowledge. I understand that failure to report or any misrepresentation of my true income and expenses will be considered fraud.

Participant Signature: _____

Date: _____