



TANF SUPPORT SERVICE REQUEST

Date: ____/____/____

Participant: _____

Complete the form and attach supporting documentation. Incomplete forms will not be processed.

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

Basic or emergent need: (Child only cases must tie to children)

Reasons you cannot afford:

How will you cover expenses should it occur again?

Have you received financial or resource assistance from another agency, program, or individual within the last 30 days? ☐ Yes ☐ No

If yes, what assistance were you provided and when?

Amount you can contribute toward the expense: \$_____

By signing this request, I acknowledge that all the information is true and correct to the best of my knowledge.

Participant Signature: _____

MONTHLY BUDGET WORKSHEET



Family and child only cases where the biological or adopted parent is the caregiver, report all income and expenses for the household. Child only cases report income and expenses specifically for the children on the case.

Income

Income Type	Amount	Date Received
TANF Grant	\$	
Wages or Unemployment	\$	
SSI/Survivor Benefits	\$	
Child Support	\$	
College Financial Aid	\$	
Per Capita/Share Holders	\$	
Income Tax Return	\$	
Other Income:	\$	
SNAP (food benefits)	\$	
WIC	\$	

Basic Living Expenses

Expense	Amount
Rent/Mortgage Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Utilities Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Vehicle/Insurance Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Household Supplies Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Fuel Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Child Care Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Groceries Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$
Other Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	\$

STAFF USE

Case #: _____ Case Type: _____

In compliance? ☐ Yes ☐ No | If no, what division? ☐ Casework ☐ Employment and Training

Requested Item/Service	Funds Available	Payment Type	Payment Instruction	Determination	Amount
1.	\$	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stipend/P.O. <input type="checkbox"/> Other	<input type="checkbox"/> Pick up T / Q / H <input type="checkbox"/> Mail	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend	\$
2.	\$	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stipend/P.O. <input type="checkbox"/> Other	<input type="checkbox"/> Pick up T / Q / H <input type="checkbox"/> Mail	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend	\$
3.	\$	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stipend/P.O. <input type="checkbox"/> Other	<input type="checkbox"/> Pick up T / Q / H <input type="checkbox"/> Mail	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend	\$
4.	\$	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stipend/P.O. <input type="checkbox"/> Other	<input type="checkbox"/> Pick up T / Q / H <input type="checkbox"/> Mail	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend	\$
5.	\$	<input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Stipend/P.O. <input type="checkbox"/> Other	<input type="checkbox"/> Pick up T / Q / H <input type="checkbox"/> Mail	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend	\$

Income: \$_____ - Expenses: \$_____ = \$_____

Year To Date Spent: \$_____ Countable Remaining: \$_____ Non-Countable Spent: \$_____

Reason Pending: _____

Stipulations: _____

Date: _____ Signature: _____

Budget/General Ledger/3rd Segment: _____