TANF FINANCIAL INFORMATION FORM

Client's Name | **DOB** | **SSN#**

HOUSEHOLD INFORMATION			
Please provide the following information for all persons living in the client's household:			
NAME	**AGE**	**RELATIONSHIP TO CLIENT**	**MONTHLY INCOME**

HOUSEHOLD INCOME	
SOURCE	**MONTHLY INCOME**
Wages, Salary, Tips, etc.	
Child Support, Alimony Received	
Unemployment	
TANF Cash Assistance, Food Stamps	
Social Security Income (SSI), Social Security Disability	
Other Income (pension/trust/retirement, rental, VA benefits, workers comp)	

Explanation of household income/zero income declaration:

CERTIFICATION

I hereby certify that all information I provided is true to the best of my knowledge and belief. I understand that in accordance with Florida Statutes Section 817.50 providing false information to defraud a health care provider for the purpose of obtaining goods and services is a second-degree misdemeanor.

Client/Custodial Parent Signature | Date

Staff Signature | Agency/Provider Name | Date