



TANF ELIGIBILITY NOTIFICATION FORM

NOTIFICATION TYPE

Notification: New Notification Re-Notification Notification Date: _____

DEMOGRAPHICS

First Name: _____ Middle Initial: _____ Last Name: _____
Social Security Number: _____ Date of Birth: _____
Gender: _____ Race: _____ Ethnicity: _____
Address: _____ Apt: _____
City: _____ County: _____ Zip Code: _____
Parent/Caregiver Name _____ Relationship _____

PROVIDER INFORMATION

Provider Name: _____ Provider ID # _____
Authorizing Staff: _____ Email: _____

REFERRAL FOCUS

Referral Focus: Mental Health Substance Abuse Dual Diagnosis
Primary Diagnosis Code: _____ Secondary Diagnosis Code: _____
Date EZ Form Signed: _____ Date Eligible for Services: _____
Requested Service (s): _____

TANF ASSISTANCE

Type of Assistance: Temporary Cash Assistance TANF SAMH Diversion
TANF Options: SSI/SSDI with Work Directive Goal Child Welfare Involved Pregnant Woman
 Non-Custodial Parent Participant Already in Treatment

HOUSEHOLD

Annual Household Income: _____ Household Size (including participant) # Adults _____ # Children _____
**** Household income and size must include information for both custodial and non-custodial parents*
Number of Children Living in:
Home: _____ With Relative: _____ With Friend: _____ Foster Care: _____ Residential: _____
Shelter: _____ Homeless: _____ Other: _____ List Other: _____

DISCHARGE INFORMATION

****PLEASE EMAIL UPDATED NOTIFICATION FORM TO TANF@CFCHS.ORG WITHIN 14 DAYS OF DISCHARGE****

Discharge Reason: _____ Discharge Date: _____

Family Achieving TANF Goals

- Employed at time of discharge Enrolled in school or training program Child Welfare client reunified with child
- Child Welfare client in compliance with case plan Independent living established Successfully completed treatment

Family NOT Achieving TANF Goals

- Unemployed at time of discharge Employed at time of discharge Client refused further treatment
- Child Welfare client in compliance with case plan Child Welfare client NOT in compliance with case plan

Meets Immediate Discharge Criteria

- Client refused further treatment Client no longer meets TANF eligibility Client deceased
- Client discharged administratively from provider

TANF CONFIRMATION (To be completed by CFCHS)

TANF Specialist Signature: _____ Date _____ Confirmation # _____

Confirms that the District TANF Specialist has been notified that the TANF participant signed the EZ form as meeting the eligibility requirements and has been enrolled in the SAMH system.