



# TANF AUTHORIZATION REQUEST CHECKLIST

**Client Name:** \_\_\_\_\_ **Provider:** \_\_\_\_\_

## **New Authorization**

- TANF Network Authorization Form
- Application for Financial Assistance Form
- Proof of Income
- Bio-Psychosocial Assessment
- Completed Individualized Treatment Plan with TANF Goals
- Completed Non-Custodial Parent Letter, if applicable
  - Copy of child support court order or child support enforcement letter
  - Income verification of custodial parent
- Proof of Active Medicaid, if applicable

## **Re-Authorization**

- TANF Network Authorization Form
- Treatment Plan Monthly Reviews
- Monthly Income Verification Form (TDF Clients)