



# 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

\*NOTE: If family is involved with Child Welfare, related case plan goals must also be included in treatment plan

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

Child Welfare Case Plan, if applicable

## **Re-Authorization**

TANF Network Authorization Form

Treatment Plan Monthly Reviews

Monthly Income Verification Form (TDF Clients)