Lower Elwha Tribal TANF
Request for Supportive Services Application

> ## Allow a <u>minimum</u> 3 to 5 days processing. Thank you for your patience!

Please complete all items to the best of your ability. If you need help in completing this form, please request help from the Receptionist.

Head of Household Name: _____

Case Number, if applicable _____ Case Worker: _____

Address: _____ Phone No._____

Please complete for all household members:

Name	Birth Date	Tribal Affiliation & Enrollment Number	Currently on TANF?

I am requesting the following services:_____

_____

The reason for the request is: _____

The cost for the item/need is:_____ _____

What was the total household income last month? _____

Did you receive food stamps? _____ Date received? _____

Commodities? _____ LIHEAP _____ Medical Coupons? _____ Other Support _____

All of the information provided is accurate and complete to the best of my knowledge. I understand that by seeking these services that I will not be able to request similar services, and I understand that failure to budget properly may result in the use of a protective payee.

_____ _____

Signature   Date

We will seek resources to the best of our ability. There is no guarantee that we will be able to honor your request. We will try to work with you in finding and accessing resources.

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MONTHLY EXPENSE WORKSHEET

Please complete the following worksheet for an average month of expenses for your household. This form needs to be complete and turned into your case manager before any further support services will be considered. **Please provide two (2) estimates if requesting an item to be repaired or purchased.**

CURRENT MONTHLY INCOME: $_____ **FOOD STAMPS $**_____

Total household income for the previous month? $_____ FOOD STAMPS $_____
Where does your income come from? _____

HOUSING COSTS
Rent/Mortgage $_____
Gas/Electricity $_____
Water/Sewer/Garbage $_____
Telephone $_____
FOOD
Groceries (not Food Stamps) $_____
TRANSPORTATION
Car Payment $_____
Auto Insurance $_____
Gas $_____
Bus Pass $_____
OTHER
Child Care $_____
Child Support $_____
_____ $_____
_____ $_____
TOTAL EXPENSES $_____

By signing this I agree that all of the information provided is accurate and complete to the best of my knowledge.

_____
Client Signature   **Date**

We will seek resources to the best of our ability. There is no guarantee that we will be able to honor your request. We will try to work with you in finding and accessing resources.

Staff assigned: _____ Date _____

Disposition: _____