



Lower Elwha Klallam Tribe

Temporary Assistance for Needy Families

SUPPORTIVE SERVICES REQUEST

Please complete the entire form and attach supporting documentation, as needed. **Incomplete requests or those that do not have the required documentation will not be submitted for approval.**

Please note that if you are in a program Sanction, or non-compliant with program requirements, your case may not be eligible for these services. Per policy, Supportive Services will not be reimbursed, requests will be processed, and notification will be provided upon approval.

PLEASE ALLOW A MINIMUM OF 5 TO 14 DAYS FOR PROCESSING REQUESTS.

HoH Name: _____ Date of Request: _____

Child: _____ Child: _____

Child: _____ Child: _____

Requested Item or Service	Cost of Item or Service
1)	\$
2)	\$
3)	\$
4)	\$
5)	\$

What is the urgent need for the item or service request? If Child-Only Case, please know the request must be tied to the needs of a child on the case. _____

How will you cover this cost in the future? _____

Have you received assistance from another agency, including LEKT ICW or DCYF CPS? Yes No

If yes, what assistance was provided and what date: _____

**** Supportive Services are paid directly to the clients unless staff determines direct vendor payment is necessary. Itemized receipts are required, and TANF funds may not be used to purchase tobacco and/or alcohol. Support services may only be used when a client has exhausted other resources and are in compliance with their individual responsibility plan (IRP). A client must document contact with other agencies and complete a budget worksheet as part of the application.**

PLEASE COMPLETE THE REMAINDER OF THE FORM ON THE BACK

MONTHLY BUDGET: Please complete the budget to show what the projected monthly income and expenses will be for your household. *If you are reporting income that you receive more than once per month, estimate what the monthly total will be.* Family Cases and Child-Only Cases where the biological parent is the caregiver must report ALL income for the household.

Child-Only Cases must report income and expenses specifically for the child (ren) on the case.

Income Source	Amount	Date(s) Received	Income Source	Amount	Date(s) Received
TANF Grant	\$		Food Stamps	\$	
Wages	\$		WIC Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SSI/Survivor Benefits	\$		Unemployment	\$	
Financial Aid	\$		Income Tax Return	\$	
Per Capita	\$		LIHEAP/Energy Assistance	\$	

BASIC LIVING EXPENSES ✓ If Already Paid

<input type="checkbox"/>	Rent	\$	<input type="checkbox"/>	Electricity/Gas/Propane/Wood	\$
<input type="checkbox"/>	Water/Sewer/Garbage	\$	<input type="checkbox"/>	Laundry	\$
<input type="checkbox"/>	Groceries (paid for with cash)	\$	<input type="checkbox"/>	Household/Hygiene Items/Diapers	\$
<input type="checkbox"/>	Child Care	\$	<input type="checkbox"/>	Car Payment/Maintenance	\$
<input type="checkbox"/>	Insurance	\$	<input type="checkbox"/>	Fuel	\$
<input type="checkbox"/>	Other:	\$	<input type="checkbox"/>	Other:	\$
Total			Total		

By signing this request, I attest that all of the information that I have provided is true and correct to the best of my knowledge. I also acknowledge that processing time may take up to fourteen business days.

Participant Signature: _____ Date: _____

Case Manager Name: _____

FOR STAFF USE ONLY

Case Type: Family Pregnancy Child Only: Non-Needy Transitional

IF denied, Reason _____ Date: _____

LON Sent _____ Date Sent _____

Request entered and scanned into TAS _____ Entered by (Initials) _____

Receipts entered and scanned into TAS _____ Entered by (Initials) _____