

TANF Eligibility Criteria

Eligibility Criteria: Family income must be at or below 185% of the federal poverty level for program eligibility. The term “Family” means two or more persons related by blood, marriage, or decree of court who are living in a single residence, and are included in one or more of the following categories:

Self-Sufficiency Training Grant requires participants to be single. Exceptions have been made check the FAQ’s Sheet located at http://www.candowyoming.com/Family_Self-Sufficiency.htm.

1. A father and/or mother, and minor children. (Marriage is not a requirement for TANF)
2. Guardian(s) and minor children.

Non-custodial individuals living in the same household are not considered in this definition of family.

As of July 2009, these are the TANF income eligibility requirements:

<u>Family Size</u>	<u>Annual Income Level</u>	<u>Monthly Income</u>
1	\$20,040.00	\$1,670.00
2	\$26,964.00	\$2,247.00
3	\$33,876.00	\$2,823.00
4	\$40,800.00	\$3,400.00
5	\$47,712.00	\$3,976.00
6	\$54,636.00	\$4,553.00
7	\$61,560.00	\$5,130.00
8	\$68,472.00	\$5,706.00

Minor children are under age 18. An 18-year-old child can be included only if s/he is a full time student in a secondary school or in the equivalent level of vocational or technical training. Non-custodial individuals living in the same household are not considered in the definition of family. Children age 18 and older who do not meet the above definition of full-time student in a secondary school are considered non-custodial individuals. A non-custodial parent is eligible for non-assistant services. A non-custodial parent is counted as a Family Size of 1. The non-custodial parent must be paying child support or would pay child support if employed and the service being provided will assist in becoming employed or retain employment.

Eligibility Verification: A pay stub or employer statement identifying the previous month’s income may be annualized for eligibility.

TANF Eligibility Statement

Family Income

I, _____, certify that last month my family's income was _____.
This includes \$_____ wages, \$_____ tips, \$_____ child support, \$_____ unemployment income,
\$_____ child care, \$_____ POWER, \$_____ SNAP, \$_____ Medicaid, \$_____ Other.

Dependent Children

I, _____, certify that I am the legal parent/guardian of _____ child(ren) living in my house.
I certify, under penalty of law, that the above is correct and just in all respects. I further certify that all other
statements made on this application are accurate.

I understand that officials from CANDO and/or the Wyoming Department of Family Services officials may verify
my statement. I give permission to contact my employer directly for income verification if pay stubs have not been
provided. I also hereby give permission to the above parties to monitor my progress relating to education and/or
employment.

Signed: _____ Date: _____
(Applicant)

Name of Adult #1: _____ SS# _____ Relationship to Children _____

Name of Adult #2: _____ SS# _____ Relationship to Children _____

Name(s) of Child(ren):	Age:	SS#
In Home/State Care/Other _____	_____	_____
In Home/State Care/Other _____	_____	_____
In Home/State Care/Other _____	_____	_____
In Home/State Care/Other _____	_____	_____

Total number of blood related children: _____ (Includes children over the age of 18)

Address: _____

Home Telephone: _____ Cell phone: _____

Email Address: _____

Employer for Adult #1:

Business: _____ Income: \$_____ per [yr or mo]

Address: _____

Telephone: _____ Work Schedule: _____

Employer for Adult #2:

Business: _____ Income: \$_____ per [yr or mo]

Address: _____

Telephone: _____ Work Schedule: _____

AUTHORIZATION TO SHARE

Sign only if applying for: **Family Self-Sufficiency Program**
*Special funding through the State Office of the Wyoming
Department of Family Services - Cheyenne*

I hereby authorize the below listed Agencies/Entities to share my personal information (name, contact information, income data, family status and other information related to services that could be provided through the Department of Family Services Self-Sufficiency Program) with each other. Shared information pertaining to counseling services will be limited to appointment dates and attendance. The authorization under this release will be effective from (dates) _____ to September 30, 2010.

Agencies/Entities Authorized to Share My Personal Information

- Barrett Counseling**, (Counseling Services) 809 South 9th Street, Suite A, Douglas
- CANDO**, 130 South Third Street, Douglas
- CCSD#1** (Supervisor Only), 615 Hamilton Street, Douglas
- Community Service Block Grant** (Kim Cronin, Mentor Only, 213 Birch Street, PO Box 1232, Glenrock
- Child Support Service of Wyoming**, 1954 E. Richards St., Douglas
- Converse County Coalition Against Violence**, 126 N. 5th St., Douglas; 213 W. Birch St., Glenrock
- Counseling Services**, 316 Cedar Street, Douglas
- Douglas Care Center** (Supervisor Only), 1108 Birch Street, Douglas
- Douglas Senior Citizen Center**, 340 1st Street West, PO Box 192, Douglas
- Douglas Workforce Center**, 311 Russell Avenue, Suite. B, Douglas
- Eastern Wyoming College – Douglas Branch**, 203 North 6th Street, Douglas
- MHCC** (Supervisor Only), 111 South 5th Street, Douglas
- MHCC** (Supervisor Only), 525 East Birch, Glenrock
- Solutions For Life**, 1841 Madora Ave., Douglas; 525 East Birch Street, Glenrock
- THHNNC**, (Trails Helping Hand Neighborhood Network Center), 130 Boxelder Trail, Glenrock
- Tumbleweed Transportation**, 351-2885
- Wyoming Department of Family Services**, 219 North Russell, Douglas
- Wyoming Department of Workforce Services**, 851 Werner Court, Suite. 120, Casper
- WYTAPS** (Wyoming Teens as Parent Support), 126 North 3rd Street, Douglas

I agree to participate in the Family Self-Sufficiency Training Program. By receiving the above agreed upon services, I pledge to complete all mandatory training and participate in an exit interview. One year after training I agree to partake in a final exit interview. I understand that the intent of this program is to help me increase my income earnings in order to decrease dependency on government assistance.

Client's Signature

Date

Witnessed by:

Signature

Date

(A copy should be made and given to client)

Client Rights

Sign only if applying for:

Family Self-Sufficiency Training Grant

1. You have the right to be treated with respect and courtesy.
2. You have the right to choose your mentor.
3. Contact a different mentor to request a change to a new one.
4. You must immediately notify your case worker if your address or phone number changes.

Transportation System:

1. Please provide a photo ID when using the transportation system.
2. Allow bus driver to punch your transportation card.
 - a. When you are close to using all of your transportation punches, ask your mentor for a new ticket.
 - b. You may use the transportation punch cards to get to work, doctor appointments, grocery stores, etc. (Necessary transportation to live your life.)
3. It is your responsibility to know the senior citizen bus system hours. Don't get yourself stranded. In Douglas you have the option of using the taxi system after hours.

Counseling Services:

1. It is your responsibility to contact the counselor you wish to work with.
Barrett Counseling, 809 S. 9th St., Douglas, 358-3056
Griz Mountain, 316 Cedar St., Douglas, 358-5556
Solutions for Life, 1841 Madora Ave., Douglas, 358-2846
Solutions for Life, 319 Birch St., Ste. 203, Glenrock, 436-8335

Daycare Services:

1. Even if you are already enrolled with DFS, you must meet with them to inform them that you will be participating in this grant so they can prepare for additional costs. You are responsible for submitting necessary paperwork to DFS in order to receive payment of daycare expenses. The Family Self-Sufficiency Training Grant is not responsible for daycare charges.
DFS, 219 N. Russell, Douglas, 358-3138
DFS, 925 West Birch Street, Glenrock, 436-9068

If you feel you have not received these services as promised, please contact one of our mentors.

Douglas

Kim Pexton, 351-1154
Solutions For Life, Cathy Spence 358-2846
WYTAPS (Teen Parents), Annette Cooper 351-2906

Glenrock

Kim Cronin 257-6329 Glenrock
Monday, Wednesday & Friday

I have read and agree to the above statements: Signed: _____

(A copy should be made and given to client)

- I am in need of day care services during this program.
- I need assistance with transportation.

