

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM (TANF) APPLICATION TO ADD NEW ASSISTANCE MEMBERS**

This is an application to add new assistance unit members for the TANF Program. These new members joined the family unit since the last application was filed. You may bring this application to the local Department of Social Services office or mail it to the local Department of Social Services office.

**A. Your Contact Information**

\_\_\_\_\_  
**Your Name** (last, first, middle initial)

\_\_\_\_\_  
**Your Street Address** (include apartment number)

\_\_\_\_\_  
**City, State, ZIP**

\_\_\_\_\_  
**Your Mailing Address** (if different from your street address)

\_\_\_\_\_  
**City, State, ZIP**

\_\_\_\_\_  
**In what city or county do you live?**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Primary Telephone Number**

\_\_\_\_\_  
**Alternate Telephone Number**

**B. New Household Member Information**

Give the following information for any new household members you are reporting for the first time or for new members you verbally reported since your original application or most recent eligibility review.

1.

\_\_\_\_\_  
**Name** (last, first, middle initial)

\_\_\_\_\_  
**Relationship to You**

\_\_\_\_\_  
**Date of Birth** (mm-dd-yyyy)

\_\_\_\_\_  
**Social Security Number:**

**Assistance Requested:**  SNAP Benefits  TANF  None

**Gender:**  Male  Female

**Place of Birth:** \_\_\_\_\_

(City, State, Country)

**Marital Status:**  Married  Never Married  
 Separated  Divorced  Widowed

**Is this Person a U.S. Citizen?**  Yes  No

— If not a U.S. Citizen, what is your status? \_\_\_\_\_

**Is this Person a Student?**  Yes  No

**Alien Registration Number** \_\_\_\_\_

If **yes**, name of school \_\_\_\_\_

**Highest Grade Completed** \_\_\_\_\_

**Date started living in the U.S.** (mm-dd-yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Racial Heritage:**  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

2.

\_\_\_\_\_  
**Name** (last, first, middle initial)

\_\_\_\_\_  
**Relationship to You**

\_\_\_\_\_  
**Date of Birth** (mm-dd-yyyy)

\_\_\_\_\_  
**Social Security Number:**

**Assistance Requested:**  SNAP Benefits  TANF  None

**Gender:**  Male  Female

**Place of Birth:** \_\_\_\_\_

(City, State, Country)

**Marital Status:**  Married  Never Married  
 Separated  Divorced  Widowed

**Is this Person a U.S. Citizen?**  Yes  No

— If not a U.S. Citizen, what is your status? \_\_\_\_\_

**Is this Person a Student?**  Yes  No

**Alien Registration Number:** \_\_\_\_\_

If **yes**, name of school \_\_\_\_\_

**Highest Grade Completed:** \_\_\_\_\_

**Date started living in the U.S.** (mm-dd-yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Racial Heritage:**  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

**3.**

<b>Name</b> (last, first, middle initial) _____	<b>Relationship to You</b> _____	<b>Date of Birth</b> (mm-dd-yyyy) _____
<b>Social Security Number:</b> _____	<b>Assistance Requested:</b> <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> TANF <input type="checkbox"/> None	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Place of Birth:</b> _____ (City, State, Country)	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Is this Person a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No — If not a U.S. Citizen, what is your status? _____	
<b>Is this Person a Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____	<b>Alien Registration Number:</b> _____	
<b>Highest Grade Completed:</b> _____	<b>Date started living in the U.S.</b> (mm-dd-yyyy) ____/____/____	

**Providing the following information is voluntary and will not affect eligibility. Please check all that apply.**

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino

**Racial Heritage:**  White  Black/African American  Asian  Asian & Black/African American  Asian & White  
 American Indian/Alaskan Native  Black/African American & White  American Indian/Alaskan Native & White  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native & Black  Other/Unknown

- YES  NO 3. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:  
\_\_\_\_\_
- YES  NO 4. Has anyone been convicted of a felony that occurred after August 22, 1996, for possession, use, or distribution of drugs? If YES, explain:  
\_\_\_\_\_
- YES  NO 5. Have any of your children received any immunizations since approval of your original application or since your most recent review? If YES, explain:  
\_\_\_\_\_
- YES  NO 6. Have you or anyone for whom you are applying ever been disqualified from receiving TANF (AFDC or SNAP benefits)? If YES, explain:  
\_\_\_\_\_
7. If applying for children, list the name(s) and address(es) of any absent parent(s). \_\_\_\_\_  
\_\_\_\_\_

By my signature below, I declare that the household member(s) for whom I am requesting TANF or SNAP benefits, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF or SNAP claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

\_\_\_\_\_  
Your Signature or Authorized Representative's Signature or Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Mark or Interpreter

\_\_\_\_\_  
Date