Rev. 12/2014

INSTRUCTIONS FOR FORM 300
TANF Needy Family Eligibility Form

Purpose: Form 300 is to be completed by all contractors who determine eligibility for services they provide to TANF Needy Families. Documentation substantiating eligibility must be present in the file for each family member included in the TANF Needy Family household. Attach an additional Form 300 if needed for more than four dependent children.

Preparation: Contracts must clearly state any other eligibility factors and documentation required in order for the family to receive the service.

Case/PID may not apply for families not receiving DWS services.

Section 1: Families must have at least one US citizen or eligible alien in the TANF Needy Family household to be eligible for TANF funded services. A household unit includes eligible parents or relative caretaker(s) and their eligible dependent children under the age of 18 living in the home. Documentation of citizenship or immigration status and relationship for all parents or relative caretakers and their dependent children included in the TANF Needy Family household on Form 300 must be present in the case file. Refer to Table 9 for acceptable documentation.

Only enter eligible family members' information on Form 300.

The family must declare they are or intend to be a resident of Utah.

Skip to Section 3 if customer does not currently receive any of the services listed in Section 2

Section 2: Mark services the customer is receiving. Acceptable verification includes current letters or notices showing current eligibility status. All services marked must have documentation of receiving those services included in the case file.

Section 3: Complete Section 3 if customer is not receiving any services listed in Section 2, showing the Gross Monthly Income from the previous one full month. All income is counted. Acceptable verification includes a statement from the employer, copies of check stubs, or other documentation of previous one full month's income. Refer to Table 13 for income guidelines.

The contractor will enter required TANF Needy Family information into TEVS. A DWS employee will retrieve the information from TEVS and complete the required eShare query for the household. The contractor will be notified if additional information from the customer is required or if a family member is no longer eligible for the TANF Needy Family service. Refer to procedure, TANF Needy Family - Using the TANF Eligibility Verification System (TEVS) for Contracted Service.

The contractor will mark the check box at the bottom of Form 300 when required TANF Needy Family information has been entered into TEVS.

Applicant's Signature: The customer must sign indicating the information given is correct.

Signatures: The contractor who is determining eligibility must sign and date the form.

Distribution: Original filed in the case record

Retention: Three (3) years

DWS-ESD/WDD

300 Rev. 07/2019

State of Utah

Department of Workforce Services

TANF NEEDY FAMILY ELIGIBILITY FORM

Case/PID # if applicable) _____

Section 1: Household information. There must be a dependent child under age 18 living in the home. A Social Security number is a condition of eligibility for assistance required by section 1137 of the Social Security Act. Services will not be delayed or discontinued pending the issuance or verification of a Social Security number, if the applicant has documented application for one. Social Security numbers must be provided for all individuals included in the TANF Needy Family household size**. For more information please access the TANF contractor website at http://jobs.utah.gov/services/tevs/tanfcontract.html**

PLEASE USE A BLACK BALL POINT PEN TO COMPLETE FORM

*__Parent or relative caretaker name__ (first, middle initial, last)	* Social Security number
	* Utah resident? ☐ Yes ☐ No
*Address	* Gender: ☐ Female ☐ Male
	Alien registration number: _____
*Date of birth (MM/DD/YYYY)	Date of Entry: _____
__Spouse or relative caretaker name__ (first, middle initial, last)	Social Security number
Date of Birth (MM/DD/YYYY)	Utah resident? ☐ Yes ☐ No
	Gender: ☐ Female ☐ Male
Date of Entry	Alien registration number: _____
*__Dependent Child Name__ (First, M.I., Last)	*Social Security #
*Date of birth (MM/DD/YYYY)	Alien Registration number: _____
	* Gender: ☐ Female ☐ Male
__Dependent Child Name__ (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____
	Gender: ☐ Female ☐ Male
__Dependent Child Name__ (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____
	Gender: ☐ Female ☐ Male
__Dependent Child Name__ (First, M.I., Last)	Social Security #
Date of birth (MM/DD/YYYY)	Alien Registration number: _____
	Gender: ☐ Female ☐ Male

Section 2: Mark all services the customer is receiving. If any of these services are marked, the family may meet the income eligibility requirement. Documentation must be provided for all services marked. If no services are marked move to Section 3.

☐ CHIP (Children's Health Insurance Program) Plan A, B, or C	☐ Refugee Cash Assistance
☐ Any of the following Family Medicaid Programs: Child Medicaid, 12 Month Transitional Medicaid, Medically Needy Family, Medically Needy Child, Pregnant Woman or Medically Needy Pregnant Women	☐ Family Employment Program (FEP)
	☐ Family Employment Program (FEP) Diversion
	☐ TANF (Temporary Assistance for Needy Families) Non-FEP Training
☐ Food Stamps	☐ Women, Infant & Children (WIC) Food & Nutrition Service

Section 3: Income Guidelines. All parent or relative caretaker income is counted even if the parent or relative caretaker is not eligible to be included in the household size.

*Does the family meet the income requirement of the contract or service being provided? ☐ Yes ☐ No

Refer to Policy, Charts and Tables, Table 13 – Income Guidelines:
https://jobs.utah.gov/infosource/EmploymentBusinessManual/700_Eligibility/726_Income_Guidelines__TANF_Needy_Family_-_Contracted_Services.htm

Monthly Gross Income of Parent(s) or Relative Caretaker(s) $_____
(Refer to Policy at above web address, Section 720-5, Sources of Includable and Excludable Income)

**Note:* Use prior one full month of gross income and provide documentation of that income in case file.

I attest the information I have provided above is accurate.

_____ _____
*Applicant Signature *Date

I attest the information provided by the customer is accurate to the best of my knowledge.

_____ _____
*Contractor Signature *Date

Note: If any required information is incomplete or incorrect, the customer is not eligible for TANF Needy Family funding.

If you do not agree with the decisions made regarding your case, you may request a Fair Hearing with an impartial Hearing Officer verbally or in writing, by contacting either your contract service provider, or contacting the Department of Workforce Services at 1-877-837-3247 or
https://jobs.utah.gov/appeals/pa/filingpublic.html

Contractor will enter required customer information into the TANF Eligibility Verification System (TEVS) at least weekly, using the Form 300. Access the TEVS website at: http://jobs.utah.gov/jsp/tevs/

☐ **Form 300 information has been entered into TEVS for all customers with Social Security numbers.**

Equal Opportunity Employer Program
Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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Family Documentation Requirements

We are excited to offer your family access to our free afterschool program! To help us meet the funding requirements that make this opportunity possible, we ask families to provide identification and Social Security documentation for household members. Please review the requirements below and complete both submission forms.

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1. Adult Identification Verification

Please provide **one form of identification for each adult (18 years or older)** living in your household.

Acceptable Forms of Identification:

- Driver's License or Driving Privilege Card
- School ID
- Voter Registration Card
- Social Security Card
- Pay Stub or W-2 Form
- Work ID
- Military or Veteran Administration Picture ID
- Other documentation that reasonably establishes identity

Scan the QR code below to submit adult identification documents.

https://forms.gle/wmXs8YNMGGne2qc88

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2. Household Social Security Documentation

We also request **a copy of Social Security documentation for each household member, including adults and children**, as part of our program verification process.

Please use the separate, secure submission form to provide the requested documentation for each household member.

Scan the QR code below to submit Social Security documentation.

https://forms.gle/nyE7xfKyAdf2ivGy9

** If a household member does not have a Social Security Number or you need assistance providing documentation, please contact our enrollment team.

Questions or Need Assistance?

We are happy to help! Please contact us at afterschool@bgcutah.org or (385) 582-9257 if you have questions or need support completing either form.

Thank you for helping us meet our program requirements and continue providing free afterschool opportunities for Club youth and families!

DWS-WDD 115C
Rev. 10/2017

State of Utah
Department of Workforce Services

RELEASE/DISCLOSURE OF INFORMATION & CONSENT FOR COORDINATED SERVICES

ONLY for use by Contracts and Refugee Home Visits Where UWORKS is Unavailable

D02418900240101

* Name (Print) _____ PID _____ Case # _____

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations.

*I authorize the release and/or disclosure of information only to the agencies listed below with the restriction that the information cannot be passed on to any other person or entity/agency …… ☐ Yes ☐ No

☐ Div. of Child & Family Services	☐ Div. of Services for People with Disabilities	☐ Div. of Juvenile Justice Services
☐ Job Corps	☐ Juvenile Court	☐ Local Mental Health Providers
☐ School Districts	☐ State/Local Health Department	☐ Substance Abuse Treatment Providers
☐ Vocational Rehabilitation	☐ Social Security Administration	☐ Any & All Employer/Worksite
	☒ Other Utah Afterschool Network	☒ Other Boys & Girls Clubs of Utah County

The information selected below is to be released and/or disclosed to coordinate a variety of services on my behalf. In order to provide these services, representatives of public and private agencies may be working together and may need to share information about me with one another.

I authorize the information below to be released from and/or disclosed to the agencies selected above to assist the Department of Workforce Services (DWS) in coordinating services for me. I only authorize the release and/or disclosure of the specific items checked below. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open program(s) with DWS. I understand I may revoke this consent at any time by sending written notification to my Employment Counselor.

Note: DWS does not disclose controlled documents without consent of the DWS Legal Department.

R=Release my information from a third party to DWS D=Disclose my information from DWS to a third party

R	D		R	D		R	D	
☐	☐	Employment Information (wages, hours worked, schedule, etc.)	☐	☐	Employment Plan Development/Renegotiation	☐	☐	Legal Information (court documents/orders, etc.)
☐	☐	Addt'l. Monitoring Information (WSL, CTW, job leads/contacts, etc.)	☐	☐	School Information (progress, attendance, schedule, etc.)	☐	☐	Treatment Information (plan, schedule, attendance, etc.)
☒	☒	Other TANF Eligibility	☐	☐	Other _____	☐	☐	Other _____
☐	☐	Other _____	☐	☐	Other _____	☐	☐	Other _____

* Signature of Customer _____ *Date _____

Signature of Parent or Guardian, if under age 18 _____ Date _____

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