

VERIFICATION OF TANF ELIGIBILITY

Child Name: _____ Case Number _____

Date of Birth: _____

Persons to receive services (including child):

Client Name _____ Client ID# _____

Client Name _____ Client ID# _____

Client Name _____ Client ID# _____

Check all criteria as follows:

_____ A child must be experiencing an emergency and the family does not have sufficient resources to meet the need. State the emergency that the child/family is experiencing:

_____ The child must have lived with a specified relative within the six months prior to being assessed for the emergency. Identify the specified relative and state the relationship with the child:

_____ *Identify the service(s) needed (see page 2):

_____ The services can be provided for up to 364 days only. In the space below, give the end date for services.

Signature of worker _____

Date of Eligibility Determination _____

Last day of Eligibility (364th day) _____

***SERVICES**

Services provided to the child must be documented within the first 30 days of TEA eligibility determination. The service provided must come under one of these broad headings.

- In-Home Services, including Assessment; Case Management/Service Planning and Coordination, Counseling and Treatment Services; Family Support/Family Preservation; Day Support Services; and, Psycho-Educational Services.
- Out-of-Home Services, including Residential Placement, Care and Treatment in a Family Setting; and, Care and Treatment in a Group Setting.
- Other Services, including Consultation and Education; Other Child Welfare Services; and, Transportation.