

# DOMANDA DI SERVIZI PER LA GIOVENTÙ TANF

Le informazioni richieste in questo modulo sono necessarie per stabilire se sia possibile o meno utilizzare i fondi dell'Assistenza temporanea per famiglie in difficoltà (TANF - Temporary Assistance for Needy Families) per fornire servizi al richiedente. Il presente modulo di domanda può essere utilizzato da richiedenti di servizi che non abbiano compiuto 21 anni.

## SEZIONE UNO

### R. Informazioni sul giovane richiedente

1. Nome del richiedente: \_\_\_\_\_

Indirizzo di casa: \_\_\_\_\_

(Via) (Numero appartamento)

(Città)

(Stato)

(Codice postale)

Numero di sicurezza sociale: \_\_\_\_\_ Data di nascita: \_\_\_\_\_

(Mese, Giorno, Anno)

Numero di telefono: \_\_\_\_\_

## SEZIONE DUE Stato giuridico di cittadino / non cittadino

A. Lei è un cittadino degli Stati Uniti?

**Si.** Se sì, **passare** alla Sezione Tre.

**No.** Se no, compilare la Voce B.

B. Se Lei (il giovane richiedente) non è cittadino degli Stati Uniti, deve consultare l'“*Elenco dello stato di immigrazione*” alle pagine 5 e 6 e indicarci quale stato giuridico si applica alla sua persona. Inserire il numero di stato indicato nell'elenco e compilare le informazioni seguenti.

Stato di immigrazione (da 1 a 15) applicabile: \_\_\_\_\_

Numero modulo INS: \_\_\_\_\_

Numero straniero: \_\_\_\_\_

Data di ingresso negli Stati Uniti: \_\_\_\_\_

## SEZIONE TRE Reddito dei familiari

R. Lei (il giovane richiedente) riceve attualmente prestazioni in base a o uno o più di questi programmi?

**Si,** selezionare quali programmi e poi **passare** alla Sezione Quattro.

ASSISTENZA ALLA FAMIGLIA (FAMILY ASSISTANCE/ RETE DI SICUREZZA (SAFETY NET)	MEDICAID	PROGRAMMA DI ASSISTENZA SUPPLEMENTARE PER L'ALIMENTAZIONE (SNAP - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)	HEAP	SSI

**No,** compilare la Voce B a pagina 2.

**B. Se attualmente non riceve uno dei programmi sopra elencati, ci indichi tutti i redditi dei suoi familiari.**

Occorre Inserire il reddito lordo (il reddito prima di sottrarre le tasse e altre deduzioni) di ciascun familiare che convive con Lei. I familiari includono la madre, il padre, la matrigna, il patrigno, eventuali fratelli e sorelle (compresi i fratellastri) che non hanno compiuto 18 anni (o che hanno 18 anni e frequentano la scuola secondaria) e i genitori di tali fratelli. Se Lei ha un figlio suo, deve includerlo, indicando anche i fratelli o le sorelle del minore e il suo genitore. Lei non deve inserire nessuna di tali persone se non convivono con Lei. Lei non deve includere altri familiari (ad esempio nonni, zii e zie). Se Lei è coniugato, deve includere il suo coniuge, ma non deve includere i suoi genitori o fratelli.

Elencare tutte le fonti di reddito lordo ricevute (comprendenti stipendi, prestazioni di sicurezza sociale, prestazioni dell'assistenza pubblica, mantenimento figli, alimenti, ecc.) e qualsiasi altro reddito ricorrente di familiari. Lei non deve includere alcun reddito da lavoro (stipendio) ricevuto da Lei stesso o qualsiasi familiare che non abbia compiuto 18 anni (o abbia 18 anni e frequenti la scuola secondaria), ma deve includere ogni reddito non da lavoro.

	NOME	FONTE DI REDDITO: SALARI, SICUREZZA SOCIALE, ecc.	IMPORTO	RICEVUTO (Selezionare una sola risposta)		
				Annuale	Mensile	Settimanale
1.						
2.						
3.						
4.						
5.						
6.						

**SEZIONE QUATTRO Notifica e firma del richiedente**

Alla persona che firma questa domanda potrebbe essere chiesto di comprovare tutte le sue affermazioni. Se lo chiederemo, indicheremo le modalità per comprovare le dichiarazioni.

Chiediamo i numeri di sicurezza sociale perché ogni persona che presenta la domanda o riceve servizi di assistenza TANF federali deve fornire il suo numero di sicurezza sociale; i numeri di sicurezza sociale sono obbligatori in base alla legge federale (Sezione 409(a)(4) della Legge sulla Sicurezza sociale) e in base ai regolamenti federali (45 CFR 264.10). Potremo utilizzare i numeri di sicurezza sociale per fare associazioni informatiche con altri programmi, per verificare se il richiedente sta ricevendo altri programmi (ad esempio, SNAP); per fare associazioni informatiche per verificare altre informazioni presenti sulla domanda, oppure per verificare lo stato di straniero del richiedente.

Se il richiedente non è d'accordo con qualsiasi decisione relativa all'ammissibilità ai servizi TANF, può ottenere il riesame della certificazione da parte di una persona di livello superiore alla persona che ha assunto la prima decisione.

Firmando questo documento, giuro, consapevole delle sanzioni prescritte per le dichiarazioni false, che tutte le dichiarazioni sopra espresse sono vere in base alle mie conoscenze e sono disponibile a cooperare con ogni attività volta a verificare le informazioni fornite

Firmato: \_\_\_\_\_ Data: \_\_\_\_\_

Relazione con il richiedente: \_\_\_\_\_

Se il richiedente vive con i suoi genitori, perché la domanda sia completa un genitore o altro parente adulto che si occupa di lui deve firmare questo modulo. Il Commissario del Dipartimento dei servizi sociali o un suo delegato deve firmare per i minori in affido.

**SECTION FIVE TANF Youth Services Application Review Form**

CERTIFICATION ITEM	Yes	No																								
1. Is the applicant a New York State resident?																										
2. Is the applicant under 21 years of age?																										
3. Is the applicant for services either a United States citizen or a qualified non-citizen? Note: Documentation of non-citizen status is required.																										
<p>4. Is the combined current gross income of the applicant's family members equal to or less than 200% of the federal poverty level? [See additional instruction below regarding options time period of income considered.]</p> <p>___ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, SNAP, HEAP or SSI?</p> <p style="text-align: center;"><b>OR</b></p> <p>___ Income test is met based on a calculation of combined gross income for applicant's family size.</p> <p style="text-align: center;">Worksheet - Calculation of Current Gross Income (convert all income to annual income)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Source</th> <th style="text-align: center;"><u>Yearly</u></th> <th style="text-align: center;">Monthly (x12=yearly)</th> <th style="text-align: center;">Weekly (x 52=yearly) (x4.333=monthly)</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td></tr> </tbody> </table> <p>a. Total gross income is: \$ _____ per year.</p> <p>b. Subtract child support payments made \$ _____ per year.</p> <p>c. Net gross income for 200% test is: \$ _____ per year. (Time period must be the same for a, b, and c)</p> <p>d. Total family size is _____.</p> <p><b>Compare combined gross income (item c) to the 200% of poverty standard for the individual's family size (item d) to determine if income is equal to or less than the 200% standard. Include only countable income.</b></p>	Source	<u>Yearly</u>	Monthly (x12=yearly)	Weekly (x 52=yearly) (x4.333=monthly)	1.				2.				3.				4.				5.					
Source	<u>Yearly</u>	Monthly (x12=yearly)	Weekly (x 52=yearly) (x4.333=monthly)																							
1.																										
2.																										
3.																										
4.																										
5.																										
5. If the applicant lives with his or her parents, did the parent or caretaker relative sign the certification form? Please note: The DSS Commissioner or his or her designee must sign for a child in foster care.																										

**Current Income** – Current income is income that has been or is expected to be received in the calendar month of the application for TANF Services, and is expected to continue beyond this month.

**or**

If your income in the calendar month of application is higher than your regular monthly income, you may provide information based on your annual income (from the prior 12 months). This annual income must be adjusted for any change in income known or expected to occur.

**Gross Income includes:** Wages, salary and tips from work; self-employment income (after business expenses); Social Security benefits; public assistance; unemployment compensation; worker's compensation; Supplemental Security Income (SSI); child supports payments received; alimony received; interest payments; other recurring income that is not excluded below.

**Excluded Income:** Earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; child care subsidy payments.

### Certification Decision

- The applicant is certified for TANF Services.** All Items on page 3, must be answered Yes.
- The applicant is not certified to receive TANF services for the following reason(s):
  - The applicant is not a resident of New York State.
  - The applicant is not under 21 years of age.
  - The applicant is not a U.S. citizen or a qualified non-citizen.
  - The income of the family members is above 200% of poverty
  - Other (This can be any number of reasons, for example, the person refused to sign the form, reveal his/her Social Security number.) Specify reason below.

\_\_\_\_\_

\_\_\_\_\_

**Signature of reviewer:** \_\_\_\_\_ **Date** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

#### Second Level Review

- ◆ Complete this section only if the person certifying requests the review.
- ◆ The review must be done by someone at a higher level than the person originally doing the review.

The results of the second level review were:

- Agreed with the original decision.
- Disagreed with the original decision for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The result of the second level review is that:

- The applicant for services is certified to receive TANF Services.
- The applicant for services is not certified to receive TANF Services.

**Signature of reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

STATUS	Relevant Date for Eligibility	Common Documentation
1. Refugees	Entry	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or  <b>I-551:</b> stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or  <b>I-571:</b> Refugee Travel Document or  <b>I-688B:</b> Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or  <b>I-766:</b> Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p><b>I-94:</b> stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or  <b>I-94</b> stamp showing parole under Section 212(d)(5) of INA or stamp showing parole in US on or after 10/10/80 and reasonable evidence that parolee has been a National (citizen) of Cuba or Haiti or  <b>I-551:</b> stamped "CU6, CU7, or CH6" or  Temporary <b>I-551</b> stamp in foreign passport. or  USCIS notice or letter indicating ongoing exclusion or deportation proceedings or  A document from USCIS indicating individual applied for asylum.</p>
3. Asylees	Status Granted	<p><b>I-94:</b> stamped "Granted asylum under Section 208 of the INA" or  <b>I-551:</b> Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or  <b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or  <b>I-766:</b> Employment Authorization Document annotated "(a5)" or  Grant letter from USCIS Asylum Office or  Order of an immigration judge granting asylum.</p>
4. Amerasian Immigrants	Entry	<p><b>I-94:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8." Derive date of entry from date of inspection on stamp; if date is missing, obtain from I-551 or from USCIS or  <b>I-551:</b> stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or  Temporary <b>I-551</b> stamp in foreign passport or  <b>I-571:</b> Refugee Travel Document or  Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p><b>I-688B:</b> Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or  <b>I-766:</b> Employment Authorization Document annotated "(a10)" or  Order from Immigration Judge showing the date deportation was withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of INA</p>
6. Certain Hmong or Highland Laotian	Status Granted	<p><b>I-94:</b> stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or  <b>INS I-551:</b> Stamped "RE5, RE6, RE7, RE8, or RE9" or  Has a signed affidavit sworn under penalty of law that s/he was a member of Hmong or Highland Laotian tribe between 8/5/64 and 5/7/75 or a verified spouse*, widow, widower or unmarried dependent of a tribal member and  Documents to show lawfully residing in the US  <b>Divorced spouses do not qualify</b></p>
7. Lawfully Admitted For Permanent Residence (LPR) without 40 Qualifying Quarters	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<p><b>I-551:</b> (Permanent Resident Card) or  Temporary <b>I-551</b> stamp in foreign passport or on <b>I-94</b>, or  <b>I-327</b> (Re-entry Permit) or  <b>I-181:</b> Memorandum of Creation of Lawful Permanent Residence with approval stamp</p>
8. Veteran, spouse, unmarried surviving spouse and unmarried dependent child of a U.S. veteran who fulfilled minimum active duty requirement (2 years)	Status Granted	<p>A Discharge Certificate (<b>Form DD-214</b>) that states "Honorable." A character of discharge "Under Honorable Conditions" is not an "Honorable Discharge" for these purposes. Narrative Reason for Separation block must not state that discharge was for reason of "alienage" or lack of U.S. citizenship</p>

STATUS	Relevant Date for Eligibility	Common Documentation
9. <b>Active Military: Active duty or a member of the Armed Forces on full-time duty in the Army, Navy, Air Force, Marine Corps or Coast Guard, spouse and children</b>	Status Granted	Military Identification Card ( <u>DD Form 2</u> ) (Active) that lists an expiration date of more than one year from the date of determination. If ID card is due to expire within one year from the date of determination, use a copy of current military orders.
10. <b>Conditional Entrant (status granted to refugees before 1980)</b>	Entry	<u>I-94</u> with stamp showing admitted under Section 203(a)(7) of INA <b>or</b> <u>I-688B</u> (Employment Authorization Card) annotated "274a.12(a)(3)" <b>or</b> <u>I-766</u> (Employment Authorization Document) annotated "(a1)" or "(a3)"
11. <b>A US citizen's or LPR's battered spouse or child, or parent or child of such person, who obtains "Notice of Prima Facie Case from USCIS under the Violence Against Women Act (VAWA)</b>	Entered Before 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	I-797 (Notice of Action) indicating prima facie eligibility of an I-360 self-petition under INA Section 204(a)(1)(A) (iii) or (iv); <b>or</b> INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. <b>Victim of Human Trafficking</b>	Entry	Certification Document (for adults) or Eligibility Letter (for children) from the Office of Refugee Resettlement (ORR); Must call 1-866-401-5510 for verification <b>or</b> <u>I-94</u> Coded T1, T2, T3, T4 or T5 stating admission under Section 212(d)(5) of the INA if status granted for at least one year
13. <b>Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)</b>	Lawfully Residing in U.S. on 8/22/96 Entered on/after 8/22/96 and has been in the U.S. for 5 years or more.	<u>I-94</u> with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year <b>or</b> <u>I-688B</u> annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" <b>or</b> <u>I-766</u> annotated "C11" or A4, and <u>I-94</u> indicating admitted for at least one year
14. <b>North American Indian born in Canada</b>	NA	<u>I-551</u> : (Permanent Resident Card): stamped "S1-3" , temporary <u>I-551</u> stamp in a Canadian passport <b>or</b> <u>I-94</u> : stamped "S1-3" <b>or</b> <u>Tribal document</u> certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe <b>and</b> School records, <b>or</b> A birth or baptismal certificate issued on a reservation, <b>or</b> Other satisfactory evidence of birth in Canada
15. <b>Member of federally recognized tribe born outside U.S.</b>	NA	Membership card or other tribal document demonstrating membership in a federally recognized Indian tribe under Section 4(e) of the Indian Self-Determination and Education Assistance Act