

TANF 計畫青年服務申請

本表要求填寫的資訊是用來決定聯邦有需家庭臨時援助 (TANF) 撥款能否用來為您提供服務所必需的。本申請表僅適用於 **21 歲** 以下服務申請人。

第一項**A. 青年申請人資訊**

1. 申請人姓名：家庭地址 _____
(街道) (公寓號)

_____ (城市) _____ (州) _____ (郵遞區號)

社會安全號： _____ - _____ - _____,

出生日期： _____
(月, 日, 年)

電話號碼： _____

第一項 公民/非公民身份**A. 你是否為美國公民？**

- 是。如回答“是”，直接填寫第三項。
 否。如回答“否”，填完 B. 欄。

B. 如您 (青年申請人) 不是美國公民，請參見第 5 及第 6 頁“移民身份列單”，並告訴我們那種身份適用於您。輸入列單所示身份號碼，並填寫以下資訊。

適用於您的移民身份 (#1 至 15)： _____

移民 (INS) 表格號碼： _____

外籍人士號碼： _____

入境美國日期 _____

第三項 家庭成員收入**A. 您 (青年申請人) 目前是否從其他計畫領取福利？**

- 是, 勾選領取福利的計畫，然後 **直接填寫** 第四項。

家庭援助/ 安全網	醫療補助	輔助營養援助計畫 (SNAP)	家庭能源補助 (HEAP)	社會安全輔助 (SSI)

否, 填寫第二頁 B 欄。

B. 如果您目前未從上述任何計畫領取福利，請提供所有家庭成員的收入情況。

填寫每個與您同住家庭成員總收入（稅前及減扣前收入）。家庭成員包括您的母親、父親、繼母、繼父、不滿 18 歲的（或滿 18 但仍在上中學）兄弟姐妹（包括繼兄弟姐妹）以及繼兄弟姐妹的父母。如您自己有孩子，也應填寫孩子、孩子的兄弟姐妹，或孩子的父母。如果上述人士不與您同住，則不應填寫他們的情況。其他親戚，如祖父母、叔舅姑姨等。如您已婚，應填寫您的配偶，而不是父母和兄弟姐妹。

列出家庭成員所有收到或定期收到的收入來源，包括資薪、社會安全福利、公共援助福利、兒童撫養費、贍養費等。您不需列舉您自己和不滿 18 歲（或滿 18 但仍在上中學）家人的工作收入（工資），但必須列出非工作收入。

	姓名	收入來源： 資薪、社會安全福利，等	金額	收領頻率 (勾選一項)		
				每年	每月	每週
1.						
2.						
3.						
4.						
5.						
6.						

第四項 申請人通知及簽名

本申請表簽署人應提供任何或所有證明。如需要證明時，我們會告訴您如何提供證明。

我們索要社會安全號，因為根據聯邦法案（社會安全法 409(a)(4)）及聯邦法規(45 CFR 264.10)，所有申請或領取聯邦 TANF 服務的人均必須向我們提供其社會安全號碼。我們使用社會安全號碼與其他計畫進行電腦比對，證明您領取這些計畫（例如，SNAP），也進行電腦比對核實您在申請表上填寫的資訊，並核實您的移民身份。

如果對我們所做的您領取 TANF 服務的資格決定有異議，您可要求作決定者的上級重審表格。

我簽署並根據偽證懲戒法宣誓，盡我所知，以上陳述均屬真實，我願意進行合作，核實所提供的資訊。

簽名：_____ 日期：_____

與申請人的關係 _____

如果申請人與父母同住，父母或成年撫養親戚必須替申請人簽署以完成申請。社會服務部門專員或其指定人員必須替寄養兒童簽署。

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;">OR</p> <p>___ Income test is met based on a calculation of combined gross income for applicant's family size.</p> <p><i>Worksheet - Calculation of Current Gross Income (convert all income to annual income)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Source</th> <th style="background-color: #d3d3d3;"><u>Yearly</u></th> <th style="background-color: #d3d3d3;">Monthly (x12=yearly)</th> <th style="background-color: #d3d3d3;">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>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.</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>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, RE4" or I-551: stamped "R8-6, RE5, RE6, RE7, RE8 or RE9" or I-571: Refugee Travel Document or I-688B: Employment Authorization Document annotated with "8 C.F.R. § 274a.12(a) (3)" or I-766: Employment Authorization Document annotated "a3"</p>
2. Cuban/Haitian Entrants	Status Granted	<p>I-94: stamped "Cuban/Haitian Entrant (status pending)," "Section 212(d) (5) of the INA," "Form I-589 filed," or "CU6," or CU7" or I-94 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 I-551: stamped "CU6, CU7, or CH6" or Temporary I-551 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>I-94: stamped "Granted asylum under Section 208 of the INA" or I-551: Stamped "AS1,AS2, AS3, AS6, AS7, or AS8" or I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(5)" or I-766: 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>I-94: 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 I-551: stamped "AM1, AM2, AM3, AM6, AM7, or AM8" or Temporary I-551 stamp in foreign passport or I-571: Refugee Travel Document or Vietnamese exit visa or passport stamped "AM1, AM2, or AM3"</p>
5. Deportation or Removal Withheld	Status Granted	<p>I-688B: Employment Authorization Card annotated with "8 C.F.R. § 274a.12(a)(10)" or I-766: 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>I-94: stamped "Admitted under Section 207 of the INA," "Refugee," "RE1, RE2, RE3, or RE4" or INS I-551: 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 Divorced spouses do not qualify</p>
7. Lawfully Admitted For Permanent Residence (LPR) <u>without</u> 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>I-551: (Permanent Resident Card) or Temporary I-551 stamp in foreign passport or on I-94. or I-327 (Re-entry Permit) or I-181: 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 (Form DD-214) 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. 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	Status Granted	Military Identification Card (DD Form 2) (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. Conditional Entrant (status granted to refugees before 1980)	Entry	I-94 with stamp showing admitted under Section 203(a)(7) of INA or I-688B (Employment Authorization Card) annotated "274a.12(a)(3)" or I-766 (Employment Authorization Document) annotated "(a1)" or "(a3)"
11. 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)	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); or INA Section 204(a)(1)(iii)(B) (i) or (iii)
12. Victim of Human Trafficking	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 or I-94 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. Parolee (for at least one year) (Non-citizens who have been allowed to come into the U.S. for humanitarian or public interest reasons)	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.	I-94 with annotation "Paroled pursuant to Section 212(d)(5)" or "parole" or "PIP" with date of entry and date of expiration indicating one year or I-688E annotated "8 CFR Section 274a 12(a)(4) or 274(a) 12(c)(11)" or I-766 annotated "C11" or A4, and I-94 indicating admitted for at least one year
14. North American Indian born in Canada	NA	I-551 : (Permanent Resident Card): stamped "S1-3", temporary I-551 stamp in a Canadian passport or I-94 : stamped "S1-3" or Tribal document certifying at least 50% American Indian blood, as required by Section 289 of the INA or documented member of a federally recognized tribe and School records, or A birth or baptismal certificate issued on a reservation, or Other satisfactory evidence of birth in Canada
15. Member of federally recognized tribe born outside U.S.	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