

TANF Services Application/Certification Review Form

Applicant Name: _____

Program Name: _____

Applicant SSN: XXX-XX-_____

Date of Review: _____

CERTIFICATION ITEM	Yes	No																								
1. Is the applicant a New York State Resident?																										
2. Is the applicant either: - a minor child; - a member of a family that includes a minor child; - a member of a family that includes a pregnant individual; - a member of a family that includes a primary caretaker of a minor; or; - a non-custodial parent of a minor child. The non-custodial parent must complete the <i>Non-Custodial Parent Information Referral form</i> .																										
3. Is each applicant for services either a United States citizen or a qualified non-citizen? <i>Note: Documentation of non-citizen status is required.</i>																										
4. Is the combined gross income of the applicant's family members equal to or less than 200% of the federal poverty level? _____ Income test is met based on applicant receiving Family Assistance, Safety Net Assistance, Medicaid, Supplemental Nutrition Assistance Program (SNAP), HEAP, or SSI. <p style="text-align: center;">OR</p> _____ Income test is met based on a calculation of combined gross income for applicant's family size. Calculation of Gross Income – convert all income to annual income. <table style="margin-left: auto; margin-right: auto; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Source</u></th> <th style="text-align: left;"><u>Yearly</u></th> <th style="text-align: left;"><u>Monthly</u> (x 12=yearly)</th> <th style="text-align: left;"><u>Weekly</u> (x 52=yearly) (x 4.333=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 style="margin-left: 40px;"> a. Total gross income is: \$ _____ per year. b. Subtract child support payments made - \$ _____ per year. c. Net gross income for 200% test is: \$ _____ per year. <small>(Time period must be the same for a, b, and c)</small> 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.</p> <p><i>Note: Include only countable income. Note below any income listed by the applicant in error that you did not include above because it is not countable. Also note the basis on which it is not countable.</i></p>	<u>Source</u>	<u>Yearly</u>	<u>Monthly</u> (x 12=yearly)	<u>Weekly</u> (x 52=yearly) (x 4.333=monthly)	1.				2.				3.				4.				5.					
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1.																										
2.																										
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5. Did the applicant provide all requested information for each family member listed in Section One items A, B, C, D, E and F as applicable?																										
6. Did the applicant sign the certification form? <i>Note: If the applicant is a minor, a parent or caretaker relative must sign the form.</i>																										

Certification Decision

- The applicant is certified for TANF Services. All items above must be answered Yes.
- The applicant is not certified to receive TANF services for the following reasons:
 - The applicant is not a resident of New York State.
 - The applicant's family does not include a minor child, pregnant woman, caretaker of a minor child or the applicant is not a non-custodial parent of a minor child.
 - 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.

If some but not all of the family members requesting services are not certified for TANF Services, list the name(s) of the individual(s) who are not certified and the reason he or she is not certified.

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. And/or,

If some but not all family members requesting services are not certified for TANF Services, list the name(s) of the individual(s) who are not certified and the reasons he or she is not certified.

Signature of Reviewer: _____ Date: _____
Agency/Organization: _____