TANF ELIGIBILITY DETERMINATION
Michigan Department of Health and Human Services

Name of Agency | MDHHS Contract No. (if applicable) | Date of Service
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Service Requested (check all that apply)
- ☐ Disaster Relief
- ☐ Direct Support Services
- ☐ Earned Income Tax Credit
- ☐ Other:

SECTION A – Sections A and B are to be completed by the applicant.

Applicant

| Question 1: Are you pregnant or have at least one child living in your home, related by blood, marriage or adoption, who is under age 18 or 18 and attending high school full time. | Case No. (if applicable) |
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- ☐ Yes, live with child # Adults _____ # Children _____ ☐ Yes, pregnant ▶ Go to question 2.

| Question 2: Which of the following does your family receive? (check all that apply). | |
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- ☐ Family Independence Program
- ☐ Medicaid
- ☐ Food Assistance
- ☐ WIC
- ☐ Child Care

- If you did not check any program, go to question 3.
- If you checked any program, go to Section B.

| Question 3: Circle your family size (from question 1 above) on the chart below and check YES or NO to the question about your income. Income means the money you or other family members receive. Examples are: earnings before deductions, Social Security benefits, Supplemental Security Income, other disability benefits, unemployment benefits, pensions or other Retirement Benefits, Workers Compensation, Child Support, etc. |
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| If Your Family Size Is | Is Your Monthly Income Less Than | Yes | No |
--- | --- | --- | --- |
| 1 | $1,815 | ☐ | ☐ |
| 2 | $2,412 | ☐ | ☐ |
| 3 | $3,088 | ☐ | ☐ |
| 4 | $3,725 | ☐ | ☐ |
| 5 | $4,362 | ☐ | ☐ |
| 6 | $4,998 | ☐ | ☐ |
| 7 | $5,635 | ☐ | ☐ |
| 8 | $6,272 | ☐ | ☐ |
| 9 | $6,909 | ☐ | ☐ |
| 10 | $7,546 | ☐ | ☐ |

SECTION B – To the best of my knowledge, the information given above is accurate and complete.

Signature of Applicant | Date
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SECTION C – Determination of Eligibility – Completed by contractor or MDHHS specialist.

Note: This family is eligible for TANF funding if Yes is checked in Question 1 and any box is checked in Question 2, or Yes is checked in Question 1 and a Yes box is checked in Question 3.

Is this family eligible for the TANF funded services? ☐ Yes ☐ No

DHS Worker or Contractor Signature | Date
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

AUTHORITY: Soc. Sec. Act, Title IV, Part A. COMPLETION: Voluntary PENALTY: No TANF Services

This institution is an equal opportunity provider.

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