TANF ELIGIBILITY DETERMINATION

Michigan Department of Health and Human Services

Name of Agency	MDHHS Contract No. (if applicable)	Date of Service

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	Case No. (if applicable)

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.

☐ 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).

☐ Family Independence Program

☐ Medicaid ☐ WIC ▸ If you did not check any program, go to question 3.

☐ Food Assistance ☐ Child Care ▸ 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.

If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No	If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No
1	$1,815	☐	☐	6	$4,998	☐	☐
2	$2,412	☐	☐	7	$5,635	☐	☐
3	$3,088	☐	☐	8	$6,272	☐	☐
4	$3,725	☐	☐	9	$6,909	☐	☐
5	$4,362	☐	☐	10	$7,546	☐	☐

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

Signature of Applicant	Date

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

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.