

TANF Subsidized Employment Program Application

The person completing this form must be eighteen (18) years of age or older at the time s/he completes the form. The information requested on this form is needed to determine eligibility for federal funds which may be utilized to provide services to the applicant.

1. Are you a U.S. citizen or legally allowed to work in the U.S.? __ Yes __ No
If yes, you will be required to provide documentation.
If no, you are not eligible to receive these services.

2. Are you a Georgia resident? __ Yes __ No
If no, you are not eligible to receive these services.

3. Have you ever been convicted of a felony? __ Yes __ No
If yes, you are not eligible to receive these services.

4. Do you have a dependent child age 18 or under, living in your home and enrolled in school? __ Yes __ No
If no, you are not eligible to receive these services.

Section One: Applicant Information

First Name	Middle Initial	Last Name	Suffix
Home Address			Apt
City	State	Zip Code	
County of Residence			
Applicant's Social Security Number			
Daytime Telephone Number	Other Contact Number	E-Mail address	

TANF Subsidized Employment Program Application

Section Two: Participation in Other Programs

We need more information about the applicant and all household members. Please answer the questions about the benefits you receive (if any) below.

1. Do you receive benefits or services under one or more of these programs? If yes, Yes No
 select which program(s).

TANF _____
 Food Stamps _____
 Medical Assistance _____

Section Three: Household Composition and Income

List your name, the name of the child(ren) who live with you, and the other parent of the child(ren) if s/he lives with you. List all gross income for each household member. *Gross income is income before taxes and deductions.

NAME			Relationship to You	Birth Date	Income Source	Amount	How often paid?
First	Middle Initial	Last					
			Self				

TANF Subsidized Employment Program Application

Section Four: Applicant's Notification and Signatures

We are asking for your social security number because any person applying for or receiving federal benefits must provide this information (See Federal Law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10)).

By signing this application,

- 1) I swear, under penalty of perjury, that to the best of my knowledge, all the information I have provided in this application is true, and
- 2) I promise to cooperate with any effort to verify the information provided.
- 3) If selected to participate in the subsidized employment program, I promise to abide by all rules and guidelines of Department of Human Services, Division of Family and Children Services.
- 4) I acknowledge the Subsidized Employment Program is time-limited for 24 months or when my youngest child turns 18 and is no longer in school, turns 19, or leaves the home, whichever occurs first.

Applicant Name: _____

Date: _____

Applicant Signature: _____

TANF Subsidized Employment Program Application

TANF Subsidized Employment Program Eligibility Worksheet (DFCS Purposes only)

Calculate current annual *verified* gross income:

Source of Income (RSDI, SSI, Child Support, etc.)	Who receives the income? (self, child, etc.)	How often received? (Weekly, monthly)	Annual calculation of gross income

Total Annual Gross Income: _____

Family Size: _____

FPL for Family Size: _____

Is the combined gross annual income for all household members less than 300% of the FPL? Yes No

Application for TANF Temporary Employment is: Approved Denied

If the application is denied: Reason Not Eligible for this program (please select all that apply):

- Applicant is not a U.S. citizen or legally allowed to work in the U.S.
- Applicant is not a Georgia Resident.
- Applicant has been convicted of a felony.
- Applicant does not have a dependent child age 18 or under, living in your home and enrolled in school.
- Applicant's income is over the income limit.
- Other

If "Other" is selected, please describe:

OFI Representative

Date

TANF Subsidized Employment Program Application

TSEP Periodic Review

Quarter	Review Due Date	Person Completing Review	Date Completed	Review Results	Date TSEP Denial/Termination Notice Issued
1					
2					
3					
4					
5					
6					
7					
8					