STATE OF KANSAS ES-4102

DEPARTMENT FOR CHILDREN AND FAMILIES 01-16

ECONOMIC & EMPLOYMENT SERVICES

The following person has indicated s/he has previously received **federally** funded TANF cash assistance from your state. TANF is the name of the federal welfare reform program. We realize that each state has its own unique name for its welfare reform and TANF cash assistance program, but we are only requesting verification of the federally funded cash assistance months.

Please verify the number of months and dates (month/year) for the person listed below if they received federally funded cash assistance from your state. You may attach a screen print or other system documentation verifying the number of months if that provides the needed information.

|  |
| --- |
| Date of Request: |
| Name: |
| SSN or Immigration ID #: |
| Birth date or other identifying information: |

Please complete the following: Circle the month(s)/year(s) the person received **federally** funded TANF cash assistance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1996 |  | Oct | Nov | Dec |
| 1997 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 1998 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 1999 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 2000 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 2001 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 2002 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 2003 | Jan | Feb | March | April | May  | June | July  | Aug | Sept | Oct | Nov | Dec |
| 2004 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2005 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2006 | Jan | Feb | March  | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2007 | Jan | Feb | March | April | May  | June | July | Aug | Sept | Oct | Nov | Dec |
| 2008 | Jan  | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2009 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2010 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2011 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2012 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2013 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2014 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2015 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| 2016 | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |

Name of person verifying information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax this document back to ( ) - within 48 hours. Your cooperation is appreciated. If you have any questions regarding this request, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at ( ) - or via e-mail at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for your assistance.

OFFICE OF THE SECRETARY

DCF Administration Building, 555 S. Kansas Avenue, 4th Floor, Topeka, KS 66603

Voice: (785) 296-3271 ●Fax: (785) 296-4685 ● TTY (Hearing Impaired) (785) 296-3487