

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
2017	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.