

APPLICATION FOR TANF DIVERSIONARY ASSISTANCE OR EMERGENCY ASSISTANCE

A. Applicant Information

Your Name (last, first, middle initial)	
Your Street Address (include apartment number)	City, State, ZIP
Your Mailing Address (if different from your street address)	City, State, ZIP
In what city or county do you live?	E-mail Address
Primary Telephone Number	Alternate Telephone Number

What is the primary language spoken in your household?

- | | | | | | |
|------------------------------------|---|----------------------------------|----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Somali | <input type="checkbox"/> French | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Farsi | <input type="checkbox"/> Chinese | <input type="checkbox"/> Kurdish | <input type="checkbox"/> German | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Haitian-Creole | <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | |

Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail. If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

Text Email Cell Phone Number _____ Email Address _____

A. TELL US ABOUT YOUR FAMILY: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. If there are more than 5 people living in your home and you need some more space to list everyone, tell the agency you need extra pages.

1.		
Name (last, first, middle initial)	Relationship to You	Date of Birth (mm-dd-yyyy)
Social Security Number: _____	Assistance Requested: <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> TANF <input type="checkbox"/> None	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth: _____	(City, State, Country)
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Is this Person a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	— If not a U.S. Citizen, what is your status? _____
Is this Person a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school _____	Alien Registration Number: _____	
Highest Grade Completed: _____	Date started living in the U.S. (mm-dd-yyyy): _____	

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

- Ethnicity: Hispanic/Latino Not Hispanic/Latino
- Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

2.

Name (last, first, middle initial) _____

Relationship to You _____

Date of Birth (mm-dd-yyyy) _____

Social Security Number: _____

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____
(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No

— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No
If yes, name of school _____

Alien Registration Number: _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy):
_____/_____/_____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

3.

Name (last, first, middle initial) _____

Relationship to You _____

Date of Birth (mm-dd-yyyy) _____

Social Security Number: _____

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____
(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No

— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No
If yes, name of school _____

Alien Registration Number: _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy):
_____/_____/_____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

4.

Name (last, first, middle initial) _____

Relationship to You _____

Date of Birth (mm-dd-yyyy) _____

Social Security Number: _____

Assistance Requested: SNAP Benefits TANF None

Gender: Male Female

Place of Birth: _____
(City, State, Country)

Marital Status: Married Never Married
 Separated Divorced Widowed

Is this Person a U.S. Citizen? Yes No

— If not a U.S. Citizen, what is your status? _____

Is this Person a Student? Yes No
If yes, name of school _____

Alien Registration Number: _____

Highest Grade Completed: _____

Date started living in the U.S. (mm-dd-yyyy):
_____/_____/_____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: Hispanic/Latino Not Hispanic/Latino

Racial Heritage: White Black/African American Asian Asian & Black/African American Asian & White
 American Indian/Alaskan Native Black/African American & White American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & Black Other/Unknown

YES NO 1. Does anyone who lives in your household receive or expect to receive income this month?
a. If Yes, who? _____

b. Total household income received or expected to be received before deductions?

YES NO 2. Does your household have an emergency need related to basic needs (food, shelter, shelter items medical expenses, child care expenses or the costs associated with getting or keeping employment including transportations costs)?:

YES NO 3. Has your household experienced a loss or reduction of income (except TANF/Refugee Cash Assistance) in the six months prior to the date of application?:

a. Does your household have a delay in starting to receive income resulting in the current emergency? (The income must be scheduled to start within 60 days following the date of application.)

If Yes, who? _____

YES NO 4. Do you or anyone who lives with you have the following resources? If YES, explain:

a. Cash on hand? YES NO

b. Money in bank accounts? YES NO

If YES to any of the above, who? _____

c. Amount available from Community Agencies or other sources? YES NO

YES NO 5. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:

By my signature below, I declare that the household member(s) for whom I am requesting Diversionary Assistance or Emergency Assistance, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF, Diversionary Assistance or Emergency Assistance claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

Your Signature or Authorized Representative's Signature or Mark

Date

Witness to Mark or Interpreter

Date