



## Quileute Tribal TANF Support Service Request 2007

Type of Support	Maximum Amount	Amount I am requesting...	Received since May 2007 (staff)
Rental Assistance	Limit of \$600 per request. Twice per year or \$1,200.00 total		
Utilities	Limit of \$150.00. Twice per year or \$300.00 total		
Bus passes	Monthly passes or tickets as needed.		
Gas Vouchers - To meet goals of FSP or needs of children.	\$40.00 voucher up to twice per month. Maximum of \$400.00 per year		
Carpool or vanpool costs	Maximum of \$125.00 per request. Twice per year or \$250 total		
Repair of vehicle	\$500.00, twice per year or maximum of \$1,000.00.		
License/Fees	\$130 per year		
Work clothing - Adults	\$100.00 per eligible adult Twice per year.		
Educational Expenses - adults	\$200 per quarter or semester		
Counseling not covered by insurance	\$1,000.00 limit per program year.		
Diapers for child	\$30 per month Limit of \$120.00 per program year		
Food Vouchers	Limit \$100.00 Once a month max of 3 months per year		
Meal Vouchers	Maximum \$10.00 per day. Per participant per day of training or class out of town		
Personal Hygiene	\$20.00 per request, maximum of \$60.00 per program year.		
Costs/dues necessary to begin employment	\$300.00 maximum for each due or fee. Per employment		
Relocation costs, for work, school or safety	\$2,000.00 maximum. Once		
Driver's license or endorsements	\$100 maximum. Once		

Other requests that can be approved are child care costs, travel costs for approved trainings, and other necessary costs for activities related to employment or safety of the children. Requests must have documentation that shows proof of need. Caregivers and child only cases must attach a spending report and provide receipts, if available.

*I am requesting the above support, because*

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*Is client in compliance?*       **Yes**       **No**

*Is this support service approved?*     **Yes**       **No**

*Contingent upon:*

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<i>The following supports are approved:</i>			
<b>Vendor</b>		<b>Amount</b>	
<b>Vendor</b>		<b>Amount</b>	
<b>Vendor</b>		<b>Amount</b>	
<b>Vendor</b>		<b>Amount</b>	

*I understand that I must return receipts. Further support services will not be approved until I have returned my receipts. I understand that if I lose the receipts and cannot show proof of how the support service was used that I will have an overpayment that will cause my grant to be reduced. I understand that I have the right to appeal all decisions. I have received a copy of the appeal form.*

**Client Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Case Manager Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TANF Coordinator  
Signature** \_\_\_\_\_

**Date** \_\_\_\_\_