

## BGC/DHR Project Affirmation and Certification for TANF Eligibility

(This form is completely CONFIDENTIAL and applies only to services funded by DHR)

**1** Name of Parent/Caretaker Relative \_\_\_\_\_ SSN \_\_\_\_\_  
 Spouse's name (if in home) \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**A.** Are you the parent or caretaker relative of a child living with you who is age 5 to 18? Yes  No

**B.** Are you and the child(ren) residents of Alabama? Yes  No

**If your answer to A or B above is 'NO'...STOP. If your answer to A and B is 'YES'...please proceed.**

**2** List the name and relationship to you and the date of birth for each Boys & Girls Club Member.

Name of Child:	Relationship:	Date of Birth:	Name of Child:	Relationship:	Date of Birth:

For the child(ren) listed above, check the appropriate box if you receive benefits from any of the following programs:

Family Assistance (FA) Yes  No

Food Assistance (Food Stamps) Yes  No

Medicaid Yes  No

School Reduced/Free Lunch Yes  No

Child Care Yes  No

**If you checked 'YES' to any of the boxes in section 2, SKIP TO SECTION 4, if not, please proceed.**

**3** If you do not participate in any of the programs listed in the section above, please use the next section to report your family's size. To provide the correct family size, include yourself, your spouse (if in the home), your children and other related children in your care under the age of 18 living in your home. **Circle the correct family size on the chart below.**

Size of Family Unit	Size of Family Unit	Size of Family Unit	Size of Family Unit
1	4	7	10
2	5	8	11
3	6	9	12

If you are a parent, please enter your NAME and YOUR SPOUSE'S NAME (if they are in the home), the amount of your GROSS MONTHLY INCOME and the SOURCE OF YOUR INCOME. (For example: wages, SSI, Unemployment, etc.)

Name	GROSS MONTHLY INCOME	SOURCE of INCOME
1.		
2.		
<b>Total Family Monthly Income Listed Above:</b>		<b>\$</b>

**Please complete section 4.**

**4** I certify under penalty of perjury the information given above, including family size and monthly gross income, is correct and true to the best of my knowledge. I further certify that each child listed above is a U. S. Citizen or alien in satisfactory immigration status. I understand that our Social Security Number(s) may be used in computer matching to verify identity and income. I do hereby give BGC/DHR permission to verify information provided on this form.

Applicant/Parent/Caretaker Relative Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Please complete and return to your local Boys & Girls Club Unit

BGCWA USE ONLY: TANF Eligible? Yes  No

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Eligibility Determined by: \_\_\_\_\_

Boys & Girls Club: Boys & Girls Clubs of West Alabama, Inc.