

West Virginia Department of Health and Human Resources
TANF Verification – Months Used

The following person has indicated he has previously received **federally** funded TANF cash assistance. This form may be used to verify the number of months TANF cash assistance was received in your state or verify the number of months the applicant has received TANF cash assistance in West Virginia. We realize that each state has its own unique name for its welfare reform and TANF cash assistance program.

The following chart indicates the dates (month/year) that the person listed below has received **federally** funded TANF cash assistance.

Date of Request: _____

Name: _____ Birthdate: _____

SSN or Immigration ID#: _____

The dates circled are those in which the individual has received federally funded TANF cash assistance.

1996	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1997	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1998	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1999	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2000	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2001	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2002	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2003	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2004	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2005	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2006	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2007	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2008	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2009	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2010	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

What was the last month and year in which the client received Food Stamp benefits?

In Your State _____ In West Virginia _____

What was the last month and year in which the client received Medicaid?

In Your State _____ In West Virginia _____

Name of person verifying information: _____

State: _____ Agency Phone Number: _____

Please fax this document back within 48 hours. Thank you for your assistance. It allows the State of West Virginia time to determine this person's eligibility promptly and accurately.

WVDHHR Worker's Name: _____

Phone Number: _____

Fax Number: _____