

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.

<b>1996</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>1997</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>1998</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>1999</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2000</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2001</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2002</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2003</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2004</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2005</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2006</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2007</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2008</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2009</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2010</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2011</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2012</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2013</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2014</b>	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>2015</b>	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: \_\_\_\_\_