

**Department for Children and Families**

Economic Services Division

280 State Drive

Waterbury, VT 05671-1500

[www.dcf.vermont.gov](http://www.dcf.vermont.gov)

[phone] 800-479-6151

[fax] 802-871-3239

Agency of Human Services

**Out of State TANF Verification Request Form**

To \_\_\_\_\_

Address \_\_\_\_\_

From Vermont Economic Services Representative, \_\_\_\_\_

Please assist the Vermont Department for Children and Families, Economic Services Division, in collecting TANF assistance information for the adult(s) listed below. In order to adhere to federal and state requirements of the TANF program, it is necessary to obtain the most accurate TANF information on our applicants/recipients. Vermont needs to know the **months of federally countable TANF assistance** that these individuals have received in your state. Also, please provide the same information on these applicants/recipients regarding receipt of TANF assistance from other states, if available. If you have any questions regarding this request, contact one of our agents at the telephone number listed above. If this request needs to be sent to someone else in your state, please forward to the proper contact.

**Please fax this completed document to 802-871-3239 within 10 days. Thank you.****Adult 1 name** \_\_\_\_\_ Social Security number \_\_\_\_\_

Last known address in your state \_\_\_\_\_

Received SNAP:  Yes  No If **Yes**, closing date \_\_\_\_\_Received Medicaid:  Yes  No If **Yes**, closing date \_\_\_\_\_

If you are aware of this individual receiving TANF assistance from any other state prior to residency in your state, please fill in the time periods below with **the federal countable months of TANF** received.

State \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

State \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

**Adult 2 name** \_\_\_\_\_ Social Security number \_\_\_\_\_

Last known address in your state \_\_\_\_\_

Received SNAP:  Yes  No If **Yes**, closing date \_\_\_\_\_Received Medicaid:  Yes  No If **Yes**, closing date \_\_\_\_\_

If you are aware of this individual receiving TANF assistance from any other state prior to residency in your state, please fill in the time periods below with **the federal countable months of TANF** received.

State \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

State \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

**Other information of interest to Vermont:**

Additional information \_\_\_\_\_

Printed name of respondent \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Adult 1 name \_\_\_\_\_ Social Security number \_\_\_\_\_

Adult 2 name \_\_\_\_\_ Social Security number \_\_\_\_\_

Please put an **X** in each of the months and years below that the adult(s) named above received TANF in your state.

1996 TANF			1997 TANF			1998 TANF			1999 TANF			2000 TANF			2001 TANF			2002 TANF		
Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2
			JAN			JAN			JAN			JAN			JAN			JAN		
			FEB			FEB			FEB			FEB			FEB			FEB		
			MAR			MAR			MAR			MAR			MAR			MAR		
			APR			APR			APR			APR			APR			APR		
			MAY			MAY			MAY			MAY			MAY			MAY		
			JUN			JUN			JUN			JUN			JUN			JUN		
			JUL			JUL			JUL			JUL			JUL			JUL		
			AUG			AUG			AUG			AUG			AUG			AUG		
			SEP			SEP			SEP			SEP			SEP			SEP		
OCT			OCT			OCT			OCT			OCT			OCT			OCT		
NOV			NOV			NOV			NOV			NOV			NOV			NOV		
DEC			DEC			DEC			DEC			DEC			DEC			DEC		

2003 TANF			2004 TANF			2005 TANF			2006 TANF			2007 TANF			2008 TANF			2009 TANF		
Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2
JAN			JAN			JAN			JAN			JAN			JAN			JAN		
FEB			FEB			FEB			FEB			FEB			FEB			FEB		
MAR			MAR			MAR			MAR			MAR			MAR			MAR		
APR			APR			APR			APR			APR			APR			APR		
MAY			MAY			MAY			MAY			MAY			MAY			MAY		
JUN			JUN			JUN			JUN			JUN			JUN			JUN		
JUL			JUL			JUL			JUL			JUL			JUL			JUL		
AUG			AUG			AUG			AUG			AUG			AUG			AUG		
SEP			SEP			SEP			SEP			SEP			SEP			SEP		
OCT			OCT			OCT			OCT			OCT			OCT			OCT		
NOV			NOV			NOV			NOV			NOV			NOV			NOV		
DEC			DEC			DEC			DEC			DEC			DEC			DEC		

2010 TANF			2011 TANF			2012 TANF			2013 TANF			2014 TANF			2015 TANF			2016 TANF		
Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2	Adult	1	2
JAN			JAN			JAN			JAN			JAN			JAN			JAN		
FEB			FEB			FEB			FEB			FEB			FEB			FEB		
MAR			MAR			MAR			MAR			MAR			MAR			MAR		
APR			APR			APR			APR			APR			APR			APR		
MAY			MAY			MAY			MAY			MAY			MAY			MAY		
JUN			JUN			JUN			JUN			JUN			JUN			JUN		
JUL			JUL			JUL			JUL			JUL			JUL			JUL		
AUG			AUG			AUG			AUG			AUG			AUG			AUG		
SEP			SEP			SEP			SEP			SEP			SEP			SEP		
OCT			OCT			OCT			OCT			OCT			OCT			OCT		
NOV			NOV			NOV			NOV			NOV			NOV			NOV		
DEC			DEC			DEC			DEC			DEC			DEC			DEC		

Printed name of respondent \_\_\_\_\_ Date \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_