

**FY 2008/09 REQUEST FOR EMERGENCY SHELTER
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

Michigan Department of Human Services

SECTION 1 – This section is to be completed by the shelter providing services.

Shelter Name	DHS Contract Number	Month Service is Provided
Case Name	Case Number (if applicable) - -	

SECTION 2 – This section is to be completed by the applicant.

1. My family in the shelter with me includes at least one child, related to me by blood, marriage, or adoption, who is under age 18 or 18 and attending high school full-time.

Yes, If yes go to 3. No, if no go to 2.

2. I am pregnant or my wife who is with me in the shelter is pregnant

Yes, If yes go to 3. No, if no go to 6.

3. Enter the number of family members who are staying in this shelter with you.

Adults _____ Children _____ Total _____ ▶ Go to 4.

4. My family is receiving the following assistance from the Department of Human Services (Check all that apply. If you are not receiving any of these kinds of assistance, go to 5.)

FIP MEDICAID ▶ If you did not check any program, go to 5.
 FOOD ASSISTANCE CHILD CARE ▶ If you check any program, go to 6.

5. Circle your family size (from #3 above) on the child and answer YES or NO to the question about your income. Income means the money you or other family members receive. Examples are: earnings before deductions, social security benefits, supplemental security income, other disability benefits, unemployment benefits, pensions or other retirement benefits, workers compensation, child support, etc.

If Your Family Size is	Is Your Monthly Income Less Than	Yes	No	If Your Family Size is	Is Your Monthly Income Less Than	Yes	No
1	\$1,733	<input type="checkbox"/>	<input type="checkbox"/>	6	\$4,733	<input type="checkbox"/>	<input type="checkbox"/>
2	\$2,333	<input type="checkbox"/>	<input type="checkbox"/>	7	\$5,333	<input type="checkbox"/>	<input type="checkbox"/>
3	\$2,933	<input type="checkbox"/>	<input type="checkbox"/>	8	\$5,933	<input type="checkbox"/>	<input type="checkbox"/>
4	\$3,533	<input type="checkbox"/>	<input type="checkbox"/>	9	\$6,533	<input type="checkbox"/>	<input type="checkbox"/>
5	\$4,133	<input type="checkbox"/>	<input type="checkbox"/>	10	\$7,133	<input type="checkbox"/>	<input type="checkbox"/>

To the best of my knowledge, the information given above is accurate and complete.

6. Signature of Applicant _____ Date _____

SECTION 3 – This section is to be completed by the shelter.

CERTIFICATION OF ELIGIBILITY

I certify that this family is eligible for TANF funding for emergency shelter services.

YES, If yes ▶ Number of Family Members _____ Number of nights of service provided in this month _____

NO

Signature of Shelter Representative _____ Date _____

AUTHORITY: Soc. Sec. Act, Title IV, Part A
 RESPONSE: Required
 PENALTY: No TANF Funding

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.