



Tuolumne Me-Wuk Tribal TANF

SUPPORT SERVICE REQUEST

Name: _____ Phone # _____
Address: _____
City/State/Zip: _____

I am requesting assistance with the following support service: **(one per each support service request form)**

____ Utility bill (circle one) gas, water, electricity, phone, propane, other _____

Is the Utility bill a past due delinquent bill: Yes _____ No _____?

Have you requested an extension and if so, what is the date that your extension expires? _____

____ Rental assistance

____ Child care (**first time Y / N**)

____ Auto insurance (3 estimates required)

____ Auto repair (3 estimates required)

____ Education (verification required)

____ Clothing allowance: adult, work, school (provide verification)

____ Other: _____

I am requesting this assistance because: _____

Amount requested: \$ _____

Have you exhausted all available community resources? Y / N If yes, which agencies did you contact?

I agree to provide all original receipts (except child care) for amount of the assistance within 10 days of receiving the assistance check and understand that failure to provide receipts may affect future Support Service requests and/or result in an overpayment.

Disclaimer: Submission of a Supportive Service Request is not a guarantee of approval; TMWTT has 10 days after receipt of a completed Supportive Service request, with all needed documentation attached, to approve or disapprove a request for supportive service. Submitting a request is not a guarantee a check will be issued in the following week. Failure to supply all needed documentation with a request will further delay processing. If prior to receipt of an approval letter, client approves a service or incurs a debt, the client is obligated to pay it, not TMWTT.

Signature

Date

For office use only Case # _____ Date: _____

1. Does request meet FSSP requirements? Y / N
2. Has client exhausted all other resources? Y / N
3. Has a pledge been made? Y / N If yes, is plan in place for client to budget for partial payment (explain) _____
4. Is Educational Assistance listed on FSSP? Y / N
5. Has FSSP been updated to meet this request? Y / N

CITE POLICY # _____ **PAGE#** _____
Approved by FA: _____ Approved by SM: _____
Disapproved by: _____ Reason: _____
family Advocate Follow Up action: _____