



Tuolumne Me-Wuk Tribal TANF

Toll Free 1-844-303-TANF (8263)

Fax 1-209-928-5381

TMWTT- Main Office
14520 Mono Way, Suite 200
Sonora, CA 95370

TMWTT – Modesto Office
2005 Evergreen Ave., Suite 800
Modesto, CA 95350

SUPPORTIVE 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:

\_\_\_\_\_