



Owens Valley Career Development Center
Tribal TANF Program

SUPPORT SERVICE REQUEST

Name: _____ Phone # _____

Address: _____

City/State/Zip: _____

Case Counselor: _____

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 (1 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 30 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 a not guarantee of approval; OV CDC 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 TANF.

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 CC: _____		Approved by SM: _____	
TAS Historical form attached: ___ Yes			
Disapproved by: _____ Reason: _____			
Case Counselor Follow Up action: _____			

OVCDC TANF PROGRAM

Budget Work sheet

Resources					
Monthly Income		Other Resources		Household Totals	
Earned Income		Food Stamps		Income	\$
TANF/CALWORKS		Energy Assistance		Expenses	\$
GA/SSI		Child Support		Difference	\$
Other		Other			
Other		Other			
Total	\$	Total	\$		

Hourly Wage to Replace TANF \$
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Expenses					
Home		Family Expenses		Personal Items	
Rent/Mortgage		Clothing		Hobbies	
Fuel Oil/Gas		Food		Lunch at Work	
Electricity		Hygiene		Internet	
Telephone		Other		Cigarettes	
Cable				Electronics	
Water/Sewer		Children		Other	
Furniture		Childcare		Other	
Pets		Diapers			
Cleaning Supplies		Toys		Entertainment	
Laundry/Cleaning		School Activities		Movies	
Newspaper/Magazines		School supplies		Clubs	
Other		Lunch Money		Meals Out	
Other		Birthdays		Evening Out	
		Child Support		Other	
Consumer Loans		Other		Other	
Store Credit Card					
		Transportation		Seasonal	
		Auto Payment		Holiday	
Bank Credit Card		Gas		Winter Clothing	
		Insurance		Vacation	
		Repairs		Sports Fees/Gear	
Student Loan		Maintenance		Other	
		Bus Pass		Other	
		Taxi			
Debt to others		Parking			
		Other		Subtotal	\$
Subtotal	\$	Subtotal	\$	Total	\$