



Owens Valley Career Development Center  
Tribal TANF Program

**SUPPORT SERVICE REQUEST**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Family Advocate: \_\_\_\_\_

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)  
\_\_\_\_ Gas Allowance ( 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. List agencies( not family/friends) contacted to be considered for approval. \_\_\_\_\_

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; OVCDC 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 \_\_\_\_\_

<b>For office use only</b>	Case # _____	Date: _____	Case Type: _____
1. Is the request on the FSSP or has FSSP been updated to meet this request? Y/N. If No, deny request & make FSSP appointment			
2. Has participant exhausted all other resources? Y/N. If No, explain: _____			
3. CITE POLICY # _____			
4. Approved by FA: _____		Approved by SM: _____	
5. Disapproved by: _____		Reason: _____	
6. Family Advocate Follow Up action: _____			

# OVCDC TANF PROGRAM

## Budget Work sheet

Resources					
Monthly Income		Other Resources		Household Totals	
Earned Income		Food Stamps		Income	\$
TANF/CALW ORKS		Energy Assistance		Expenses	\$
GA/SSI		Child Support		Difference	\$
Other		Other			
Other		Other			
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>		

<b>Hourly Wage to Replace TANF</b> \$
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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		<b>Children</b>		Other	
Furniture		Childcare		Other	
Pets		Diapers			
Cleaning Supplies		Toys		<b>Entertainment</b>	
Laundry/Cleaning		School Activities		Movies	
Newspaper/Magazines		School supplies		Clubs	
Other		Lunch Money		Meals Out	
Other		Birthdays		Evening Out	
		Child Support		Other	
<b>Consumer Loans</b>		Other		Other	
Store Credit Card					
		<b>Transportation</b>		<b>Seasonal</b>	
		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		<b>Subtotal</b>	<b>\$</b>
<b>Subtotal</b>	<b>\$</b>	<b>Subtotal</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

