



DSS Verification Form

To enroll _____, SSN XXX-XX-_____ in the Workforce Innovation and Opportunity Act, we need to know the amount and types of assistance received by the family to certify eligibility and participation status. It is our understanding that _____ is receiving TANF and/or FNS.

TANF Information

- 1. Does individual (or family in which the individual is a member) receive TANF? Yes No
- 2. TANF Case Number _____
- 3. Monthly amount of TANF payments _____
- 4. Names of individuals included in TANF household:
 - 1: _____ 2: _____
 - 3: _____ 4: _____
 - 5: _____ 6: _____
- 5. Number of months TANF payments received in the past 6 months _____
- 6. Is the WIOA applicant a Workfirst participant or has been in within the past 6 months? Yes No

Completed by: _____ Date: _____

FNS Information

- 1. Is the individual receiving (or have they been determined within the past 6 months to be eligible to receive) FNS? Yes No
- 2. FNS Case Number: _____
- 3. Names of individuals included in FNS household:
 - 1: _____ 2: _____
 - 3: _____ 4: _____
 - 5: _____ 6: _____

Completed by: _____ Date: _____

Please contact _____ at _____ if you have any questions.

I hereby give _____ County Department of Social Services permission to release any information concerning my assistance records to Mid-East Commission (or its program operator) to be used in operation of the Workforce Innovation and Opportunity Act Programs.

Applicant Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____