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Rivers East WORKFORCE DEVELOPMENT BOARD



## Department of Social Services (DSS) Verification Form

Dear DSS staff member, 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. 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 Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

### TANF Information

- Does the individual (or family in which the individual is a member) receive TANF?  Yes  No
- TANF Case Number \_\_\_\_\_
- Monthly amount of TANF payments \_\_\_\_\_
- Names of individuals included in TANF household:
 

1: _____	2: _____
3: _____	4: _____
5: _____	6: _____
- Number of months TANF payments received in the past 6 months \_\_\_\_\_
- Is the WIOA applicant a Workfirst participant or has been in within the past 6 months?  Yes  No

### FNS Information

- Is the individual receiving (or have they been determined within the past 6 months to be eligible to receive) FNS?  Yes  No
- FNS Case Number: \_\_\_\_\_
- Names of individuals included in FNS household:
 

1: _____	2: _____
3: _____	4: _____
5: _____	6: _____

DSS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_