COMMONWEALTH OF VIRGINIA

Case Number _____
Date Received _____

APPLICATION FOR TANF DIVERSIONARY ASSISTANCE OR EMERGENCY ASSISTANCE

A. Applicant Information

Your Name (last, first, middle initial)

Your Street Address (include apartment number) | **City, State, ZIP**

Your Mailing Address (if different from your street address) | **City, State, ZIP**

In what city or county do you live? | **E-mail Address**

Primary Telephone Number | **Alternate Telephone Number**

What is the primary language spoken in your household?

❑ English	❑ Vietnamese	❑ Laotian	❑ Somali	❑ French	❑ Other (specify):
❑ Spanish	❑ Farsi	❑ Chinese	❑ Kurdish	❑ German	_____
❑ Cambodian	❑ Haitian-Creole	❑ Korean	❑ Arabic	❑ Japanese	

Primary Method of Correspondence

If you would like to receive either text or email messages notifying you that some notices about your benefits may be accessed electronically through CommonHelp (www.CommonHelp.Virginia.gov), select one of the choices below. List either a cell telephone number or an email address. Once you choose a preferred electronic method of correspondence, it will be used for all programs on the case for which you have applied. If you do not choose to be notified by text or email, you will receive all written correspondence through the U.S. mail. If you are completing this application on behalf of another individual as an authorized representative, all correspondence to you will be mailed. The applicant may contact the local department of social services to learn how to change the method of correspondence.

❑ **Text** ❑ **Email** **Cell Phone Number** _____ **Email Address** _____

A. TELL US ABOUT YOUR FAMILY

: This section includes information about everyone living in your home, even if you are not applying for that person. You may leave the Social Security Number blank if you are not applying for assistance for the person. If there are more than 5 people living in your home and you need some more space to list everyone, tell the agency you need extra pages.

1.

Name (last, first, middle initial) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number: _____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:** _____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number:** _____

Highest Grade Completed: _____ **Date started living in the U.S.** (mm-dd-yyyy) ____/__ /____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.

Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino

Racial Heritage: ❑ White ❑ Black/African American ❑ Asian ❑ Asian & Black/African American ❑ Asian & White ❑ American Indian/Alaskan Native ❑ Black/African American & White ❑ American Indian/Alaskan Native & White ❑ Native Hawaiian/Other Pacific Islander ❑ American Indian/Alaskan Native & Black ❑ Other/Unknown

2.

Name (last, first, middle initial) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number: _____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:** _____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number:** _____

Highest Grade Completed: _____ **Date started living in the U.S.** (mm-dd-yyyy) ____/__/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino
Racial Heritage: ❑ White ❑ Black/African American ❑ Asian ❑ Asian & Black/African American ❑ Asian & White ❑ American Indian/Alaskan Native ❑ Black/African American & White ❑ American Indian/Alaskan Native & White ❑ Native Hawaiian/Other Pacific Islander ❑ American Indian/Alaskan Native & Black ❑ Other/Unknown

3.

Name (last, first, middle initial) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number: _____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:** _____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number:** _____

Highest Grade Completed: _____ **Date started living in the U.S.** (mm-dd-yyyy) ____/__/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino
Racial Heritage: ❑ White ❑ Black/African American ❑ Asian ❑ Asian & Black/African American ❑ Asian & White ❑ American Indian/Alaskan Native ❑ Black/African American & White ❑ American Indian/Alaskan Native & White ❑ Native Hawaiian/Other Pacific Islander ❑ American Indian/Alaskan Native & Black ❑ Other/Unknown

4.

Name (last, first, middle initial) | **Relationship to You** | **Date of Birth** (mm-dd-yyyy)

Social Security Number: _____ **Assistance Requested:** ❑ SNAP Benefits ❑ TANF ❑ None

Gender: ❑ Male ❑ Female **Place of Birth:** _____ (City, State, Country)

Marital Status: ❑ Married ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed **Is this Person a U.S. Citizen?** ❑ Yes ❑ No — If not a U.S. Citizen, what is your status? _____

Is this Person a Student? ❑ Yes ❑ No If **yes**, name of school _____ **Alien Registration Number:** _____

Highest Grade Completed: _____ **Date started living in the U.S.** (mm-dd-yyyy) ____/__/____

Providing the following information is voluntary and will not affect eligibility. Please check all that apply.
Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino
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❑ YES ❑ NO 1. Does anyone who lives in your household receive or expect to receive income this month?

a. If Yes, who? _____

b. Total household income received or expected to be received before deductions?

_____

❑ YES ❑ NO 2. Does your household have an emergency need related to basic needs (food, shelter, shelter items medical expenses, child care expenses or the costs associated with getting or keeping employment including transportations costs)?:

_____

❑ YES ❑ NO 3. Has your household experienced a loss or reduction of income (except TANF/Refugee Cash Assistance) in the six months prior to the date of application?:

_____

❑ YES ❑ NO 4. Do you or anyone who lives with you have the following resources? If YES, explain:

a. Cash on hand? ❑ YES ❑ NO

b. Money in bank accounts? ❑ YES ❑ NO
If **YES** to any of the above, who?_____

c. Amount available from Community Agencies or other sources? ❑ YES ❑ NO

_____

❑YES ❑ NO 5. Do you or anyone in your home have a felony conviction for drugs after August 22, 1996 for ( ) Use? ( ) Possession? ( ) Distribution of drugs? (check all that apply) If YES, who? _____

❑ YES ❑ NO 6. Is anyone in violation of parole or probation or fleeing capture to avoid prosecution or punishment of a felony? If YES, explain:

_____

By my signature below, I declare that the household member(s) for whom I am requesting Diversionary Assistance or Emergency Assistance, is/are either a U.S. citizen(s) or alien(s) in lawful immigration status. I declare under penalty of law that all information on this form is correct and complete to the best of my knowledge and belief. I understand that if there is a TANF, Diversionary Assistance or Emergency Assistance claim against my household, the information on this application, including all SSNs, may be referred to federal and state agencies as well as private claims collection agencies for claims collection action.

_____ _____

Your Signature or Authorized Representative's Signature or Mark Date

_____ _____

Witness to Mark or Interpreter Date