



**Lower Elwha Klallam Tribe • TANF PROGRAM  
Request for Supportive Services Application**

**Please allow a minimum 5 to 14 days processing for Request for Assistance. Thank you for your patience!**

**Please complete this form on both sides to the best of your ability. If you need help in completing this form, please request help from the receptionist or your case manager.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Please complete for all household members:

NAME	Birth Date	Tribal Affiliation & Enrollment #	Currently on TANF

Any addition household income? \_\_\_\_\_

Did you receive food stamps? \_\_\_\_\_

Date food stamps received? \_\_\_\_\_

**I am requesting the following services**

**Diversion Services**

Rent \$ \_\_\_\_\_

Utilities

Bus Pass

Food \_\_\_\_\_

Hygiene

Diapers

Clothes \_\_\_\_\_

Gas \_\_\_\_\_

Respite (# days) \_\_\_\_\_

Car Repair/Insurance \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**We will seek resources to the best of our ability. There is no guarantee that we will be able to honor your request. We will try to work with you in finding and accessing resources.**

# MONTHLY EXPENSE WORKSHEET

Please complete the following worksheet for an average month of expenses for your household. This form needs to be complete and turned into your case manager before any further support services will be considered. **Please provide three (3) estimates if requesting an item to be repaired or purchased.**

**CURRENT MONTHLY INCOME:** \$ \_\_\_\_\_ **FOOD STAMPS** \$ \_\_\_\_\_

Where does your income come from? \_\_\_\_\_

<b>A. Housing Expenses</b>		<b>E. Transportation Expenses</b>	
Rent / Mortgage Payment		Automobile payment ( <i>loan or lease</i> )	
Other ( <i>specify</i> ):		Auto insurance, license, registration	
<b>Total Housing Expenses</b>		Gas and auto maintenance	
		Public transportation	
<b>B. Utilities Expenses</b>		<b>Total Transportation Expenses</b>	
Electricity and heating (gas and oil)			
Water, sewer, garbage		<b>F. Personal Expenses</b> (not children's)	
Telephone(s)		Clothes	
Cable, Internet		Hair care, personal care	
Other ( <i>specify</i> ):		Recreation, clubs, gifts	
<b>Total Utilities Expenses</b>		Education, books, magazines	
		Other Personal Expenses	
<b>C. Food and Household Expenses</b> (not food stamps)		<b>Total Personal Expenses</b>	
Groceries for ( <i>number of people</i> ): _____			
Household supplies (cleaning, paper, pets)		<b>G. Other Expenses</b>	
Eating out		Child support	
Other ( <i>specify</i> ):		Other ( <i>specify</i> ):	
<b>Total Food and Household Expenses</b>		Other ( <i>specify</i> ):	
		<b>Total Other Expenses</b>	
<b>D. Children's Expenses</b>			
Childcare, babysitting			
Clothes, diapers			
Tuition, after-school programs, lessons			
Other expenses for children		<b>All Total Expenses</b>	
<b>Total Children's Expenses</b>		(add A – G above)	

All of the information provided is accurate and complete to the best of my knowledge. I understand that by seeking these services that I will not be able to request similar services, and I understand that failure to budget properly may result in the use of a protective payee

**By signing this I agree that all of the information provided is accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date