



**TANF SERVICES ONE-TIME PAYMENT  
Request/Approval Form**

Agency: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Section A.: Request for Service Funding Authorization** (usually completed by the case manager)

1. TANF Participant name or number \_\_\_\_\_ 2. SS# \_\_\_\_\_  
3. DOB \_\_\_\_\_ 4. Race: \_\_\_\_\_ 5. Sex: M or F 6. Yearly Income \_\_\_\_\_  
7. Family Members Including Ages: \_\_\_\_\_

8. Description of Goods/Services requested: \_\_\_\_\_  
\_\_\_\_\_

9. General reason for request/benefit to participant: \_\_\_\_\_  
\_\_\_\_\_

10. Alternatives explored (detail agencies and outcomes): \_\_\_\_\_  
\_\_\_\_\_

11. Client was asked and acknowledges they have not previously been recipients of services funded by TANF one-time payment/contingency.  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Comment: \_\_\_\_\_

12. Funding amount requested: \_\_\_\_\_

13. Itemization of the funding amount requested:

Item:	Amount/Price

For each item listed above, please include supporting documentation (i.e., invoice, estimate, past due notice, etc.)  
All items over \$1,000 must have documentation of three quotes attached to this request.

14. Vendor (Name, Address, and Vendor ID#) \_\_\_\_\_

15. Client has been certified as TANF eligible using the online approval system:  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Comment: \_\_\_\_\_  
(Date Approved)

\_\_\_\_\_  
Case Manager Signature/Date

\_\_\_\_\_  
Case Manager Supervisor's Signature

**Section B. Action Taken** (to be completed by LSFHS)

Request Approved: \_\_\_\_\_

Instructions or Reason for Disapproval: \_\_\_\_\_  
\_\_\_\_\_

Request Disapproved: \_\_\_\_\_

Acknowledgement of request from Provider to access Contingency Funds

\_\_\_\_\_  
LSFHS Network Manager Signature/Date

\_\_\_\_\_  
LSFHS Second Approver Signature/Date (for requests exceeding threshold)

\_\_\_\_\_  
LSFHS Second Approver Title (for requests exceeding threshold)