



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:

Table with 2 columns: 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: (Date Approved) No: Comment:

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)