UTAH NEIGHBORHOOD
CONNECTION

Ogden Connection Center After School Program Application

Legal Guardian/Legal Parent Primary

First Name (Nombre): _____ Last Name (Apellido): _____

Email Address (This email will receive important communications): _____

Cell Phone (Numero de Telefono de celular): _____

Home Phone (Numero de Telefono de Casa): _____

Work Phone (Numero de Telefono de Trabajo): _____

Contact Preference (Preferencia de Contacto): Any Home Work Cell

Street Address (Direccion): _____

Apt/Suite:_____

City (Ciudad):_____ State: _____ Zip Code: _____

Is mailing address the same? (La direccion postal es la misma): Y / N
If not, what is it?

_____

_____

Date of Birth (Fecha de Nacimiento): _____/_____/_____ Gender (Genero):_____

Relation to Child (Relacion al nino/a): _____ Marital Status (Estado Marital): _____

Primary language spoken at home (Idioma principal hablado en casa): _____

Do you require interpretation services to communicate with us? (Necesita servicios de interperacion para comunicarse con nosotros?): Y / N

Emergency Contact (Contacto de Emergencia):

First Name (Primer nombre): _____ Last Name (Apellido): _____

Phone (Numero Telefonico): _____ Relation to Child (Relacion al nino/a): _____

Authorized for Pick-up (Autorizado/a para recoger): Y / N

Fiscally Responsible Parent/Guardian (Padre o tutor fiscalmente responsable):

First Name (Primer nombre): _____ Last Name (Apellido): _____

How many adults are in your household? (Cuntos adultos hay en su hogar?): _____

How many children are in your household? (Cuantos ninos hay en su hogar?): _____

Are you currently employed? (Esta acutalmente empleado?): Y / N

Monthly Income Sources. Check all that apply (Fuentes de Ingresos mensuales, seleccione todos los que apliquen):

__ Head of Household __ All Other Household Members __ Child Support/ Alimony

__ Other income (social security, rehab, DFS, retirement, pensions, etc.)

Are you receiving any of the following state assistance? (¿Está recibiendo alguna de las siguientes ayudas estatales?):

__ Food Stamps __ Housing __ Medical __ Financial __ None

What is your current housing situation? (¿Cuál es su situación actual de vivienda?):

__ Rent __ Own __ Temporary

Child Information (Applying to Enroll)

First Name (Primer nombre): _____ Last Name (Apellido): _____

Preferred Name: _____

Birth Date: _____/_____/_____ Gender (Gener): _____ Grade (el grado) ___

Ethnicity (Etnica): _____ Race (Raza): _____

Is the child attending a school during the regular school year? (¿Asiste el niño a una escuela durante el año escolar regular?): Y / N

Name of School (Nombre de la escuela): _____

School ID# (Numero escolar): _____

Health and Nutrition/ Salud y nutricion

Does the child have any allergies? (¿Tiene el niño alguna alergia?):

_____

_____

Does the child have any food intolerance? (¿El niño/a tiene intolerancia a los alimentos?)
Special Dietary restrictions/needs? (Restricciones / necesidades dietéticas especiales)
Religious belief, IBS, Diabetes, etc? (Creencias religiosas, SII, diabetes, etc.)

_____

_____

Does the child have any medical diagnoses? (¿El niño/a tiene algún diagnóstico médico?):

_____

_____

Taking medication? (¿Tomando medicamiento?):

_____

_____

Does the child receive special education services, early intervention, IEP, or IFSP? (¿Recibe el niño servicios de educación especial, intervención temprana, IEP o IFSP?)

_____

_____

Name of Doctor/Health Clinic (Nombre del Doctor / Clínica de Salud):

_____

Phone (Numero telefonico): _____

Date of last physical (Fecha del último examen físico): _____/_____/_____

Name of Dentist or Dental Clinic (Nombre del dentista o clínica dental):

_____

Date of last visit (Fecha de la última visita): _____/_____/_____

Medical/Dental Insurance Provider and ID # (Proveedor de seguro médico / dental):

_____ _____

DWS-ESD/WDD

300 Rev. 07/2019

State of Utah

Department of Workforce Services

TANF NEEDY FAMILY ELIGIBILITY FORM

Case/PID # if applicable) _____

Section 1: Household information. There must be a dependent child under age 18 living in the home. A Social Security number is a condition of eligibility for assistance required by section 1137 of the Social Security Act. Services will not be delayed or discontinued pending the issuance or verification of a Social Security number, if the applicant has documented application for one. Social Security numbers must be provided for all individuals included in the TANF Needy Family household size**. For more information please access the TANF contractor website at http://jobs.utah.gov/services/tevs/tanfcontract.html**

PLEASE USE A BLACK BALL POINT PEN TO COMPLETE FORM

*__Parent or relative caretaker name__ (first, middle initial, last)

*Address

*Date of birth (MM/DD/YYYY)

* Social Security number

* Utah resident? ☐ Yes ☐ No

* Gender: ☐ Female ☐ Male

Alien registration number: _____

Date of Entry: _____

__Spouse or relative caretaker name__ (first, middle initial, last)

Date of Birth (MM/DD/YYYY)

Date of Entry

Social Security number

Utah resident? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male

Alien registration number: _____

*__Dependent Child Name__ (First, M.I., Last)

*Date of birth (MM/DD/YYYY)

*Social Security #

Alien Registration number: _____

* Gender: ☐ Female ☐ Male

__Dependent Child Name__ (First, M.I., Last)

Date of birth (MM/DD/YYYY)

Social Security #

Alien Registration number: _____

Gender: ☐ Female ☐ Male

__Dependent Child Name__ (First, M.I., Last)

Date of birth (MM/DD/YYYY)

Social Security #

Alien Registration number: _____

Gender: ☐ Female ☐ Male

__Dependent Child Name__ (First, M.I., Last)

Date of birth (MM/DD/YYYY)

Social Security #

Alien Registration number: _____

Gender: ☐ Female ☐ Male

Section 2: Mark all services the customer is receiving. If any of these services are marked, the family may meet the income eligibility requirement. Documentation must be provided for all services marked. If no services are marked move to Section 3.

☐ CHIP (Children's Health Insurance Program) Plan A, B, or C	☐ Refugee Cash Assistance
☐ Any of the following Family Medicaid Programs: Child Medicaid, 12 Month Transitional Medicaid, Medically Needy Family, Medically Needy Child, Pregnant Woman or Medically Needy Pregnant Women	☐ Family Employment Program (FEP)
	☐ Family Employment Program (FEP) Diversion
	☐ TANF (Temporary Assistance for Needy Families) Non-FEP Training
☐ Food Stamps	☐ Women, Infant & Children (WIC) Food & Nutrition Service

Section 3: Income Guidelines. All parent or relative caretaker income is counted even if the parent or relative caretaker is not eligible to be included in the household size.

*Does the family meet the income requirement of the contract or service being provided? ☐ Yes ☐ No

Refer to Policy, Charts and Tables, Table 13 – Income Guidelines:
https://jobs.utah.gov/infosource/EmploymentBusinessManual/700_Eligibility/726_Income_Guidelines__TANF_Needy_Family_-_Contracted_Services.htm

Monthly Gross Income of Parent(s) or Relative Caretaker(s) $_____
(Refer to Policy at above web address, Section 720-5, Sources of Includable and Excludable Income)

**Note:* Use prior one full month of gross income and provide documentation of that income in case file.

I attest the information I have provided above is accurate.

_____ _____
*Applicant Signature *Date

I attest the information provided by the customer is accurate to the best of my knowledge.

_____ _____
*Contractor Signature *Date

Note: If any required information is incomplete or incorrect, the customer is not eligible for TANF Needy Family funding.

If you do not agree with the decisions made regarding your case, you may request a Fair Hearing with an impartial Hearing Officer verbally or in writing, by contacting either your contract service provider, or contacting the Department of Workforce Services at 1-877-837-3247 or
https://jobs.utah.gov/appeals/pa/filingpublic.html

Contractor will enter required customer information into the TANF Eligibility Verification System (TEVS) at least weekly, using the Form 300. Access the TEVS website at: http://jobs.utah.gov/jsp/tevs/

☐ **Form 300 information has been entered into TEVS for all customers with Social Security numbers.**

Equal Opportunity Employer Program
Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

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Rev. 12/2014

INSTRUCTIONS FOR FORM 300
TANF Needy Family Eligibility Form

Purpose: Form 300 is to be completed by all contractors who determine eligibility for services they provide to TANF Needy Families. Documentation substantiating eligibility must be present in the file for each family member included in the TANF Needy Family household. Attach an additional Form 300 if needed for more than four dependent children.

Preparation: Contracts must clearly state any other eligibility factors and documentation required in order for the family to receive the service.

Case/PID may not apply for families not receiving DWS services.

Section 1: Families must have at least one US citizen or eligible alien in the TANF Needy Family household to be eligible for TANF funded services. A household unit includes eligible parents or relative caretaker(s) and their eligible dependent children under the age of 18 living in the home. Documentation of citizenship or immigration status and relationship for all parents or relative caretakers and their dependent children included in the TANF Needy Family household on Form 300 must be present in the case file. Refer to Table 9 for acceptable documentation.

Only enter eligible family members' information on Form 300.

The family must declare they are or intend to be a resident of Utah.

Skip to Section 3 if customer does not currently receive any of the services listed in Section 2

Section 2: Mark services the customer is receiving. Acceptable verification includes current letters or notices showing current eligibility status. All services marked must have documentation of receiving those services included in the case file.

Section 3: Complete Section 3 if customer is not receiving any services listed in Section 2, showing the Gross Monthly Income from the previous one full month. All income is counted. Acceptable verification includes a statement from the employer, copies of check stubs, or other documentation of previous one full month's income. Refer to Table 13 for income guidelines.

The contractor will enter required TANF Needy Family information into TEVS. A DWS employee will retrieve the information from TEVS and complete the required eShare query for the household. The contractor will be notified if additional information from the customer is required or if a family member is no longer eligible for the TANF Needy Family service. Refer to procedure, TANF Needy Family - Using the TANF Eligibility Verification System (TEVS) for Contracted Service.

The contractor will mark the check box at the bottom of Form 300 when required TANF Needy Family information has been entered into TEVS.

Applicant's Signature: The customer must sign indicating the information given is correct.

Signatures: The contractor who is determining eligibility must sign and date the form.

Distribution: Original filed in the case record

Retention: Three (3) years