



TANF

**LAC COURTE OREILLES TRIBE  
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

13394W Trepania Rd  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

**CLIENT REQUIRED BACK UP TO SHORT TERM SUPPORTIVE SERVICES**

**GENERAL DOCUMENTS REQUIRED**

**Applicants must be TANF eligible as defined in the LCO TANF plan**

**NOTE:** Participant please check after you collect each document

- BIRTH CERTIFICATES:  
(Must include certificate for each person listed on your application)
- GROSS EARNED INCOME:  
(Last 30 days; paystubs including Self Employment income)
- GROSS UNEARNED INCOME:  
(Last 30 days; child support, per capita, veterans pension, Social Security I, Social Security Disability I, Death Benefits, Unemployment...)
- LCO TRIBAL I.D.:  
(Include all LCO Tribal Membes; letter of decendency, tribal I.D. cards)
- RESIDENCY VERIFICATION:  
(Such as; utility bills, rent receipts, housing statements...)
- SOCIAL SECURITY CARDS:  
(Must include Social Security Cards for each person listed on your application)
- REGULAR HEADSTART, K-12 SCHOOL:  
(Children; official school documents on attendance, participation, current grade level, certificates,)

---

**ADDITIONAL DOCUMENTS**

---

*Services may only be used when client has exhausted all other resources*

Your Short Term Service Request Application **MUST BE COMPLETE WITH ALL REQUIRES DOCUMENTS** attached. Your Tribal Application will be verified for accuracy, then dated as received after all documents, forms and signatures are complete.



**LAC COURTE OREILLES**  
 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

TANF

PHONE: 715-634-8934 FAX: 715-634-0014

APPLICATION TYPE: Clothing/Supply:	
New Applicant: <input type="checkbox"/>	Return Applicant: <input type="checkbox"/>
Intake Date: <input type="checkbox"/>	One Parent: <input type="checkbox"/>
Director Approval Date:	Two Parent: <input type="checkbox"/>

**Closure of Case after Service Completed**

**TANF SHORT TERM CLOTHING/SCHOOL SUPPLY ASSISTANCE**

**Documents to provide at Intake :**  
 Income Verification     Birth Certificates     Social Security Cards     LCO Tribal Enrollment Cards

HEAD OF HOUSEHOLD INFORMATION			
1. Head of Household: Last Name:	First:	Mi:	Social Security #
Physical Address:	City:	State:	Zip Code:
Mailing Address IF different:	City:	State:	Zip Code:
Single:	Married:	Divorced:	Separated:
			Widowed:
			Living Together:

HOUSEHOLD COMPOSITION						
2. Household Members: List ALL Household members, beginning with Head of Household. Include ALL tribal enrollment numbers.						
Name:	First	Middle	Last	Social Security #	Relation	Age
1)					SELF	
2)						
3)						
4)						
5)						
6)						

3. Income from last 30 days: \$	Employment	Unemployment	Child Support	SSI, SSDI	Per Capita	what other
3a. Source of Income:						
3b. Are you cooperating with Child Support?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason?		
3c. Are you receiving food share?	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you receive Medical Assistance?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

HEALTH	
4. Do you or anyone in your household have an urgent medical condition?	Describe: <input type="checkbox"/>
4a. Do you or anyone in your household have a disability?	Who: <input type="checkbox"/>
Type of disability:	Medical document: <input type="checkbox"/>
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>



**PRIOR SERVICES**

5. Has anyone in your home received Clothing/School Supplies in the last 12 months?				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Date of Service:	Applied:	Receive:	Source Contact:		

**SIGNATURES**

I certify the the information contained in this application is true and factual to the best of my knowledge. I understand that I may be asked to provide further proof of any information given in this application. I also undertand that if I give false information or intentionally omit information, I may be prosecuted for fraud; and

**CONSENT TO RELEASE INFORMATION:** My signature on this application authorizes the LCO Tribal TANF/WIOA/NEW program to contact other persons or agencies to verify information needed to determine my household's eligibility to the LCO TANF/WIOA/NEW Clothing/Supply Program. I understand and agree to provide documents to verify what I have stated within this application. I understand that this release may include, but not be limited to, any information regarding income, salary, benefits and disability.

Head of Household Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Spouse/Other Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Office Use:**

Case Manager Notes: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ **Approved** Sandy Carley, Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_ **Denied** Reason: \_\_\_\_\_



**LAC COURTE OREILLES TRIBE**

13394W Trepania Rd  
Hayward WI 54843  
Phone: 715-634-8934  
Fax: 715-634-0014

TANF

**TEMPORARY ASSISTNACE FOR NEEDY FAMILIES**

**AUTHORIZATION**

I, \_\_\_\_\_ DOB: \_\_\_\_\_ CIF: \_\_\_\_\_  
authorize LCO TRIBAL TANF/WIOA/NEW Program to have reciprocal communication about the information listed: Type of Disclosure includes:

- |                            |                             |                              |
|----------------------------|-----------------------------|------------------------------|
| Earned Income              | Residency/Housing Authority | Courts                       |
| Unearned Income            | Child Support Agencies      | Child Care Provider Payments |
| School Records             | ICW/Child Welfare           | Family/Friends               |
| Tribal Per Capita Payments | Other: _____                |                              |

The purpose of this Disclosure is to determine eligibility and compliance for the LCO Tribal TANF/WIOA/NEW Program. Specific information to be disclosed include:

- |                             |                        |  |
|-----------------------------|------------------------|--|
| Child Support Verifications | Criminal Report        | Court-Orders-paternity/custody/placement |
| Wages                       | Referrals              | ICW-Parent/Child verification            |
| School Attendance           | Employer Verification  | Child Care Payments                      |
| Driving Records             | Residency Verification | Other: _____                             |

This information is required for eligibility determination/continuation of benefits and support services to above named client. This information could also include the progress summaries, attendance verification, and/or establishment of good cause for non-cooperation with Child Support requirements.

I understand that I may revoke this authorization in writing at any time except where information has already been received because of this authorization.

This authorization will automatically expire one (1) year from the date of signature unless indicated and initialed below.

**As evidenced by my signature, I hereby authorize the disclosure of records to Lac Courte Oreilles Tribal TANF/WIOA/NEW Program.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information is held in confidence and utilized for approval for cash benefits and supportive services.

TANF/WIOA/NEW Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Otherwise, this authorization expires as of: \_\_\_\_\_

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**





TANF

**LAC COURTE OREILLES TRIBE**  
**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

13394W Trepania Rd  
Hayward WI 54843  
PH 715-634-8934  
FAX 715-634-0014

**CLOTHING/SCHOOL SUPPLY FORM**

PRINT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

CHECK BOX FOR **SHORT TERM ASSISTANCE** REQUEST:

SHOP ONLINE:  WHEN? \_\_\_\_\_

REASON FOR REQUEST:  SCHOOL CLOTHING  
 SCHOOL SUPPLIES

SHOP IN PERSON:  WHEN? \_\_\_\_\_  
WHERE? \_\_\_\_\_

**BE SURE TO ATTACH ALL BACK UP DOCUMENTS TO JUSTIFY YOUR NEEDS.**

PARTICIPANT SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

PARTICIPANT SIGN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CIF #: \_\_\_\_\_

**CASE MANAGER**

CASE MANAGER SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS? \_\_\_\_\_  
\_\_\_\_\_

**ALL SERVICES MUST BE APPROVED OR DENIED BY TANF/WIOA/NEW DIRECTOR**

APPROVE:  SERVICE TYPE: BACK TO SCHOOL

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OR**

DENY:  REASON FOR DENIAL: \_\_\_\_\_  
\_\_\_\_\_

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_


 TANF  
  


**LAC COURTE OREILLES TRIBE**  
**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES**

13394W Trepania Rd  
 Hayward WI 54843  
 PH 715-634-8934  
 FAX 715-634-0014

**REQUEST FORM**

PRINT PARENT NAME: \_\_\_\_\_ CIF: \_\_\_\_\_ PHONE: \_\_\_\_\_

SERVICE TYPE: BACK TO SCHOOL CLOTHING DATE: \_\_\_\_\_

**\*\*BRING IN SCHOOL VERIFICATION\*\***

**PARENT IS RESPONSIBLE TO TURN IN ON LINE SHOPPING LIST.**

CIF↓	Child's Initials	Male or Female	Grade this Fall	What School	Clothing Item	Basic School Supplies
1						
2						
3						
4						
5						
6						

APPLICANT/CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**office use only**

CASE MANAGER NOTE & SIGN: \_\_\_\_\_  
 \_\_\_\_\_

PROGRAM DIRECTOR APPROVE : \_\_\_\_\_ DATE: \_\_\_\_\_