



Department for Children and Families
Economic Services Division
280 State Drive
Waterbury, VT 05671-1500
www.dcf.vermont.gov

[phone] 800-479-6151
[fax] 802-241-0514

Agency of Human Services

Out of State TANF Verification Request Form

To: _____ Date: _____

Address: _____

From Vermont Economic Services Representative: _____

To adhere to federal and state requirements of the TANF program, Vermont's Economic Services Division needs to know the **number of months of federally countable TANF assistance from October 1996 through the current month** that the adults listed below have received in your state. Please provide the same information on these applicants/recipients regarding receipt of TANF assistance from other states, if available. If you have any questions regarding this request, contact one of our agents at the telephone number listed above. If this request needs to be sent to someone else in your state, please forward to the proper contact.

➤ **Please fax this completed document to 802-241-0514 within 10 days. Thank you.**

Adult 1 name: _____ SSN last four digits: _____

Last known address in your state: _____

Received SNAP: Yes No If Yes, closing date: _____

Received Medicaid: Yes No If Yes, closing date: _____

Received TANF: Yes No If Yes, closing date: _____

Total Number of TANF Months: _____ Amount received in final month: _____

If you are aware of this individual receiving TANF assistance from any other state prior to residency in your state, please fill in the time periods below with **the federal countable months of TANF** received.

State: _____ From _____ / _____ To _____ / _____

State: _____ From _____ / _____ To _____ / _____

Adult 2 name: _____ SSN last four digits: _____

Last known address in your state: _____

Received SNAP: Yes No If Yes, closing date: _____

Received Medicaid: Yes No If Yes, closing date: _____

Received TANF: Yes No If Yes, closing date: _____

Total Number of TANF Months: _____ Amount received in final month: _____

If you are aware of this individual receiving TANF assistance from any other state prior to residency in your state, please fill in the time periods below with **the federal countable months of TANF** received.

State: _____ From _____ / _____ To _____ / _____

State: _____ From _____ / _____ To _____ / _____

Other information of interest to Vermont: _____

Printed name of respondent: _____ Date: _____

Telephone number: _____ Fax number: _____