



APPLICATION FOR: EMPOWERING MILITARY & VETERAN FAMILIES INITIATIVE
A TANF (Temporary Assistance for Needy Families) Grant Services Program

Return to: Indiana Department of Veterans Affairs
302 West Washington Street Room E120
Indianapolis, IN 46204-2738
Phone: 317-232-3910 Fax: 317-232-7721
Email: TANF@dva.in.gov

* This agency is requesting disclosure of your Social Security Number (SSN) in accordance with IC 4-1-8-1; disclosure is mandatory in order to process this form.

THIS APPLICATION MUST BE FILLED IN ELECTRONICALLY AND/ OR IN INK.

APPLICANT PERSONAL INFORMATION

First Name _____ **Middle Name** _____ **Last Name** _____

SSN ____ - ____ - ____ **Date of Birth** ___/___/___ (mm/dd/yyyy) **Marital Status** _____ **Race** _____

Gender _____ **No. of Dependent Children** _____ **Employment Status** _____ **Referred by:** _____

Current Military Status (if applicable): _____ **Combined Annual Household Income** _____

Address (number and street) _____

City _____ **State** _____ **ZIP Code** _____ **County** _____

Telephone (____) _____ - _____ **Email** _____

Reasons for needing assistance:

APPLICANT SIGNATURE _____ **Date** ___/___/___ (mm/dd/yyyy)

By signing this form you are verifying that the information you provided is true and accurate and you are able to provide proof of residency if requested. Knowingly falsifying information on this document or any document you submit with this application may be punishable under Indiana or federal law.

INSTRUCTIONS AND INFORMATION

Attach DD 214, dependent child(ren) birth certificate(s), marriage certificate and pay stubs for the last 30 days for all household members. If unemployed, you will be asked to sign a Release of Information from assigned case manager. Additional documentation may be requested. This form **must** be printed legibly and filled out manually, signed and sent back to the office via email, mail or fax. Failure to submit all required documentation within 30 days from initial contact will result in closing of your case. If case is closed, application can be resubmitted with the required documents needed to determine eligibility.

FOR IDVA USE – DO NOT ENTER ANY INFORMATION IN THE BOX BELOW

APPLICANT IS ELIGIBLE

- Marriage/Family Counseling
- Marriage/Family Retreats
- Counseling/Tutoring

- Parenting Workshops
- Vocational Training/GED
- Employment

APPLICANT IS NOT ELIGIBLE

- Alternative Therapy/Special Needs Therapy
- Self Development Training
- Child Care

NOTES:

IDVA SIGNATURE _____ **DATE** ___/___/___ mm/dd/yyyy