

**VERIFICATION OF AID FOR THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM**

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The individual named below received assistance provided by Temporary Assistance for Needy Families (TANF) funds through the California Work Opportunity and Responsibility to Kids (CalWORKs) Program.

CASE NAME:		CASE NUMBER:
RECIPIENT'S NAME:	RECIPIENT'S SOCIAL SECURITY NUMBER:	DOB:

COUNTY:	
WORKER NAME:	TELEPHONE NUMBER:
ADDRESS:	

\_\_\_\_\_ received assistance provided by TANF from \_\_\_\_\_ to \_\_\_\_\_.  
 (*Recipient's Name*)  
 from \_\_\_\_\_ to \_\_\_\_\_.  
 from \_\_\_\_\_ to \_\_\_\_\_.

As of \_\_\_\_\_, the total number of months of TANF assistance received in the state of California is \_\_\_\_\_ months.

- The individual was not exempt from the TANF 60-month time limit at anytime.
- The following \_\_\_\_\_ months were exempt from the TANF 60-month time limit and have been excluded from the number of months stated above.

Year \_\_\_\_\_ Months \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 Year \_\_\_\_\_ Months \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

The above information has been verified by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

If you have any questions or need additional information regarding this notice, please contact the following person(s):

PROGRAM CONTACT(S):	
ADDRESS:	TELEPHONE: ( )