



**Request for Assistance for Additional Family Member**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ Caseload Number: \_\_\_\_\_

In order for the person added to your case to receive all the assistance they may be entitled to, the questions on the front and back of this form must be completed. Give or mail the completed form to your caseworker as soon as possible.

**I request that the person(s) named below be added to my assistance case.**

First Person to be added	Second Person to be added	Third Person to be added
First	First	First
Middle	Middle	Middle
Last	Last	Last
Sex <input type="radio"/> Male <input type="radio"/> Female	Sex <input type="radio"/> Male <input type="radio"/> Female	Sex <input type="radio"/> Male <input type="radio"/> Female
SSN	SSN	SSN
Birth Date	Birth Date	Birth Date
Birth Place (City and State)	Birth Place (City and State)	Birth Place (City and State)
Date came to Illinois to live	Date came to Illinois to live	Date came to Illinois to live
State lived in before Illinois	State lived in before Illinois	State lived in before Illinois
U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No
If the person(s) is not a U.S. Citizen, enter their Alien (A)-number	If the person(s) is not a U.S. Citizen, enter their Alien (A)-number	If the person(s) is not a U.S. Citizen, enter their Alien (A)-number
First name of child's father	First name of child's father	First name of child's father
Last name of child's father	Last name of child's father	Last name of child's father
First name of child's mother	First name of child's mother	First name of child's mother
Last name of child's mother	Last name of child's mother	Last name of child's mother
My relationship to the above named person(s) is	My relationship to the above named person(s) is	My relationship to the above named person(s) is
Did this person(s) receive any kind of Public Assistance during the past 2 years? <input type="radio"/> Yes <input type="radio"/> No	Did this person(s) receive any kind of Public Assistance during the past 2 years? <input type="radio"/> Yes <input type="radio"/> No	Did this person(s) receive any kind of Public Assistance during the past 2 years? <input type="radio"/> Yes <input type="radio"/> No

If you are requesting cash assistance for your spouse (not a parent or child), do you want to include this person in your TANF case as a optional person?  Yes  No



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The following questions apply only to the person(s) added to the assistance unit.

First Person to be added	Second Person to be added	Third Person to be added
First Name	First Name	First Name
Present monthly income amount \$	Present monthly income amount \$	Present monthly income amount \$
Source of Income	Source of Income	Source of Income
Cash on hand? <input type="radio"/> Yes <input type="radio"/> No	Cash on hand? <input type="radio"/> Yes <input type="radio"/> No	Cash on hand? <input type="radio"/> Yes <input type="radio"/> No
If yes, indicate amount \$	If yes, indicate amount \$	If yes, indicate amount \$
Bank Accounts <input type="radio"/> Yes <input type="radio"/> No	Bank Accounts <input type="radio"/> Yes <input type="radio"/> No	Bank Accounts <input type="radio"/> Yes <input type="radio"/> No
If yes, indicate amount \$	If yes, indicate amount \$	If yes, indicate amount \$
Stocks/Bonds <input type="radio"/> Yes <input type="radio"/> No	Stocks/Bonds <input type="radio"/> Yes <input type="radio"/> No	Stocks/Bonds <input type="radio"/> Yes <input type="radio"/> No
If yes, indicate amount \$	If yes, indicate amount \$	If yes, indicate amount \$
Do they have Life Insurance? <input type="radio"/> Yes <input type="radio"/> No	Do they have Life Insurance? <input type="radio"/> Yes <input type="radio"/> No	Do they have Life Insurance? <input type="radio"/> Yes <input type="radio"/> No
Company	Company	Company
Policy Number	Policy Number	Policy Number
Face Value \$	Face Value \$	Face Value \$
Cash Value \$	Cash Value \$	Cash Value \$
Other Assets? <input type="radio"/> Yes <input type="radio"/> No	Other Assets? <input type="radio"/> Yes <input type="radio"/> No	Other Assets? <input type="radio"/> Yes <input type="radio"/> No
If yes, indicate type	If yes, indicate type	If yes, indicate type
Amount \$	Amount \$	Amount \$
Does this person have any medical or hospital insurance? <input type="radio"/> Yes <input type="radio"/> No *Caseworker: Complete DPA 1442 if answered "Yes"	Does this person have any medical or hospital insurance? <input type="radio"/> Yes <input type="radio"/> No *Caseworker: Complete DPA 1442 if answered "Yes"	Does this person have any medical or hospital insurance? <input type="radio"/> Yes <input type="radio"/> No *Caseworker: Complete DPA 1442 if answered "Yes"
What is the last grade completed in school?	What is the last grade completed in school?	What is the last grade completed in school?
Marital status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Married/Separated	Marital status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Married/Separated	Marital status <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Married/Separated



**Request for Assistance for Additional Family Member**

First Person to be added	Second Person to be added	Third Person to be added
Is the person a spouse or parent of child of a U.S. Veteran? <input type="radio"/> Yes <input type="radio"/> No	Is the person a spouse or parent of child of a U.S. Veteran? <input type="radio"/> Yes <input type="radio"/> No	Is the person a spouse or parent of child of a U.S. Veteran? <input type="radio"/> Yes <input type="radio"/> No
If requesting Cash, has the person been convicted of a Felony involving drugs? <input type="radio"/> Yes <input type="radio"/> No	If requesting Cash, has the person been convicted of a Felony involving drugs? <input type="radio"/> Yes <input type="radio"/> No	If requesting Cash, has the person been convicted of a Felony involving drugs? <input type="radio"/> Yes <input type="radio"/> No
Does this person plan to file a federal tax return NEXT YEAR? If yes, answer questions 1-3. <input type="radio"/> Yes <input type="radio"/> No	Does this person plan to file a federal tax return NEXT YEAR? If yes, answer questions 1-3. <input type="radio"/> Yes <input type="radio"/> No	Does this person plan to file a federal tax return NEXT YEAR? If yes, answer questions 1-3. <input type="radio"/> Yes <input type="radio"/> No
1. Will this person file jointly with a spouse? If yes, name of spouse: <input type="radio"/> Yes <input type="radio"/> No _____	1. Will this person file jointly with a spouse? If yes, name of spouse: <input type="radio"/> Yes <input type="radio"/> No _____	1. Will this person file jointly with a spouse? If yes, name of spouse: <input type="radio"/> Yes <input type="radio"/> No _____
2. Does this person have any dependents? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____	2. Does this person have any dependents? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____	2. Does this person have any dependents? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____
3. Is this person claimed as a dependent on someone else's tax return? If yes, list the name of the tax filer: <input type="radio"/> Yes <input type="radio"/> No _____ How is this person related to the tax filer? _____	3. Is this person claimed as a dependent on someone else's tax return? If yes, list the name of the tax filer: <input type="radio"/> Yes <input type="radio"/> No _____ How is this person related to the tax filer? _____	3. Is this person claimed as a dependent on someone else's tax return? If yes, list the name of the tax filer: <input type="radio"/> Yes <input type="radio"/> No _____ How is this person related to the tax filer? _____

Name of Veteran \_\_\_\_\_

I declare, under penalty of perjury, that the statements I have made regarding the citizenship or alien status of each person requesting assistance are true and correct.

I understand that the alien status of each person requesting assistance who is not a citizen of the United States will be verified with the **United State Citizenship and Immigration Services (USCIS)**. This will require the disclosure to USCIS of certain identifying information which I have provided. The information received from USCIS may affect eligibility for assistance and the benefit level.

Signed (Grantee): \_\_\_\_\_

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

Signed (Grantee): \_\_\_\_\_

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