

TANF/SSI
INTERAGENCY REQUEST

DATE

FROM:	TO:
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PART I: IDENTIFYING INFORMATION

SSI CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	TANF CASE NUMBER
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ADDRESS

PART II: GRANT INFORMATION FOR GRANTS PARTIALLY FUNDED WITH FEDERAL MONIES

YES	NO	1. Has the claimant been included as a member of a TANF grant at any time since _____? YES- Continue. MO/YR NO- Sign and date at the end of this section and forward to specified Social Security Office.
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\$	2. Since _____, what is the monthly amount of the TANF grant with the claimant? MO/YR
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\$	3. Since _____, what would be the monthly amount of the TANF grant without the claimant? MO/YR
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4. Have there been any changes in the TANF grant since _____ YES NO
MO/YR
 If YES – Continue, if NO – Sign and date at the end of this section and forward to specified Social Security Office.

MONTH/YR OF CHANGE	NUMBER OF PERSONS ON TANF GRANT	TANF GRANT AMOUNT	TANF GRANT AMOUNT IF SSI CLAIMANT IS REMOVED

AUTHORIZED SIGNATURE x	TITLE	DATE
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PART III: PAYMENT STATUS (Completed by Social Security Administration)

DATE OF FIRST CHECK	1. The above named individual has been approved for SSI. The first check will be paid on the date indicated. Please take necessary action to terminate his/her TANF entitlement.
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AUTHORIZED SIGNATURE x	TITLE	DATE
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PART IV: TANF TERMINATION (Completed by County Welfare Office)

EFFECTIVE DATE	1. The above named individual has been terminated from the TANF program on the date indicated.
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AUTHORIZED SIGNATURE x	TITLE	DATE
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