north dakota department of human services

TANF REQUEST FOR BENEFITS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DIVISION OF PUBLIC ASSISTANCE
SFN 719 (11-2007)

Clear Fields

Agency Use Only

Case Number	Date Requested
Date Received	Date Interviewed
Individual Interviewed	

This request may be completed by you or your legal guardian. You have the right to file this request for TANF benefits immediately as long as it contains your name, address, and signature. If you need help completing this request, assistance will be provided to you.

If you are eligible for TANF, benefits may begin no earlier than the date this completed form is received at the county social service office.

Individual Requesting TANF Benefits

Name (First, Middle Initial, Last Name)		
Address Where You Live		
City	State	Zip Code
Mailing Address (if different)		
Home Telephone Number	Work or Message Telephone Number	Cell Phone Number
Directions to Home (if rural)		

Tell Us About the People in Your Home

Check the boxes below for all the people who live in your home, including members temporarily out of your home (working away from home, attending school or boarding school, in the military):

☐ Yourself ☐ Your husband or wife ☐ Your children ☐ Other adults or children living in your home

For each person checked, please complete the information below. These people make up your household.
If you need additional space, continue on a separate sheet of paper.

Household Members (Enter Legal Name) First Name, Middle Initial, Last Name	Relation To You	Social Security Number	Date of Birth	Age	Sex	Last Grade Com-pleted	U.S. Citizen (Yes or No)	Hispanic or Latino (Yes or No)	Race (Use Codes Below)	Marital Status (Use Codes Below)
	SELF									

Race Codes: AI-American Indian/Alaska Native; AP-Asian; BL-Black/African American; HP-Native Hawaiian/ Pacific Island; WH-White

Marital Status Codes: DI-Divorced; MA-Married; NM-Never Married; SE-Separated; WI-Widowed

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Authorization to Release Information

I authorize any person having custody or knowledge of the information relating to me or other household members to disclose any requested information, including confidential information other than protected health information, to any authorized agent of the North Dakota Department of Human Services. This authorization will remain valid until canceled in writing or until TANF case closure. A copy of this authorization is as valid as the original.

Sign and Date Here

Signature	Date
Other Signature (Guardian)	Date