

TANF Services and One –Time Payment Incidental Request/Approval Form

Shall be submitted for any proposed expense along with documentation and justification for the expense.

All costs shall be consistent with the requirements of the Contract, the State of Florida Reference Guide for State Expenditures, and applicable Florida statutes, rules, and regulations.

Case Manager/Requestor: _____ Request Date: _____

Facility/Program: _____

Section A: Request for Service Funding Authorization

1. Recipient's Name: _____
2. SS #: _____
3. DOB: _____
4. Annual Income: _____
5. Description of Goods/Services requested: _____

6. General reason for request/benefit to participant:

7. Alternatives explored:

8. Funding amount requested: \$ _____
9. Client was asked and acknowledges they have not previously been recipients of services funded by TANF onetime payment/contingency _____

Requestor Signature/Date

Supervisor Signature

Section B: Action Taken: _____ Approved _____ Not approved

Reason for Disapproval: _____

Reviewed by: _____ Date _____