

### Verification of TANF Eligibility

Case Name	Address	App. or Case No.
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Name of Child as Shown on Document		Relationship to Payee	Sex	Date of Birth	Race
Name of Child on Form H1010-B		City and State of Birth			
Document Reviewed <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Evaluative Conclusion (see p.2)				Does payee have doc. in his possession? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Name as Shown on Document		Age	City and State of Birth		
Father's Name as Shown on Document		Age	City and State of Birth		
Name of Hospital or Church			File or Certificate No.	Page	Volume
City	County	State	Signature-Worker		Date Signed

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Mother's Name as Shown on Document		Age	City and State of Birth		
Father's Name as Shown on Document		Age	City and State of Birth		
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City	County	State	Signature-Worker		Date Signed

**Comments, Evaluative Conclusions, and Charts of Relationship**

If no proof of age is available, or if the child lives with relatives other than parent(s) and relationship cannot be verified, record details below using additional page(s) if necessary. It may be necessary to use charts to clarify relationship. If age and relationship of the child are determined by an evaluative conclusion, the supervisor must sign the form to indicate concurrence.

_____ Signature-Worker	_____ Date
_____ Signature-Supervisor	_____ Date