



Request for Assistance for Additional Family Member

1 (Permanent)

Case Name (Last, First): _____

Case Number: _____

Address: _____ City: _____ State: _____ County: _____ Zip Code: _____

690d3010-2b44-4bca-b2a3-d6d76a1be39c

Caseload Number: _____

In order for the person added to your case to receive all the assistance they may be entitled to, the questions on all pages 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:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Gender: <input type="radio"/> Male <input type="radio"/> Female	Gender: <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 live in Illinois:	Date came to live in Illinois:	Date came to live in Illinois:
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 is not a U.S. Citizen, enter their Alien (A)-number:	If the person is not a U.S. Citizen, enter their Alien (A)-number:	If the person 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:

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 an optional person?
 Yes No



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

Case Number: _____

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First Person to be Added	Second Person to be Added	Third Person to be Added
First Name:	First Name:	First Name
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
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? (if yes, see below) <input type="radio"/> Yes* <input type="radio"/> No	Does this person have any medical or hospital insurance? (if yes, see below) <input type="radio"/> Yes* <input type="radio"/> No	Does this person have any medical or hospital insurance? (if yes, see below) <input type="radio"/> Yes* <input type="radio"/> No

* Caseworker: Complete DPA 1442 if answered "Yes".



Case Name (Last, First): _____

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First Person to be Added	Second Person to be Added	Third Person to be Added
First Name: _____	First Name: _____	First Name _____
What is the highest grade completed in school? _____	What is the highest grade completed in school? _____	What is the highest 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"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Married/Separated
Is the person a spouse or parent or child of a U.S. Veteran? <input type="radio"/> Yes <input type="radio"/> No	Is the person a spouse or parent or child of a U.S. Veteran? <input type="radio"/> Yes <input type="radio"/> No	Is the person a spouse or parent or 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& 2. <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& 2. <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&2. <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. Will this person claim any dependents for this tax year? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____	2. Will this person claim any dependents for this tax year? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____	2. Will this person claim any dependents for this tax year? If yes, list names of dependents: <input type="radio"/> Yes <input type="radio"/> No _____ _____ _____
Will this person be claimed as a dependent on someone else's tax return? <input type="radio"/> Yes <input type="radio"/> No If yes, list the name of the tax filer: _____	Will this person be claimed as a dependent on someone else's tax return? <input type="radio"/> Yes <input type="radio"/> No If yes, list the name of the tax filer: _____	Will this person be claimed as a dependent on someone else's tax return? <input type="radio"/> Yes <input type="radio"/> No If yes, list the name of the tax filer: _____
How is this person related to the tax filer? _____	How is this person related to the tax filer? _____	How is this person related to the tax filer? _____



Case Name (Last, First): _____

Case Number: _____

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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.

If the Illinois Department of Healthcare and Family Services pays medical bills for me, I give my right to collect medical support payments to the State of Illinois.

Signed (Grantee): _____

Date: _____

Signed (Grantee): _____

Date: _____

