

APPLICATION FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number
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Mailing address:

Physical address where you live or directions to reach your home:

Phone number(s) where you can be reached:	Email address:
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Are you applying for TANF for your own children? Yes No

Check the type of assistance you have ever requested or received: TANF SNAP MED Other

When did you receive or request assistance? _____ Where? _____

Month/Year	City	County	State
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What name did you use? _____

First	Middle	Last
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Would you like to Register to Vote?

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Yes No **If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.
 (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes. If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537.

PLEASE READ CAREFULLY BEFORE SIGNING

Assignment of Child Support Rights – I understand that when I sign this application for TANF benefits my legal right to child support and alimony for all persons included on my application is transferred to the State of South Dakota. The State will have the right to all unpaid, present, and continuing support for persons receiving TANF benefits. The support payments will be used to pay the State of South Dakota back for any TANF benefits given.

I understand that any false statements or false information made in support of this application for benefits will constitute a violation of law.

I agree that I will give the South Dakota Department of Social Services all information needed to review my application for assistance and that this information will be true and correct.

By checking this box, I acknowledge that this constitutes an electronic signature pursuant to state and federal law, and that all the information provided in this document is true and correct to the best of my knowledge.

Customer Signature _____	Date _____
Signature of Spouse or Other Parent _____	Date _____

FOR AGENCY USE ONLY

Receipt Date	Signature of Department Representative	Case Number
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NOTICE TO APPLICANT

If your application for assistance is not acted upon within thirty days from the date you make application, you have a right to request a fair hearing.

In addition, if you disagree with any decision about your application, you have a right to request a fair hearing within thirty (30) days from the date of written notice of action. A fair hearing is an informal review before a representative of the department who has not been involved in the decision. A request for hearing must be made in writing and sent to the Department of Social Services, Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501 at (605)773-6873.

You are also informed that at the fair hearing you may present your case yourself or with the assistance of others, including legal counsel. The cost of legal counsel will NOT, however, be the responsibility of the Department of Social Services.

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre, SD 57501, 605-773-3305.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).