

Department of Public Health  
and Human Services

Section:  
CASE MANAGEMENT

TANF CASH ASSISTANCE

Subject:  
Forms

**Supersedes:** TANF 1600 (01/01/09)

**Introduction:** Listed below are forms and or pamphlets that are currently used in the TANF cash assistance program as well as their revision date. The forms that are italicized and shaded are used by the WoRC Case Manager either solely or in conjunction with the Social Service Specialist. All other forms are used by the Social Service Specialist.

FORM #	REVISION DATE	TITLE
NA		Child Care Pamphlets--Child Care Health and Safety Checklist; Best Beginnings Child Care Scholarships; How Does Your Child Care Stack Up?; Star Quality Child Care; Montana Child Care
▶ HCS-005	07/09	Pamphlet: Fair Hearings
HCS-009	08/03	Tips for Finding the Right Job
▶ HCS-020	04/08	Emergency Assistance Request
<i>HCS-051</i>	<i>04/05</i>	<i>WoRC Referral to Child Care R &amp; R</i>
▶ HCS-052	06/09 Online form	Referral: Working Caretaker Relative Child Care Program
HCS-100	04/05	Out of State TANF Verification Request
▶ HCS-101	06/08	Authorization to Release Information
▶ HCS-102	07/09	One Time Only Authorization to Release Information
HCS-103	08/00	Inter-Agency Authorization to Release Information
HCS-173	07/07	TANF and Family Violence Option--Desk Guide
HCS-174	12/05	Universal Notification of TANF Family Violence Option
HCS-175	01/08	Application for Extension of TANF Cash Assistance
HCS-176	01/08	Illness/Incapacity Determination for Extended TANF Cash
HCS-177	01/08	TANF Cash Assistance Extended Benefits Referral
HCS-178	06/08	TANF Cash Assistance Extension Notification/Application
HCS-179	04/02	Direct Bank Deposit Authorization Form
▶ HCS-180	07/09	TANF Payment Method
HCS-181	12/07	TANF Extended Benefits Re-evaluation
HCS-183	01/09	Request to Offset TANF Debt with EBT Balance
HCS-185	11/08	TANF Information and Referral Services Brochure
HCS-200	04/07	Retroactive Time Clock Adjustment Request
<i>HCS-205</i>	<i>12/08</i>	<i>Request for Needed In The Home</i>
<i>HCS-206</i>	<i>12/08</i>	<i>Request for Mental Health &amp; Cognitive Impairment Information</i>
<i>HCS-207</i>	<i>12/08</i>	<i>Request for Work Activity Capabilities</i>

FORM #	REVISION DATE	TITLE
HCS-208	12/03	Request for Medical Evaluation
HCS-209	07/08	Request for Health/Employability Evaluation for Extended Benefits Cash Assistance
▶ HCS-220	06/08	Rights and Responsibilities Checklist
▶ HCS-242	01/08	Report of Employment Income
▶ HCS-249	06/08	TANF Reapplication Addendum
▶ HCS-250	06/09	Application for Assistance
▶ HCS-260 A	01/09	TANF/Medicaid Change Report Form
▶ HCS-261 A	06/08	TANF/Medicaid Adding a New Household Member
▶ HCS-272	02/09	Redetermination Form
▶ HCS-318	10/08	Refugee Cash Assistance Budget Computation Worksheet
HCS-323	09/05	TANF Cash Assistance Budget Computation Worksheet
<i>HCS-326</i>	<i>04/08</i>	<i>Domestic Violence Screening Questionnaire</i>
▶ HCS/CS-332	07/09	Child Support Enforcement Referral
▶ HCS-333	07/08	Right to Claim Good Cause for Refusal to Cooperate with Child Support Enforcement
FA-400	02/97	Emergency Medical Claim
▶ HCS-449	01/08	Health Insurance Premium Payment Referral (QAD)
FA-475	12/99	Contract Deed: Offer/Refusal/Value Estimate
HCS-525	06/07	Public Assistance Civil Rights Complaint Form
▶ HCS-542	07/09	Self-Employment Record
HCS-551	02/02	Action Taken On Your Administrative Disqualification Waiver/Hearing or by a Court of Law
HCS-552	06/05	Request and Verification to Remove Disqualification for Benefits
HCS-556	10/00	Advance Notice of Your Administrative Disqualification Hearing
HCS-559	01/03	Waiver of Right to Disqualification Hearing
HCS-562	02/04	OPA Program Payments (Cash Management Form)
HCS-575	01/00	Motor Vehicle Insurance Assignment & Authorization
<i>HCS-710</i>	<i>10/06</i>	<i>TANF Participation Information</i>
<i>HCS-711</i>	<i>10/06</i>	<i>New Parent Exclusion Form</i>
<i>HCS-726</i>	<i>06/03</i>	<i>WEX Site Training Plan</i>
<i>HCS-727</i>	<i>01/00</i>	<i>Non-Displacement Documentation Form</i>
HCS-730	12/02	How Can I Help You?
<i>HCS-750A</i>	<i>On-line form</i>	<i>Employment and Training Assessment Summary</i>
HCS-753	07/07	Information Exchange Form
<i>HCS-755</i>	<i>10/06</i>	<i>Employment and Training Participant-Agency Agreement</i>
HCS-761	07/07	Supportive Service Request
<i>HCS-766</i>	<i>10/06</i>	<i>Sanction Recommendation</i>
<i>HCS-776</i>	<i>03/00</i>	<i>Work Experience Site Agreement</i>
HCS-778	10/06	Request to Participate
<i>HCS-781</i>	<i>07/07</i>	<i>Family Investment Agreement/WoRC Employability Plan</i>
HCS-782	08/04	Medicaid Services Essential for Employment
HCS-783	08/05	Sanction Housing Notification

<b>FORM #</b>	<b>REVISION DATE</b>	<b>TITLE</b>
HCS-791	05/06	Teen Parent Living Arrangement Checklist
HCS-792	12/04	Emergency Assistance Voucher