

# TANF/FS Self-Certification Form

Parent/Caretaker:	Family Size:	PELICAN ID#:	Date:
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Address: \_\_\_\_\_

PLEASE LIST ALL FAMILY MEMBERS BELOW			Immunization Status	
Last Name	First Name	DOB	Yes	No
				Medical    Religious
PARENT 1:			NOT APPLICABLE	
PARENT 2:				
CHILD 1				
CHILD 2				
CHILD 3				
CHILD 4				

### Face-to-Face Meeting Time Frame Extension Based Upon P/C's Statement of Hardship

You must complete a face-to-face meeting on or before \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Are you requesting an extended time period to come to a face-to-face meeting?  Yes     No

Reason for extension: _____	<b>TO BE COMPLETED BY THE ELRC</b>
	Extended to:_____ Face-to-face date:_____ Date of Parent Contact:_____

### Need for Care:

Monday from _____ AM/PM to _____ AM/PM	Friday from _____ AM/PM to _____ AM/PM	<b>TO BE COMPLETED BY THE ELRC</b>
Tuesday from _____ AM/PM to _____ AM/PM	Saturday from _____ AM/PM to _____ AM/PM	
Wednesday from _____ AM/PM to _____ AM/PM	Sunday from _____ AM/PM to _____ AM/PM	
Thursday from _____ AM/PM to _____ AM/PM		
		TOTAL # OF HOURS NEEDED: _____
		TOTAL # OF HOURS ON AMR/EDP: _____

If you have a school-age child, does your child need care year-round?  Yes     No

Names of Children Needing Care: \_\_\_\_\_

Name, Address and Telephone Number of Provider(s): \_\_\_\_\_

**I have read this statement or have had this statement read to me** in full and that all information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that my statement is made subject to 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and I can be penalized by fine, imprisonment or subsidized child care ineligibility for making any false statements that may affect my eligibility status. I understand that if I receive subsidized child care for which I was not eligible, I will be required to pay back the cost of child care I received in error.

X _____	_____	_____/_____/_____
<b>Parent/Caretaker Signature</b>	<b>ELRC Staff Signature</b>	<b>Date</b>