

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				

Personal Interview Meeting Time Frame Extension Based Upon P/C's Statement of Hardship

You must complete a Personal Interview on or before ____/____/____
 Are you requesting extended time to come to a Personal Interview meeting? Yes No

Reason for extension: _____	TO BE COMPLETED BY THE ELRC
	Extended to: _____ Personal Interview date: _____ Date of Parent Contact: _____

Need for Care:

Monday from _____ AM/PM to _____ AM/PM	Friday from _____ AM/PM to _____ AM/PM	TO BE COMPLETED BY THE ELRC TOTAL # OF HOURS NEEDED: _____ TOTAL # OF HOURS ON AMR/EDP: _____
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		

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 _____ _____ _____/_____/_____
 Parent/Caretaker Signature ELRC Staff Signature Date