**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Family and Economic Security

**Wisconsin TANF Months Verification**

**Use of form:** If you are an out of state agency and would like to verify the number of Federal TANF months a person has received in this state, you must complete this form and fax it to (608) 327-6125. Complete the top section of the form only. This form may be completed on-line prior to printing. We will respond to your request within two working days after receipt. If there are multiple adults in the household, please include their information as well. Information for minor children is not required. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The information requested in this section is required with the exception of providing your clients social security number, which is voluntary. Please be aware that any information not provided may result in the delay of processing this request.

|  |  |
| --- | --- |
| Name – Requestor | Title |
| Name – Requestor Agency | |
| Telephone Number | Fax Number |

Enter the following information for each **adult member** of the household you wish to verify.

|  |  |  |
| --- | --- | --- |
| Name | Birthdate (mm/dd/yyyy) | Social Security Number |
| Name | Birthdate (mm/dd/yyyy) | Social Security Number |
| Name | Birthdate (mm/dd/yyyy) | Social Security Number |
| Name | Birthdate (mm/dd/yyyy) | Social Security Number |

**TO BE COMPLETED BY WISCONSIN DCF STAFF ONLY**

TANF Verification for:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
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|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec |

Yes  No Is this case closed in Wisconsin?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name – Person Completing Form: | |  | |  |
| Date Form Completed: |  | |  | |

If you have questions please send them via email to: [DCFW2TANFVerify@wisconsin.gov](mailto:DCFW2TANFVerify@wisconsin.gov)

DCF-F-2584-E (R. 03/2015)