

Completed by Student and Campus Staff to
determine eligibility for TANF funded services

PROGRAM ELIGIBILITY CHECKLIST

Section I: Student Identifying Information (completed by the student)

Name:	Address:	City:
SSN:	Date of Birth:	Phone:

Section II: TANF Eligibility (completed by the student)

Step 1: The student applying for services is:

- A parent of a minor child that is an Ohio resident. Minor child is defined as: Has not attained 18 years of age; OR Has not attained 19 years of age and is a full-time student in a secondary school or in the equivalent level of vocational or technical training (self-declaration)
- A legal guardian or specified relative of a minor child that is an Ohio resident (must verify relationship-legal documentation required)
- A woman who is pregnant (self-declaration)
- A non-custodial parent of a minor child that is an Ohio resident (must verify relationship and child support requirement-legal documentation required)

Step 2: Meets the low income requirement by their FAFSA calculating an Expected Family Contribution of \$ 0.00 ZERO (verification may be requested)

Step 3: A U.S. Citizen, an Ohio Resident (per Regents requirements) and not serving a term of imprisonment

Section III : TEAP Program Requirement (completed by the Campus)

Step 4: Has successfully completed 15 credit hours of college level work (must be verified and/or accepted as transferred in by the participating campus)

Section IV: Eligibility Verification

I certify that the information, provided on this form, is true and correct to the best of my knowledge. If the information changes, I will immediately notify the campus financial aid office of the new information.
I have received a copy of the Student Agreement and have accepted the responsibilities detailed in the agreement.
I understand that by receiving an Educational Incentive Payment, any future financial aid amounts and/or TANF eligible services may be affected.

Signature of Student

Date Signed

OPTIONAL: Please check if you are currently receiving any of these benefits :

- FOOD STAMPS CASH ASSISTANCE (TANF) UNEMPLOYMENT SSI DISABILITY DISLOCATED WORKER
- OTHER (please list) _____

Campus Office Use Only

Student Data: Beginning number of Credit Hours Completed _____ (15 hrs min); Current level of GPA _____

Based on the information provided, the student is: ELIGIBLE **OR** NOT ELIGIBLE for the TANF-funded TEAP program

Name of Campus Financial Aid staff (Please print): _____

Signature of Campus Staff

Date Signed