Welfare to Work Program

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number
	DOE, SR., JOHN TRAVIS	

Specific Instructions:

The categories below are designed to identify whether or not you are receiving assistance under the Temporary Assistance to Needy Families Program. Place an "X" in the box next to the appropriate category.

Category (Mark ONE only)	**DEFINITION OF CATEGORY**
A ☐	I am an adult, or teen parent under age 19, receiving assistance under: a) The Temporary Assistance for Needy Families (TANF) program administered by a State under the Federal block grant; **OR** b) Aid to Families with Dependent Children (AFDC); **OR** c) Tribal Temporary Assistance for Needy Families program administered by an eligible Indian tribe.
B ☐	I am not currently receiving this type of assistance.

Privacy Act Statement

Furnishing this information is voluntary. Solicitation of this information is authorized by President Clinton's Memorandum of March 8, 1997 entitled "Government Employment for Welfare Recipients." This information will be used for workforce analysis and for monitoring agencies' compliance with the President's Memorandum. This information may also be used for statistical reports. It will not be used to make any personnel decisions about individuals.

Executive Order 9397 (November 22, 1943) authorizes use of your Social Security Number (SSN). That Order requires agencies to use the SSN for the orderly administration of personnel records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you.

FORM COMPLETED