

Non-Cash Benefits [Head of Household & Adults over 18] ***PROOF NEEDED***

Have you received non-cash benefits from any source in the last 30 days?

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused

[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of Income
<input type="checkbox"/>	<input type="checkbox"/>	Section 8, Public Housing, or other rental assistance
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<input type="checkbox"/>	<input type="checkbox"/>	TANF Child Care services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	TANF transportation services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services (or use local name)
<input type="checkbox"/>	<input type="checkbox"/>	Temporary rental assistance. If yes, specify source: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other source: _____

Health Insurance [All Clients] ***PROOF NEEDED***

Covered by health Insurance

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused

[IF YES] Answer 'Yes' or 'No' for each health insurance source. (Answer 'No' for benefits that have been terminated, even if they were received in the past.)

No	Yes	Source of Income
<input type="checkbox"/>	<input type="checkbox"/>	Employer-Provided Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Health insurance obtained through COBRA
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid (TN-CARE)
<input type="checkbox"/>	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	<input type="checkbox"/>	State Children's Health Insurance Program (Cover Kids)
<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration (VA) Medical Services