



WORCESTER COMMUNITY ACTION COUNCIL, INC.
The Antipoverty Agency for Central Massachusetts
 484 Main Street, 2nd Floor ♦ Worcester ♦ Massachusetts ♦ 01608-1810
 Telephone: 508.754.1176 ♦ Fax: 508.754.0203 ♦ Website: www.wcac.net

Name: _____ Application #: _____

DEPARTMENT OF TRANSITIONAL ASSISTANCE GRANT VERIFICATION

I, _____, authorize the Department of Transitional Assistance to release the following information to the **WCAC**.

Signature: _____

Social Security number: _____

Street: _____

City/Town: _____ Zip Code: _____

FOR D.T.A. USE ONLY

1.) **Recipient has received TANF / EAEDC since:** ____/____/____.

1. Please **circle** the number of people included in the grant, and the benefit amount.

GRANT SIZE	TANF		EAEDC
	Exempt/ Non-Exempt	Sub. & Exempt/Sub. & Non-Exempt	
1	428 / 418	388 / 378	303.70
2	531 / 518	491 / 478	395.10
3	633 / 618	593 / 578	486.70
4	731 / 713	691 / 673	578.30
5	832 / 812	792 / 772	669.90
6	936 / 912	896 / 872	761.50
7	1037 / 1011	997 / 971	853.10
8	1137 / 1107	1097 / 1067	944.70

If not listed above, list: # of people on grant: _____ Grant amount: \$ _____

2. If the recipient is not receiving a standard grant for the household size, please check one of the following and enter amount or explanation.

_____ Protective Payment: \$ _____

_____ Recoupment: \$ _____

_____ Income in household. Source(s): _____

_____ Other. Explanation: _____

3. If this person is not a current recipient, please give the last grant amount and the end date of the benefits.

Grant Amount: \$ _____ End Date: ____/____/____

Signature of D. T. A. Representative

____/____/____
Date