

# TANF FEDERAL TIME CLOCK VERIFICATION REQUEST

(TO BE COMPLETED BY REQUESTING AGENCY)

Name and Address of Requesting Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Person Requesting Information: \_\_\_\_\_ / \_\_\_\_\_  
Name Title

Date of Request: \_\_\_\_\_

Participant/Applicant Name: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

XXX-XX-\_\_\_\_\_  
Last four digits of SSN

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**TO BE COMPLETED BY THE RESPONDING AGENCY. ONCE COMPLETED RETURN FORM TO THE REQUESTING AGENCY**

Name and Address of Responding Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Case Payee Name: \_\_\_\_\_

Case ID Number: \_\_\_\_\_

Case Status: \_\_\_\_\_ Active \_\_\_\_\_ Closed \_\_\_\_\_ No Record

Termination Date: \_\_\_\_\_ Termination Reason: \_\_\_\_\_

Number of Months on Federal Time Clock: \_\_\_\_\_

List all Individuals included on the case below

Name	Relationship to Payee

Form completed by: \_\_\_\_\_  
Print Name/ Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

*The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, age or political beliefs in the admission, treatment, or participation in its programs, services and activities, or in employment.*