



# Welfare Peer Technical Assistance Network

Sponsored by the Administration for Children and Families

## EMERGING INNOVATIVE PROGRAM FORM

The information you provide here will facilitate the creation of peer-to-peer matches between and among states by sharing innovative programs that you are implementing or that you know have been successful in helping TANF clients achieve self-sufficiency. Please provide a brief description of the program you are nominating as an emerging innovation by completing this form and mailing or faxing it to the address at the bottom of this form.

**Thank you in advance for your participation.**

### I. Contact Information

Please complete this section so that the Welfare Peer TA Network can contact you if more information is needed. (Items with an asterisk (\*) are required). Note that this information will automatically be listed on the Web site so that your peers can contact you for more information about your program. However, if you do not wish to have any, or select, contact information on the Web site please check the appropriate box.

	<b>Do not list on Web site</b>
*Name: _____	<input type="checkbox"/>
Title: _____	<input type="checkbox"/>
*Agency/Organization: _____	<input type="checkbox"/>
Address 1: _____	<input type="checkbox"/>
Address 2: _____	<input type="checkbox"/>
City: _____	<input type="checkbox"/>
*State: _____	<input type="checkbox"/>
Zip Code: _____	<input type="checkbox"/>
*Phone: _____	<input type="checkbox"/>
Fax: _____	<input type="checkbox"/>
*E-Mail Address: _____	<input type="checkbox"/>

*E-Mail addresses gathered by the Welfare Peer TA Network are neither sold nor distributed to other organizations.*

**II. Background of Agency**

**Please indicate the type of agency you are with and the geographic area served by your agency.  
Type of Agency:**

- State TANF Agency
- County/Local TANF Agency
- Other Public Agency, please indicate: \_\_\_\_\_
- Community-based Organization
- Other, please indicate: \_\_\_\_\_

**Geographic area(s) served by your agency (select all that apply):**

- Urban
- Rural
- Suburban
- Tribal
- Statewide
- Other, please indicate: \_\_\_\_\_

**III. Description of the Innovative Program**

Please use this as a guide. Describe the program you are nominating as an emerging innovation here by providing the following information. Please attach additional information (no more than two pages long) if needed.

**Program name:** \_\_\_\_\_

**Date of program inception, or duration dates of program:** \_\_\_\_\_

**Location (County/City/State) of program:** \_\_\_\_\_

**Type of agency/organization coordinating/operating the program:** \_\_\_\_\_

**Funding sources:** \_\_\_\_\_

**Clientele/population served:** \_\_\_\_\_

**Mission/goal of the program:** \_\_\_\_\_

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