

St. Vincent

POVERTY

Experience

Kaminski Family

Kaminski Family Packet Contents

1 Instructions for Families
 3 Family Profile Sheets
 Social Security Cards for each Family Member
 “State of Poverty” Identification Cards for each Family Member over 18
 TANF check (\$584)
 Food Stamp Authorization to Participate card (\$630)
 2 Kitchen Appliance cards
 4 Household Item Cards
 8 Transportation Passes
 Name tags (ages included) for each Family Member
 Family Address sign
 Scrap Paper
 Pen or Pencil

Family Members Profile

Mother: Katrina, age 25, with high school education. She was never employed full time. The children’s father does not pay child support. She is currently pregnant.

Son: Kevin, age 4, in good health.

Son: Kurt, age 3, who is autistic. He needs to take trips to the clinic and, on rare occasions, to the emergency room. (Although you have Medicaid, you are averaging \$40.00 per month in uncovered medical expenses) due to your pregnancy and Geraldo’s autism. Being in your 6th month of pregnancy, you must go to the clinic every month for a pre-natal exam. You often make use of the child care center at St. Joseph’s Church.

Setting

You live in a rented three-room flat in an old building in a deteriorating area. You are paying off your furniture and stove. Two windows are broken in your apartment but the landlord refuses to repair them. You do not have a phone, so you must either rely on using a neighbor’s phone or save change to use a pay phone.

Income

You receive a total of \$584.00 a month from TANF for your family of three. You also receive \$630.00 a month in food stamps.

Budget

These are the bills you must pay during the month.

Housing (pay to mortgage and realty company)

Rent: \$400.00

Utilities (pay to utility company)

Gas: \$500.00

Electric: \$96.00

Food (pay to grocery store)

Per week: \$150.00

Clothing (pay to pawnshop)

Per month: \$40.00

Miscellaneous (pay to pawnshop)

Per month: \$40.00

Medical (pay to clinic)

Per month: \$40.00

Loan Payments (pay to bank)

Per month: \$100.00

SOCIAL SECURITY CARD
 334-66-0987
 THIS NUMBER HAS BEEN ESTABLISHED FOR
Katrina Kaminski
Katrina Kaminski
 SIGNATURE

SOCIAL SECURITY CARD
 334-67-0987
 THIS NUMBER HAS BEEN ESTABLISHED FOR
Kevin Kaminski
Kevin Kaminski
 SIGNATURE

SOCIAL SECURITY CARD
 334-68-0987
 THIS NUMBER HAS BEEN ESTABLISHED FOR
Kurt Kaminski
Kurt Kaminski
 SIGNATURE

State of Poverty
 OFFICIAL IDENTIFICATION CARD
 334-66-0987
 KATRINA KAMINSKI
 934 ORANGE STREET
Katrina Kaminski
 SIGNATURE

Division of Family Services	79-45	45921
State of Poverty	234	
Temporary Assistance for Needy Families (TANF)		
Pay to the order of Katrina Kaminski		Amount \$584.00
Five hundred eighty-four dollars and no cents		
	<i>Lottie Doe</i>	
	TREASURER	
12000496 404 1001124	45921	

STATE OF POVERTY
 UNITED STATES OF AMERICA
 AUTHORIZATION TO PARTICIPATE
FOOD STAMP PROGRAM
 STATE OF POVERTY- DEPARTMENT OF AGRICULTURE

Name **KATRINA KAMINSKI**
 Address **934 ORANGE STREET**
 Social Security Number **334-66-0987**
 Amount Authorized **\$630.00**

Nametags

Katrina Kaminski 25	Kevin Kaminski 4
Kurt Kaminski 3	



KAMINSKI FAMILY
934 Orange Street
~Home Sweet Home~

