



## APPLICATION AND RENEWAL CHECKLIST

Applicant's Name: \_\_\_\_\_

Case #: \_\_\_\_\_ Due Date: \_\_\_\_\_ (10 business days from intake date)

Items needed to complete the application:

**Date Rec'd      CTPP Initials      (If Not Applicable, put NA on the 1<sup>st</sup> line only, no initials)**

### All Applicants

|  |  |   |
|--|--|---|
|  |  | Application for Services                            |
|  |  | Tribal Verification                                 |
|  |  | Birth Certificates                                  |
|  |  | Social Security Cards                               |
|  |  | Verification of Aid (request for adults & children) |

### Adults

|  |  |  |
|--|--|--|
|  |  | Valid government issued picture I.D. or Qualified Alien Status |
|  |  | Marriage Certificate or Divorce Decree (when applicable)       |
|  |  | Pregnancy Verification (when applicable)                       |
|  |  | New Participant Orientation                                    |
|  |  | Consent to Release Information                                 |
|  |  | Talent Release   |
|  |  | Release of Transporting Youth Waiver                           |
|  |  | Rights and Responsibilities                                    |
|  |  | Drug Testing Acknowledgment/Drug screen                        |
|  |  | Fraud Acknowledgment   |
|  |  | Home Visit Acknowledgment                                      |
|  |  | Acknowledgment of Non-Compliance                               |
|  |  | Monthly Eligibility Report (MER) for current month             |
|  |  | Child Custody Agreements (when applicable)                     |
|  |  | Parent Information   |



## APPLICATION AND RENEWAL CHECKLIST

### Child

|  |  |  |
|--|--|--|
|  |  | Immunization Records (exempt at 13 years, 6 <sup>th</sup> grade or when religious concerns are cited by the applicant) |
|  |  | School enrollment verification (including minor parents)   |
|  |  | Report cards for all children (most current)   |

### Residency

|  |  |  |
|--|--|--|
|  |  | Copy of current Lease, Rental Agreement or Mortgage statement                                      |
|  |  | Letter from Tribal Housing   |
|  |  | Current Utility bills (if Lease, Rental Agreement or Mortgage statement is not in applicants name) |
|  |  | Statement of Fact (from homeowner/lease holder if the applicant is living with someone else)       |

### Income

|  |  |   |
|--|--|---|
|  |  | Employment check stubs, letter from employer, etc.  |
|  |  | Per capita, RSTF, or Tribal distribution  |
|  |  | Tax Return  |
|  |  | Statement of Fact for non-filing of tax return  |
|  |  | Social Security income for adults and children (SSI, SSA, Social Security Disability Insurance, Survivors Benefits) |
|  |  | State of California disability award of denial letter   |
|  |  | Unemployment award or denial letter (If unemployed, all applicants must apply for Unemployment)                     |
|  |  | Veterans Benefits   |
|  |  | Child support income  |
|  |  | Money received from family or friends   |
|  |  | Other income of any kind  |

### Resources

|  |  |   |
|--|--|---|
|  |  | Bank accounts checking/savings (copy of most current bank statement for all accounts) |
|  |  | IRA retirement accounts, 401K or other investment accounts                            |
|  |  | Trust accounts or Savings bonds   |

## APPLICATION AND RENEWAL CHECKLIST

|  |  |  |
|--|--|--|
|  |  | Vehicle registration (vehicle must be registered in applicants name) |
|  |  | Vehicle loan information (for vehicle value)                         |
|  |  | Proof of car insurance and insurance costs                           |
|  |  | Proof of estimated vehicle value and current odometer reading        |
|  |  | Real property other than primary residence                           |
|  |  | Other  |

### Needy Caregiver

|  |  |  |
|--|--|--|
|  |  | Child custody agreements or foster care/court order, Tribal or county document with proper signatures and/or seals   |
|  |  | Designation of Indian Custodian, (25 U.S.C 1901, et seq.)  |
|  |  | A letter from the appropriate tribe with authorized signatures and/or Tribal Resolution  |
|  |  | Statement from the custodial parent (if available) or a statement of facts from the Needy Caregiver regarding custody situation of child(ren) and whereabouts of parents |



## APPLICATION FOR SERVICES

Family Type:

- 1 Parent     
  2 Parent     
  Caregiver

|                            |                         |  |                                      |
|----------------------------|-------------------------|--|--------------------------------------|
| Name (First, Middle, Last) |                         |  |                                      |
| Home Address               | City                    | State  | Zip Code                             |
| Mailing Address            | City                    | State  | Zip Code                             |
| Home Phone                 | Message Phone           | Email Address                                    | Other Names (maiden, nickname, etc.) |
| County of Residence        | How long in the County? | Number of month/years at your current residence? |                                      |

Please list everyone in your household requesting aid.

| Enter Names<br>(Adult & Child(ren)) | Relation<br>(NR= Not<br>Related) | Birth Date | Social Security Numbers | Sex<br>(M/F) | Marital<br>Status | U.S.<br>Citizen?<br>(Y/N) | Veteran<br>(Y/N) | Education<br>(Last grade<br>completed) | School<br>(Last year<br>attended) | Race   |
|-------------------------------------|----------------------------------|------------|-------------------------|--------------|-------------------|---------------------------|------------------|--|-----------------------------------|--------|
| Example: Joe Smith                  | Self                             | 2/10/74    | 555-55-5555             | M            | S                 | Yes                       | Y                | 12 <sup>th</sup>                       | 1994                              | Native |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |
|                                     |                                  |            |                         |              |                   |                           |                  |  |                                   |        |



## APPLICATION FOR SERVICES

1. What is the Tribal affiliation of your child?
  - Member of a Federally Recognized Tribe       Descendent of Federally Recognized Tribe
  - Descendent of California Judgment Roll

Which Tribe? \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_
  
2. Do you currently or have you ever resided on a Rancheria, Reservation or other Tribal Lands?     Yes     No  
 If yes, list all months, years & location: \_\_\_\_\_
  
3. Has anyone in your household received public assistance (TANF, CalWorks, CalFresh, Medi-Cal)       Yes     No  
 If yes, who, when and what County \_\_\_\_\_  
 Workers Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ CalFresh: How much? \_\_\_\_\_
  
4. Are you requesting assistance for anyone that is pregnant?       Yes     No  
 If yes, who? \_\_\_\_\_ When is baby due? \_\_\_\_\_
  
5. Do any of the children have an absent parent?       Yes     No  
 If yes, please list the absent parent name: \_\_\_\_\_
  
6. Is any adult in your household fleeing from prosecution, custody, and confinement for a felony from any state?       Yes     No  
 If yes, who? \_\_\_\_\_
  
7. Do you or anyone who lives with you, receive money from employment?       Yes     No

Include money from all jobs received.

| Household Member who works | Employer    | Full-time, Part-time or Seasonal | Number of hours worked per week | Hourly wage or monthly salary | Amount paid last month | How often paid? |
|----------------------------|-------------|----------------------------------|---------------------------------|-------------------------------|------------------------|-----------------|
| Example: Joe Smith         | XYZ Company | Part                             | 10                              | \$10                          | \$400                  | weekly          |
|                            |             |                                  |                                 |                               |                        |                 |
|                            |             |                                  |                                 |                               |                        |                 |



## APPLICATION FOR SERVICES

8. Does anyone in your household receive money from any other source?  Yes  No
- |  |  |
|--|--|
| <input type="checkbox"/> Alimony                       | <input type="checkbox"/> Money from relatives/friends  |
| <input type="checkbox"/> Annuities                     | <input type="checkbox"/> Pension/Retirement benefits   |
| <input type="checkbox"/> Bingo/Gambling winnings       | <input type="checkbox"/> Social Security benefits (SSI, SSA, SSDI, Survivor, Death, etc.)      |
| <input type="checkbox"/> Child Support                 | <input type="checkbox"/> Subsidized Adoption Benefits  |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Tribal Per Capita payments/Revenue Sharing Trust Fund (RSTF) payments |
| <input type="checkbox"/> Foster Care Payments          | <input type="checkbox"/> State Disability Insurance  |
| <input type="checkbox"/> Insurance/Lawsuit settlements | <input type="checkbox"/> Unemployment Benefits   |
| <input type="checkbox"/> Interest/Dividends            | <input type="checkbox"/> Veterans' Benefits  |
| <input type="checkbox"/> Military Benefits             | <input type="checkbox"/> Worker's Compensation   |
- Other income: \_\_\_\_\_

| Who receives the payment? | Adult or Child | Type of payment | Amount last month | How often? |
|---------------------------|----------------|-----------------|-------------------|------------|
|                           |                |                 |                   |            |
|                           |                |                 |                   |            |
|                           |                |                 |                   |            |

9. Do you expect any changes in any of the income or employment you listed above, or do you expect any new income or employment not listed above?  
 Yes  No If yes, please explain: \_\_\_\_\_

10. Did you file taxes last year?  Yes  No

11. Do you work for or get help with food, shelter, utilities or other expenses that are not paid in cash?  Yes  No

If yes, please explain: \_\_\_\_\_



## APPLICATION FOR SERVICES

12. Does anyone in your household own any property such as a house, land, apartment, mobile home, duplex, condo, camper, cabin or livestock?  
 Yes  No

If yes, please complete the following:

| Who owns the property? | Type of property owned | Estimated value | Amount owed |
|------------------------|------------------------|-----------------|-------------|
| Example: Joe Smith     | Condo                  | \$75000.00      | \$70000.00  |
|                        |                        |                 |             |
|                        |                        |                 |             |
|                        |                        |                 |             |
|                        |                        |                 |             |
|                        |                        |                 |             |

13. Do you, or anyone who lives with you, own any vehicles such as a car, truck, motorcycle, boat, snowmobile, recreational vehicle (RV), all-terrain vehicles (ATV) or utility trailer?  Yes  No

If yes, please complete the following:

| Who Owns the Vehicle? | Vehicle Type, Model and Year | What is the Vehicle used for? | Estimated Value | Amount still owed |
|-----------------------|------------------------------|-------------------------------|-----------------|-------------------|
| Example: Joe Smith    | 1987 Ford Escort             | Work                          | \$800           | \$200             |
|                       |                              |                               |                 |                   |
|                       |                              |                               |                 |                   |
|                       |                              |                               |                 |                   |
|                       |                              |                               |                 |                   |
|                       |                              |                               |                 |                   |



## APPLICATION FOR SERVICES

14. Does anyone in your household have any of the items below?       Yes    No

If yes, check all the boxes that apply:

- |   |  |   |                                |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Annuities              | <input type="checkbox"/> College Saving Plan   | <input type="checkbox"/> Pension Plans    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Burial Policy          | <input type="checkbox"/> Credit Union Accounts | <input type="checkbox"/> Retirement Funds |                                |
| <input type="checkbox"/> Cash on Hand           | <input type="checkbox"/> IRA Account           | <input type="checkbox"/> Safe Deposit Box |                                |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Savings Account  |                                |
| <input type="checkbox"/> Checking account       | <input type="checkbox"/> Mineral Rights        | <input type="checkbox"/> Stocks/Bonds     |                                |

For all items check above, please fill in the boxes below:

| Who Owns Them?     | Type of Item     | Where Held?   | Account Number | Total Value/Balance |
|--------------------|------------------|---------------|----------------|---------------------|
| Example: Joe Smith | Checking Account | Frontier Bank | 452231         | \$400.00            |
|                    |                  |               |                |                     |
|                    |                  |               |                |                     |
|                    |                  |               |                |                     |

15. Are you currently homeless?       Yes    No

16. What are your shelter expenses? Check the boxes that apply and fill in the amount.

- |                                    |                    |
|------------------------------------|--------------------|
| <input type="checkbox"/> Rent      | \$ _____ per month |
| <input type="checkbox"/> Mortgage  | \$ _____ per month |
| <input type="checkbox"/> Telephone | \$ _____ per month |





## APPLICATION FOR SERVICES

17. What utility bills are you responsible for paying? Check the boxes.

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Telephone   | <input type="checkbox"/> Heat (gas, electric, propane, wood, etc.) |
| <input type="checkbox"/> Water       | <input type="checkbox"/> Garbage                                   |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Sewer       |  |

18. Does another person or agency help you pay all or part of your shelter costs (including energy and heating assistance)? Yes No

If yes, who pays? \_\_\_\_\_ What expense? \_\_\_\_\_ Amount paid? \_\_\_\_\_

19. Does anyone in your household pay child support? Yes No

If yes, who pays? \_\_\_\_\_ Monthly Amount? \_\_\_\_\_

20. How did you hear about our program? \_\_\_\_\_

**Under penalty of perjury, I certify that all information contained in this application for all persons applying for benefits, is true and correct to the best of my knowledge. I understand that the information I have provided will be verified and that fraudulent statements contained in this application could lead to criminal or civil action or administrative claims against me.**

Adult Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTTP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NEW PARTICIPANT ORIENTATION

**Welcome:** The purpose of this orientation is to empower our Participants to make informed and appropriate decisions to ensure their success while on the CTPP program. CTPP staff will provide clear information regarding the requirements in order to remain in compliance while on the program.

### Office Protocol:

- Please Sign in/check in at the reception desk. Office hours are 8:00AM to 12:00PM and 1:00PM to 5:00PM, Monday-Friday. **We are closed from 12-1 during the lunch hour.**
- Please allow **30 minutes** prior to the lunch hour or the end of the work day when coming into the office to see your Caseworker.
- A notice will be posted if the office will be closed. Notification of office closure will be provided in advance as early as possible.
- California Tribal TANF Partnership has a zero tolerance policy for “intense verbal or physical aggressive behavior.” Profanity is not acceptable. If you insist on using profanity, you will be asked to leave and reschedule your appointment.
- We suggest making an appointment to see your Caseworker unless it is an immediate need or an emergency.
- **24 hour notice of any needed documentation** that is to be mailed, faxed, picked up or copied in person is required.
- CTPP does not provide copies of Participant documents beyond what is initially provided during the intake process. We will no longer be able to fax documents for Participants that are not TANF related.

**Mandatory Drug Testing:** CTPP Participants are required to take a drug test upon initial intake, annual recertification and at any time that a Participant appears to be under the influence in the presence of a CTPP staff member.

New Participants are required to appear for drug testing no later than 10 days after the initial intake date. Failure to adhere to this policy will result in denial of your case.

**Confidentiality:** CTPP takes your privacy seriously, given this we would like you to be aware of the following:

- All of your information will be kept secure and protected.
- CTPP staff is not permitted to initiate contact or discuss case information in a public place. A participant may initiate contact, however, we ask that you do not discuss program related issues outside of CTPP offices.
- All CTPP staff are Mandated Reporters. Your information will be protected with the exception of our legally mandated obligation to report child abuse/neglect.

**Notices:** All notices that are sent from a CTPP office are mailed to the last known address. It is your responsibility to notify your Caseworker of any address changes within five (5) days.

If mail is not returned to our office by the post office, it is assumed the mail has been received. Failure to check your mail is not a valid excuse that you were not notified of an action.

**Monthly Reports:** Your Monthly Eligibility Report (MER) is due the day that your monthly cash assistance check is picked up. If your MER is not submitted by the 10th of the month, you will receive a late MER notice which could result in the late MER Non-Compliance Policy being imposed.

Your MER must be completed with all required documentation attached, (i.e., bank statements, all income verification, including Cal Fresh, Medi-Cal, per capita, child support and child(ren)'s school attendance, etc.). If your MER is incomplete **it will not** be accepted or processed.

It is your responsibility to ensure your MER is complete without error. If an error is found, the MER will be returned to you via mail for correction and a missing MER notice will be sent.

The MER must be clean legible in order to be placed in your current case file. The MER **must** be completed in blue or black ink, not pencil.

Report any and all changes in regards to household size, all income, address change etc. within five (5) days to your Caseworker, as well as on your MER.

**Required Documentation:** In order to determine continued eligibility, supporting documentation will be requested by your Caseworker or other pertinent CTPP staff. You will be required to submit requested documentation by indicated date and time. If unable to submit requested documentation, CTPP may not be able to determine continued eligibility, thus closing your case.

**Annual Recertification:** Each year prior to your CTPP anniversary date, a recertification appointment must be completed. During this appointment you will complete a new application, update forms and provide any updated documentation. Failure to complete recertification will result in case closure the last day of the recertification month.

**60 Month Time Limit:** Participants who have reached their 60 month time limit will be referred to the county for assistance if needed. Your family will no longer be eligible for assistance from CTPP.

You will meet with your Caseworker at 55 months to review your case plan status. At 57 months, you will discuss the process of transferring your case to the county if needed.

**Compliance Department:** CTPP has a Compliance Department that is required to enforce state and federal guidelines which include, case audits, case file reviews and the prevention and investigation of fraud. Failure to comply with CTPP Compliance Department could result in penalties, sanctions and/or case closure.

Failure to allow the Compliance Investigator access to your home during a home visit may result in case closure.

**Overpayment:** At any time if CTPP determines there has been an overpayment on your cash assistance benefit, you will be required to repay the overpayment.

**Case Plan Appointment:** Each adult is required to meet with their assigned Caseworker for a case plan appointment. During this appointment, a Case Plan Orientation will be presented, which will inform you what is expected of you during that phase of the program.

*By signing this document, I agree that CTTTP Site Staff has read and explained the contents of this document to me, and that I fully understand.*

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CTTP Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_ give my permission for the following agencies:

Please INITIAL, if "Tribal" or "Other" are initialed please specify agency.

|                                     |                |       |
|-------------------------------------|----------------|-------|
| _____ County Social Services        | _____ Court    | _____ |
| _____ County Mental Health          | _____ Tribal   | _____ |
| _____ Alcohol & Drug                | _____ Landlord | _____ |
| _____ Child Support/Family Services | _____ Other    | _____ |
| _____ School District               | _____ Other    | _____ |

To release information to **California Tribal TANF Partnership** for the purpose of:

Eligibility and Case Management

Other: \_\_\_\_\_

\_\_\_\_\_

All applicable fields must be initialed for release to be valid.

This authorization must be updated annually and may be revoked at any time in writing by the Applicant/Participant.

\_\_\_\_\_  
Applicant/Participant Signature      Date

\_\_\_\_\_  
CTTP Representative Signature      Date



## TALENT RELEASE FORM

FOR VALUABLE DISCOURSE, including the **agreement to newsletter, publications, produce a motion picture, record video or publish photographs**, but not limited to submitted written documents, photographs of self, art work, advertisements, self-recording of voice taken, any music sung or played by self or group, the use of actual or fictitious name, general information as well as unsolicited materials, by whatever means to be exhibited, publicized or made use of, provided herewith, I grant the irrevocable merit to California Tribal TANF Partnership its licensees, agents, successors and assignees, the right (but not the obligation), in permanence throughout the world, in all media, now or hereafter known, to use (in any manner it deems appropriate and without limitation) and all rights will become the sole property of California Tribal TANF Partnership.

On behalf of myself, my heirs, next of kin, executors, administrators, successors and assignees, I herewith forfeit California Tribal TANF Partnership, its agents, licensees, successors and assignees from any and all liabilities, claims and damages arising out or rights granted under the terms of this agreement, or the exert herewith.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

---

I am the parent or legal guardian of (**Print Full Name**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I grant irrevocable consent to the foregoing grant and agreement. I know that state law requires me to attend each of my child's performances, (when producing a motion picture or recorded video) and I testify that this information was provided to me by California Tribal TANF Partnership producer of the film its licensees, agents, successors and assignees. However, due to circumstances beyond my control, I may or may not be able to attend each performance and in these instances, I agree NOT to hold all those formerly mentioned, within this paragraph, responsible. I also give permission for my child to work until 9 pm, on production when applicable and will not put forward any claims of any kind of nature whatsoever, including without limitation, those based upon child labor laws, in connection with the exertion of the permission granted herewith. I understand that all of the above mentioned by whatever means to be exhibited, publicized or made use of, provided herewith may be used in connection with California Tribal TANF Partnership's newsletters, success stories, website links, digital stories and/or CTPP reports.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

## RIGHTS AND RESPONSIBILITIES

### Rights:

1. You have the right to apply for TANF assistance as long as you meet the eligibility criteria identified in the CTTTP approved plan. This, however, does not guarantee that your application will be approved.
2. You have the right to have this application read to you.
3. You have the right to appeal any decision made regarding your application.
4. You have the right to know why your application was denied.
5. You have the right to a face-to-face interview.
6. You have the right to have a representative of your choice at any interview.
7. You have the right to receive all benefits for which you are qualified.
8. You have the right to be treated fairly and with respect.

### Responsibilities:

1. You have the responsibility to provide all required documents.
2. You have the responsibility to be truthful at all times.
3. You have the responsibility to meet all required work hours and other required activities.
4. You have the responsibility to submit your Monthly Eligibility Report (MER) on time.
5. You have the responsibility to report changes in your household or income within five (5) days.
6. You have the responsibility to report, to your case manager, any barriers you might encounter.
7. You have the responsibility to treat CTTTP employees and staff with respect, including not using profane language while on all CTTTP properties.
8. You have the responsibility to dress appropriately when visiting all CTTTP properties.

I have read the above Rights and Responsibilities and understand that, if I do not comply with all requirements, I may be denied services or have my monthly cash assistance reduced by a penalty or sanction.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTTP Representative: \_\_\_\_\_ Date: \_\_\_\_\_



## DRUG TESTING ACKNOWLEDGMENT

All CTTTP adult Participants will undergo chemical dependency testing for use of chemical substances. The use of drugs is directly adverse to the goal of CTTTP to promote and maintain healthy, self-sufficient families.

ALL CTTTP adult Participants are required to take a drug test upon initial intake, upon recertification and at any time that a Participant/Non-Needy Caregiver appears to be under the influence in the presence of any CTTTP staff member. New Participants are required to appear for drug testing no later than 10 calendar days after the initial intake date. Participants/Non-Needy Caregivers suspected of drug use by a CTTTP staff member will complete the required drug testing by the close of business that day. Refusal to test shall be treated pursuant to the CTTTP Mandatory Drug Testing Policy.

**If a Participant refuses to cooperate during the initial phase of drug testing, they will be notified immediately that their case will be denied/closed in 10 days.**

Participants/Non-Needy Caregivers who test positive are referred for Substance Use Disorder evaluation.

Following CTTTP Substance Use Disorder Intake: The Participant will be scheduled for a retest 90 calendar days from date of their CTTTP Substance Use Disorder Intake.

At the scheduled 90 calendar day date, the Participant repeats drug testing. If the Participant tests positive, a Level One Sanction is applied. If the Participant tests negative for drugs, no further action will be taken.

If the Participant tests positive at the 90 day test, another test will be given at 120 calendar days. If the Participant tests positive again, a Level Two Sanction is applied. If the test is negative no further action is taken.

If the Participant tests positive at the 120 day test, one final test is scheduled at 150 calendar days from initial Substance Use Disorder assessment. If the Participant tests negative, no further action will be taken. If the Participant tests positive, the case is closed. Participant may reapply and re-test in six (6) months from date of case closure.

**Non-Needy Caregivers will follow this policy with the exception of no monetary deductions.**

Growing of Marijuana in the Participant's/Non-Needy Caregiver's residence or the residence in which they currently reside results in a status of Non-Compliance and possible case closure.

As a federally funded program of the Department of the Administration for Children and Families under the Department of Health and Human Services, California Tribal TANF Partnership does not recognize state or local laws concerning the legalization of marijuana in whole or in part.

**I have read and understand the above policy.**

\_\_\_\_\_  
CTTP Participant/Non-Needy Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTTP Representative

\_\_\_\_\_  
Date



## FRAUD ACKNOWLEDGMENT

### What is welfare/TANF fraud?

Welfare/TANF fraud is a crime.

1. Fraud is an intentional action, inaction, or statement made by an individual for the purposes of obtaining benefits to which he or she is not entitled.
2. An intentional program violation is an action taken by an individual that intentionally misrepresents, conceals, or withholds a material fact for the purpose of establishing or maintaining a family's eligibility for CTPP TANF benefits, or for increasing or preventing a reduction in the amount of the family's benefit.

If you have read and understand the above section please initial here: \_\_\_\_\_

### Fraud Prevention

In order to avoid the possibility of welfare/TANF fraud, you must report all changes in your household as some changes may affect your assistance. All changes must be reported within 5 days. All changes must be reported on the Monthly Eligibility Report (MER) as well.

1. You must report to your Caseworker/Site Manager all income you or anyone in your household receives from any source.
2. You must report to your Caseworker/Site Manager about all your property, both real and personal, such as a house, land, money, a car, livestock, or any other property.
3. You must report to your Caseworker/Site Manager about every person living in your home, any change in the number of persons in your home, or if the status of anyone in your home changes, such as: someone gets married, separated, becomes pregnant, or moves in/out of the home.
4. You must report all Work Participation Hours and provide 3<sup>rd</sup> party verifications via a signature and contact number for each activity for which you have been approved. When you have pay stubs, log in sheets, or other proof of attendance, a signature and contact number will not be mandatory. All 3<sup>rd</sup> party verifications will be contacted for verification.

If you have questions about what to report, you must contact your Caseworker/Site Manager.

If you have read and understand the above section please initial here: \_\_\_\_\_

### Suspected Fraud

When there is a suspicion of fraud, a fraud referral will be sent to the Compliance Department. The Compliance Department will conduct an investigation in an effort to determine whether or not the suspicion is valid. If the suspicion is not valid, the investigation will be closed. If fraud or suspicion of fraud has been determined, a full background check, including, but not limited to, criminal and financial checks, will be conducted and a fraud case will be opened and completed by the Compliance Department.



## FRAUD ACKNOWLEDGMENT

If you have read and understand the above section please initial here: \_\_\_\_\_

### Consequences for Committing Fraud

When fraud has been determined by the Compliance Department, the amount defrauded will be calculated if a dollar loss exists. The amount defrauded is considered an overpayment and the adults listed on the grant are responsible for the overpayment. A person found guilty of fraud may be subject to:

1. A reduction in cash aid for any overpayment.
2. Case closure and disqualification from the California Tribal TANF Partnership.
3. Being referred to the County District Attorney's Office for possible criminal charges.
4. Being convicted of Welfare Fraud and may have to pay a fine, go to jail, or both.
5. If TANF case is closed, active fraud case will still continue.

If you have read and understand the above section please initial here: \_\_\_\_\_

### Fraud Acknowledgment Receipt

I have received a copy of the Fraud Acknowledgment. Please initial here: \_\_\_\_\_

**Penalty of Perjury:** Any Person who knowingly and willfully provides information as true to any material (written or verbal) which he or she knows to be false is guilty of perjury under California Penal Code, Section 118. If convicted of such crime, is subject to serve up to 4 years in the California State Penitentiary.

I declare under penalty of perjury, that I understand all sections of this form and I am willingly participating in the California Tribal TANF Partnership program and have the responsibility to comply with program requirements.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CTTP Representative Signature

\_\_\_\_\_  
Date

## FRAUD ACKNOWLEDGMENT

### Background Release and Consent Form for Participants

For the protection of California Tribal TANF Partnership (“CTTP”) and its participants, I authorize CTTP to request background consumer reports on me. These reports may include, but are not limited to, criminal and financial checks. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, background consumer reports may be used to gather information regarding my work, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand that CTTP can use this disclosure and authorization to continue to obtain such consumer reports throughout the duration of my time on CTTP TANF assistance.

### Authorization

**I hereby authorize procurement of background consumer report(s) and investigative consumer report(s) by CTTP. This authorization shall remain on file and shall serve as ongoing authorization for CTTP to procure such reports at any time during my CTTP TANF assistance period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: **Maximum Reports, Inc., 8509 Paseo Alameda NE, Suite C, Albuquerque, NM 87113: 505-890-9236**, (“Agency”), upon proper identification, to obtain copies of any reports furnished to CTTP by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on CTTP’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to CTTP obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.maximumreports.com](http://www.maximumreports.com).



## FRAUD ACKNOWLEDGMENT

I understand that I have the right to request a copy of any report CTPP receives on me at the time the report is provided to CTPP.

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

Printed Name (First, MI, Last): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For identification purposes:

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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



## FRAUD ACKNOWLEDGMENT

Other names known by in the last 9 years: \_\_\_\_\_

\_\_\_\_\_

Other addresses in the last 7 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOME VISIT ACKNOWLEDGMENT

All California Tribal TANF Participants will receive a home visit scheduled or unscheduled to their primary address by CTPP staff members when any of the following occur:

- Approval of application (to be completed within 30 calendar days).
- Recertification (to be completed within 30 calendar days).
- Approval of Non-Needy Caregiver application (to be completed in 30 days).
- Move to another residence.
- Adult or Child moves into or out of the residence.
- Written/verbal statement from the public regarding activities at the residence.
- Unable to contact Participant by phone, mail, or email.
- Anytime the Health and Safety of the children in the residence is in question.
- CTPP has the right to visit the home at any time without notice.
- CTPP has the right to terminate the home visit at any time due to unsafe conditions, this includes unsecured firearms.
- At the time of home visit, all pets must be leashed/contained.
- If a Participant refuses to allow entry for a home visit, they will be considered to be non-compliant with program requirements and will have 3 days to comply. If the home visit is not completed within 3 days of non-compliance, the case will be closed immediately. Case closure date is the last day of the month. The Participant is not eligible to reapply for 60 days after the case closure date.

**I understand and acknowledge that I will receive home visits scheduled and unscheduled as stated above.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTPP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ACKNOWLEDGMENT OF NON-COMPLIANCE

Non-Compliance is defined as failure without good cause to comply with program requirements or component of the Case Plan. Non-Compliance will result in a penalty and/or sanction being imposed, which will result in a reduction in the CTPP monthly grant or case closure. The Participant will not be eligible for supportive services until the penalty/sanction has been lifted and the Participant has regained a good standing with the program.

Good standing means the Participant has participated in all required testing, training and any other requirements.

**Consequences of Non-Compliance:** When a Participant fails, without good cause, to comply with program requirements the individual will serve either a penalty or sanction. Participants will move to the next level under the process and will not repeat the previous level within a twelve (12) month period (Anniversary date to Anniversary date). There are two types of Non-Compliance, *general* and *specific*:

**A. General Non-Compliance with program requirements may include:**

1. **Failure to meet required Work Participation hours.**
2. **Failure to develop a Self-Sufficiency Plan in 30 days after eligibility intake and recertification.**
3. **Failure to participate in assigned Case Plan activities.**
4. **Failure to attend scheduled meeting with Caseworker/Site Manager.**
5. **Resign employment or refusal of work offered without reasonable justification.**

Non-Compliance in one or more of the above will result in the following:

- a. First Non-Compliance month – Verbal Warning. This sanction action initiates the progressive levels of sanctions.
- b. Second Non-Compliance month – 25% reduction of the TANF grant amount for one (1) month (Sanction level one)
- c. Third Non-Compliance month – 35% of the TANF grant amount for one (1) month (Sanction level two)
- d. Fourth Non-Compliance month – 50% of the TANF grant amount for one (1) month (Sanction level three).
- e. Fifth Non-Compliance month – 50% of the TANF grant amount for one (1) month (Sanction level three) and case will close at the end of this month. The client is eligible to re-apply after three (3) months from the month of closure.
- f. If a Participant voluntarily closes the case while in a sanctioned status and re-applies within six (6) months the client returns at the prior sanction level. Resolved sanctions will restore the grant to normal status.

**B. Specific Non-Compliance includes:**

1. **Failure to turn in Monthly Eligibility Report (MER) by the 10<sup>th</sup> of the required month**
  - a. 1<sup>st</sup> time MER is late: verbal warning

- b. 2<sup>nd</sup> time MER is late: \$25 penalty
- c. 3<sup>rd</sup> time MER is late: \$50 penalty
- d. 4<sup>th</sup> time MER is late: \$100 penalty
- e. 5<sup>th</sup> time MER is late: case closure

Should the 10<sup>th</sup> of the month fall on a weekend or holiday, the due date is extended to the following business day. The Participant may not reapply after case closure for three (3) months from the date of closure.

## **2. Failure to complete Drug Screening Process**

### **A. New Intake/Recertification Drug Screening**

New, current and child-only intake Participants are given ten (10) calendar days to complete the testing. Should the Participant fail to test at intake/recertification: Case is closed the last day of the month. The Participant may reapply on or after the first day of the following month.

### **B. For Cause Drug Screening**

Should a CTPP staff member observe an active Participant who appears to be under the influence of drugs or alcohol, the Participant is verbally notified, at the time of observation, and given a testing form to complete the drug screening at the assigned location by the close of business. Failure to complete the drug testing after notification results in immediate case closure. The Participant may not reapply after case closure for six (6) months from the date of closure.

## **3. Failure to submit MER before end of the month**

- Case is closed the last day of the month. Participants may reapply on or after the first of the following month and the case remains in retrospective budgeting to calculate the current and subsequent months' grants.

MER Reinstatement:

After a case has been closed due to a missing MER the Participant has 30 days to have their case reinstated to Approved Status.

## **4. Failure to submit required documentation within 30 days of request**

Case is closed the last day of the month. Participants may reapply on or after the first of the following month.

## **5. Failure to complete Recertification in the month it is due**

Case is closed the last day of the month. Participant may reapply on or after the first of the following month.

## **6. Failure of a child(ren) to attend school- 20 or more unexcused absences in a semester**

- Student has 4 unexcused absences: Meet with Caseworker to discuss tardies/absences
- Student has 8 unexcused absences: Internal referral (Wellness or Education)
- Student has 12 unexcused absences: Mandatory workshop/Aeries portal weekly check-in by Caseworker





- Student has 16 unexcused absences: Compliance notification letter sent to Participant
- Student has 20 unexcused absences: The child will be suspended from the program

It will be the parent's responsibility to provide verification from the school that the child is in compliance with the CTPP Education Department's Attendance Guidelines, following the 30 day exclusion from the grant.

The child will not be eligible for any supportive services with the exception of Web-based learning software.

**7. Failure to turn in Childcare Timesheets by the 10<sup>th</sup> of the month.**

- 1<sup>st</sup> time Timesheets are late: Verbal warning
- 2<sup>nd</sup> time Timesheets are late: \$25 penalty
- 3<sup>rd</sup> time Timesheets are late: \$50 penalty
- 4<sup>th</sup> time, and all subsequent months, Timesheets are late: \$100 penalty

**8. Participant conduct (abusive language, sexual harassment, abusive or intimidating behavior, physical violence or threats toward staff/facilitators or Participants, and/or any illegal activity).**

Depending on severity of incident, the penalty will be determined by the Executive Director. Penalties may include a sanction up to, and including, case closure.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

CTTP Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT INFORMATION

Please complete for each parent who is not living in the home

### Mother's Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Deceased: Yes  No

Home/Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hm. phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Parent has visitation: Yes  No  If yes, list schedule: \_\_\_\_\_

Has custody/guardianship been established by court: Yes  No

### Children of Parent Above:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

### Father's Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Deceased: Yes  No

Home/Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hm. phone: \_\_\_\_\_ Wk. phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Parent has visitation: Yes  No  If yes, list schedule: \_\_\_\_\_

Has custody/guardianship been established by court: Yes  No

### Children of Parent Above:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Under penalty of perjury, I certify that all information contained is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



CALIFORNIA TRIBAL TANF PARTNERSHIP

MONTHLY ELIGIBILITY REPORT (MER)

THIS REPORT IS FOR THE MONTH OF: NAME: (Month/Year) CIF NUMBER:

- Complete, sign and return this report by 10th of the month, otherwise no cash grant will be processed for payment.
You must report within 5 days any change that may affect your eligibility for the amount of your cash aid.
Answer for everyone on cash assistance, including children, parents, step-parents, your spouse.
Facts you report may result in your benefits increasing, decreasing or being stopped.

1) Did anyone receive (earn) money from a job or training program? YES NO
If YES complete below. Include tips, vacation pay or income in kind, such as earned housing. List net amounts. Attach pay stubs or other proof of earnings. If self-employed: Attach proof of income. If you claim actual expenses, list business expenses on a separate sheet of paper and attach proof of expenses.

Table with 2 main rows for 'Who received Income?' and columns for Employer's Name, Net Amount, and Actual Date Received.

2) Did anyone receive money or benefits from any other source (unearned)? YES NO
Include: Per Capita and/or RSTF, one time lump sum, Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, such as Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, State Disability Indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If YES, complete below. Attach proof.

Table with 2 main rows for 'Who received Income?' and columns for Source of income, Net Amount, and Date Received.

3) Did you or any member of your TANF household have any Cash Resources for the month?

Table with 4 columns: Account Type, YES/NO, Amount \$, and Attach Current Bank Statement.

4) Did anyone in your TANF household receive any of the following for the month? YES NO

Table with 3 columns: Name of Person Receiving, Value of Resources/Benefits, and Date Received.

5) Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? YES NO

If YES, who: \_\_\_\_\_

|   |                |                  |                           |  |
|---|----------------|------------------|---------------------------|--|
| <b>6) Has any member of the household been <u>convicted</u> of a drug related felony for possession, use, or distribution of a controlled substance(s)? If "YES", complete below:</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> |                |                  |                           |  |
| Full Name of Person   | Date of Arrest | Arresting Agency | Date of Felony Conviction | Conviction Was For (check one)   |
|   |                |                  |                           | <input type="checkbox"/> Use <input type="checkbox"/> Possession <input type="checkbox"/> Distribution<br><input type="checkbox"/> Other (explain) _____ |

|   |                     |                      |                |
|---|---------------------|----------------------|----------------|
| <b>7) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; deceased, entered or left a hospital, etc. If "YES", complete below:</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span> |                     |                      |                |
| Full Name of Person   | Relationship To You | Explain What Changed | Date of Change |
|   |                     |                      |                |

|   |                     |  |                |
|---|---------------------|--|----------------|
| <b>8) Does anyone have anything else to report?</b> <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span><br><b>Include expected changes. Attach proof, including any costs. If "YES", complete below:</b>  |                     |  |                |
| <ul style="list-style-type: none"> <li>▪ <b>Income:</b> Starts, changes or stops.</li> <li>▪ <b>Insurance:</b> Start, stop or change life, dental or health.</li> <li>▪ <b>Job/Training:</b> Starts, stops, quit, refuse a job or training, change in hours.</li> <li>▪ <b>School-Age 16 or Older:</b> Start or stop school or college. Costs for tuition school transportation, etc.</li> <li>▪ <b>School- Ages 6 through 17:</b> Stop or start attending school regularly.</li> </ul> |                     | <ul style="list-style-type: none"> <li>▪ <b>Babies:</b> Become pregnant, have a baby, miscarry or terminate.</li> <li>▪ <b>Marital:</b> Marry, divorce, or separate.</li> <li>▪ <b>Checking/Savings:</b> Open/close a checking or savings account.</li> <li>▪ <b>Property:</b> Buy, sell, trade, or give away, or get a motor vehicle, home, land, etc. (personal or business)</li> <li>▪ <b>Disability:</b> Become disabled or recover from a disability.</li> <li>▪ <b>Any criminal Convictions/Arrests</b></li> </ul> |                |
| Full Name of Person   | Relationship To You | Explain What Changed   | Date of Change |
|   |                     |  |                |
| Full Name of Person   | Relationship To You | Explain What Changed   | Date of Change |
|   |                     |  |                |

|  |   |                |                  |
|--|---|----------------|------------------|
| <b>ADDRESS CHANGE Fill in this section only if you have moved or have a new mailing address. Attach proof.</b> |   |                |                  |
| NEW HOME ADDRESS (NUMBER, STREET, AVENUE, BLVD. ETC.) APT. NO. CITY STATE ZIP                                  |   |                | NEW PHONE NUMBER |
|  |   |                | ( )              |
| DATE MOVED   | NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY STATE ZIP |                  |

|                      |
|----------------------|
| <b>CERTIFICATION</b> |
|----------------------|

**I UNDERSTAND THAT:**

- I must contact my caseworker within 5 days of any changes in my household.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance or benefits my assistance or benefits will be terminated.
- Payments may be delayed or terminated because of an incomplete or late MER.
- If knowingly and willfully give false information about my income, property, or family status to receive or continue receiving cash assistance benefits, I can be legally prosecuted. I may be charged with committing a felony if more than \$400.00 in cash aid is wrongfully paid out. I understand that the penalties for welfare fraud can be up to \$10,000 dollars and/or three years in prison. Conviction or proof of welfare fraud will also result in the discontinuance of future aid from the California Tribal TANF Partnership.

**YOU MUST SIGN AND DATE THIS REPORT AND ATTACH ALL VERIFICATION OR IT WILL BE CONSIDERED INCOMPLETE.**

**I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct.**

|  |             |            |               |
|--|-------------|------------|---------------|
| Signature or Mark  | Date Signed | Home Phone | Contact Phone |
| Signature of Spouse or Other Parent of Cash Aided Child(ren) | Date Signed | Home Phone | Contact Phone |

For the Month of:

[Redacted box]

When completed return to your Case Worker with your MER by the 10th day of the Month.

22 hours of approved work participation hours are required per family per week.

Did you meet your 22 hours per week?

Yes  No

Reason hours not met \_\_\_\_\_

*I sign this timesheet aware that all information is accurate and correct. I understand that submitting false information can jeopardize my eligibility for TANF.*

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CTPP Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and phone number of approved 3rd Party verifying hours

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

| Weekending: _____          | Sat | Sun | Mon | Tues | Wed | Thurs | Fri |
|----------------------------|-----|-----|-----|------|-----|-------|-----|
| Acceptable Work Activities |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
| Weekending: _____          | Sat | Sun | Mon | Tues | Wed | Thurs | Fri |
| Acceptable Work Activities |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
| Weekending: _____          | Sat | Sun | Mon | Tues | Wed | Thurs | Fri |
| Acceptable Work Activities |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
| Weekending: _____          | Sat | Sun | Mon | Tues | Wed | Thurs | Fri |
| Acceptable Work Activities |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
| Weekending: _____          | Sat | Sun | Mon | Tues | Wed | Thurs | Fri |
| Acceptable Work Activities |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |
|                            |     |     |     |      |     |       |     |

