CALIFORNIA TRIBAL TANF

CALIFORNIA TRIBAL TANF PARTNERSHIP

THIS REPORT IS FOR THE MONTH OF: NAME:

(Month/Year) CIF NUMBER:

MONTHLY ELIGIBILITY REPORT (Month/Year)

- 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.

	veryone on cash assist port may result in you					se.			
Attach _I If self –e	" complete below. Inc pay stubs or other pr employed: Attach pr	clude tips, vacation proof of earnings. oof of income. If you	ay or income			nousing. List n			
Who received Income?	paper and attach proof of exp no received Income? Employer's Name		\$	\$	\$	\$	\$		
	Job Training	Actual Date Received	Ψ	Ψ	Ψ	Ψ	Ψ		
Who received Income?	Employer's Name	Net Amount	\$	\$	\$	\$	\$		
	_ Job _ Training	Actual Date Received							
Include: Per Capita an insurance or legal sett Security, Supplementa Disability Indemnity, assistance; free housing	lements; strike benefi al Security Income/St veterans or railroad r	ts; cash, gifts, loans, ate Supplementary P etirement, other priva	scholarships ayment (SSI) ate or govern	; tax refunds (SSP), unemprent disability	; any govern ployment, wo ty or retirem	ment benefits, orker's compe ent; rental inc	such as Social nsation, State		
Who received Income?	Source of income	Net Amount	\$	\$		\$	\$		
			7	7	7				
Who received Income?	Who received Income? Source of income		\$	\$	\$	\$	\$		
		Date Received							
2) D:1		71	Cl- D			 			
Checking Account	B) Did you or any member of your TANF household have any Cash Resources for the month? Checking Account YES NO Amount \$ Attach Current Bank Statement								
Savings Account	YES NO	Amount \$		Attach Current Bank Statement					
Cash on Hand	YES NO	Amount \$							
4) Did anyone in you Check all that apply	r TANF household	receive any of the fo	llowing for	the month?	_	YESNO			
_ Food Stamps		Medi-Cal/Medical Assistance HUD/Section 8			Other				
Subsidized Child Care Name of Person Receiving Va			Value of Resources/Benefits		Date Received				
	J								
5) Is any member in	the household avoid	ing or running fron	the law to	avoid a feloi	ıv nrosecuti	on custody o	r confinement		
after conviction, or i			i the law to	a voia a icivi	ij prosecuti	_YES	NO		

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:YESNO							
Full Name of Person Date of Arrest		Arresting		Date of Felony Conviction	Conviction Was For	YESNO	
Tun Name of Ferson	Date of Affest	Artesting Agency		Date of reforty Conviction		ion _ Distribution	
					Other (explain)	_ Distribution	
				_Other (explain)			
7) Did anvone move in	ito or out of v	vour home o	r did von mov	ve in with someone else?	Include: newbori	ıs: temnorary	
absences; deceased, en					YES		
Full Name of Person	10104 01 1010	Relationship T		Explain What Changed		Date of Change	
		•				9	
8) Does anyone have a	nything else	to report?			YES	S _NO	
			ing any costs	If "YES", complete bel		, _10	
	changes or stops.		ing any costs.		gnant, have a baby, m	iscarry or terminate	
	t, stop or change		alth	 Marital: Marry, dive 	-		
	Starts, stops, quit,				Open/close a checking	or savings account	
in hours.	miris, stops, quit,	refuse a job of t	ranning, change	- Checking/Savings.	Open/close a enceking	or savings account.	
■ School-Age 16 o	or Older: Start o		college. Costs		trade, or give away, or	get a motor vehicle,	
	l transportation,		1 1	home, land, etc. (per		12 1 224	
School- Ages 6 regularly.	through 17: Stop	or start attendir	ig school	Disability: BecomeAny criminal Conv	disabled or recover fro	m a disability.	
• •	-	Dalatian abin T	- V		icuons/Arrests	Dete of Change	
Full Name of Person		Relationship T	0 1 Ou	Explain What Changed		Date of Change	
Full Name of Person		Relationship	To Vou	Explain What Changed		Date of Change	
Tull Name of Ferson		Relationship) 10 10u	Explain what Changed		Date of Change	
ADDE	PESS CHANG	CF Fill in this	saction only if yo	u have moved or have a new m	nailing address. Attac	h nwoof	
NEW HOME ADDRESS (N	UMBER STREE	ET AVENUE B	LVD_ETC) APT	NO. CITY STATE ZIP		W PHONE NUMBER	
TIEW HOME TERRITORY	ember, eme	31,11721702,2	2, 2, 2, 2, , , , , ,	o. cirr giiiib Eii	1,2,	, THOUGH HOMBER	
	Lama	ALTERIC APPRE	og (IE DIEEEDE) III	EDOLG A DOLEN	(CYTY)	
DATE MOVED	ATE MOVED NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP				ZIP		
	•		CEDEU	ELCATION:			
I III DEDOMAND TH	A 750		CERTI	FICATION			
I UNDERSTAND TH			0 1				
	•			nges in my household.			
				mination of assistance. If			
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 REPORTAND 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 F	'hone	
Signature of Spouse or Other P	arent of Cash Aide	ed Child(ren)	Date Signed	Home Phone	Contact F	Phone	

	Weekending:	_		_ ا	, .		2	
	Agentable Worls Agriculties	Sat	Sum	Mon	Tues	Wed	Thurs	Fi
For the Month of:	Acceptable Work Activities							
	_							\vdash
When completed return to your Case								L
Worker with your MER by the 10th day of the Month.								L
day of the Month.	Weekending:			_	<u></u>		<u>&</u>	
34 hours of approved work		_ Sat	Sun	Mon	Tues	Wed	Thurs	뜐
participation hours are required per	Acceptable Work Activities	— ·	- Z	_	-		-	<u> </u>
family per week. Did you meet your 34 hours per week?								\vdash
YesNo								\vdash
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.	Weekending:	_ _	=	ਵ	8	교	Thurs	<u></u>
	Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	🛱	F.
Clients Signature: Date:								
Signature of CTTP Staff: Date:	-							L
Signature and phone number of								L
approved 3rd Party verifying hours				_	_			_
								⊢
Signature:	Weekending:	_		_	8		2	
DI #	Acceptable Work Activities	Sat	Sun	Mon	T	Wed	Thurs	F.H.
Phone #:	Acceptable Work Activities							\vdash
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Phone #:								_
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Signature:	Weekending:	_		_	, .	_	2	
Phone #:		Sat	Sum	Mon	Tues	Wed	Thurs	Fri
Signature:	Acceptable Work Activities	+		 	 	 	 	\vdash
Phone #:								\vdash
Signature:								
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	Weekending:	_		_ ا	, .		2	
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Signature of CTTP Staff: Date:	-							L
Signature and phone number of								L
approved 3rd Party verifying hours				_	_			_
								⊢
Signature:	Weekending:	_		_	8		2	
DI #	Acceptable Work Activities	Sat	Sun	Mon	T T	Wed	Thurs	F.H.
Phone #:	Acceptable Work Activities							\vdash
Signature:								
Phone #:								
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Phone #:								_
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Signature:	Weekending:	_		_	, .	_	2	
Phone #:		Sat	Sum	Mon	Tues	Wed	Thurs	Fri
Signature:	Acceptable Work Activities	+		 	 	 	 	\vdash
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