Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: November 2016

MER due date: December 6th, 2016. If your MER is incomplete or not received by the due date your check may be delayed or case closed.

Need help completing your MER? Please call your TANF Office

Pala:	(888) 806-8263	**Escondido:**	(866) 428-0901	**Santa Ynez:**	(866) 855-8263
San Diego:	(866) 913-3725	**Manzanita:**	(866) 931-1480		

Name_____ Date of Birth_____

Mailing Address_____

Telephone Number_____ Message Telephone_____

Email Address_____

By providing your email address, you are authorizing communication with Tribal TANF staff via email

1. UPDATE PERSONAL EVENTS ☐**YES** ☐**NO**

Were there any changes in the reporting month? Check all ☒ that apply and ***attach proof***.

- ☐ Adult moves in/out of home
- ☐ Bank account – Open/Close
- ☐ Birth of Child
- ☐ Birthday – Adult/Child
- ☐ Charged/convicted of drug or alcohol related felony
- ☐ Child moves in/out of home
- ☐ Commodities Began / Ended
- ☐ Deceased
- ☐ Domestic Violence
- ☐ Divorced
- ☐ Employment Began/Ended
- ☐ Food Stamps Began / Ended
- ☐ Graduation/GED/HS/AA/BA
- ☐ Incarcerated
- ☐ Married
- ☐ Medi-Cal Began / Ended
- ☐ Moved to new home
- ☐ New Phone Number/Mailing Address
- ☐ New Room Mate(s)
- ☐ Pregnant
- ☐ Received Report Card(s)
- ☐ Separated
- ☐ Vehicle sold/purchased
- ☐ WIC Began / Ended
- ☐ Other_____

Name	Relationship to You	What Happened	Date of Change

NEW ADDRESS:

New Home Address
New Mailing Address ☐**Same as Home**

NEW PHONE NUMBER:

Name	New Number	Name	New Number

OFFICE USE ONLY

ELIGIBILITY SPECIALIST	*CAREER*	*CASE WORKER*	*ELIGIBILITY REVIEWER*
☐ *ENTERED MER* ☐ *ENTERED GAS* ☐ *SCANNED* *STAFF INITIAL:* _____ *DATE:* _____	*FULFILLED WPH:* ☐ *Y* ☐ *N TOTAL WPH:* _____ ☐ *ENTERED NOTES/CAL* *STAFF INITIAL:* _____ *DATE:* _____	*SANCTIONED:* ☐ *Y* ☐ *N CODE:* _____ ☐ *ENTERED NOTES* *STAFF INITIAL:* _____ *DATE:* _____	*AMT:* _____ *CODE:* _____ *INITIAL:* _____ *DATE:* _____

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2. CARETAKER INCOME

Check all ☒ that apply and ***attach proof***.

Employment Income	Who Received the Income?	Date Issued	Gross Amount
			$
			$
			$
			$
			$
Unearned Income	**Who Received the Income?**	**Date Received**	**Gross Amount**
☐ Tribal Distributions: Per Capita / Revenue Sharing			$
☐ Social Security			$
☐ Rental Income / Property Sales			$
☐ Workmen's Comp			$
☐ Unemployment, Ins. Benefits			$
☐ Back Government Benefits			$
☐ Spousal Support			$
☐ Insurance/Legal Settlements			$
☐ Strike Benefits			$
☐ Casino/ Lottery Winnings			$
☐ Life Insurance			$
☐ Cash Gifts/ Tribal Gifts			$
☐ Grants/PELL / Scholarships			$
☐ Disability			$
☐ Lump Sums			$
☐ Earned Income Tax Credit			$
☐ Tax Return			$
☐ Other:			$

3. TANF CHILDREN INCOME ☐**YES** ☐**NO**

Did any TANF children receive income in the reporting month? Check all ☒ that apply and ***attach proof***.

Source of Income	Who Received the Income?	Date Received	Gross Amount
☐ Child Support			$
			$
			$
			$
			$
			$
☐ Tribal Distributions: Per Capita / Revenue Sharing			$
☐ Employment (Earned Income)			$
☐ Social Security / SSI			$
☐ Disability			$
☐ Back Government Benefits			$
☐ Insurance/Legal Settlements			$
☐ Life Insurance			$
☐ Cash Gifts/ Tribal Gifts			$
☐ Grants/PELL			$
☐ Scholarships			$
☐ Lump Sums			$
☐ Other:			$

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4. TANF CHILDREN CASH ON HAND ☐YES ☐NO

Any TANF children have cash resources for the reporting month? Check all ☒ that apply.

Attach current bank statement summary page showing the ending balance

☐ **Checking Account Ending Balance:**	☐ **Savings Account Ending Balance:**	☐ **Cash on Hand Amount:**
$	**$**	**$**

5. TANF CHILDREN RESOURCES ☐YES ☐NO

Did any TANF children receive resources in the reporting month? Check all ☒ that apply.

Resource Type	Who Received the Resource?	Date Received	Amount
☐ Food Stamps			$
☐ Medi-Cal / Medical Assistance			$
☐ WIC			$
☐ Commodities			$
☐ Subsidized Child Care ***attach proof***			$
☐ Employment and Job Resources ***attach proof***			$
☐ Public Housing ***attach proof if changed***			$
☐ Low Rent ***attach proof if changed***			$
☐ Own House/Trailer ***attach proof***			$

6. HIGH SCHOOL AGED TANF CHILDREN ☐YES ☐NO

Were there any children age 17 or older and attending high school in the reporting month?

Child Name	School	Anticipated Grad Date

7. ADDITIONAL INFORMATION NEEDED ☐YES ☐NO

Check all ☒ that you would like information for:

☐ Career Development
☐ Case Worker
☐ Domestic Violence Intervention
☐ Teen/Pregnancy Prevention
☐ Native Youth for Success Program
☐ GED/Diploma
☐ Voc Rehab
☐ Non-Custodial Education
☐ Substance Abuse Intervention/Treatment
☐ Other:_____
☐ Apprenticeship
☐ Family Activities
☐ Cultural Activities
☐ Job Search
☐ Family Counseling
☐ Nutritionist
☐ Housing

8. APPLIED FOR AID ☐YES ☐NO

Have you applied for aid with any other TANF program, Foster Care, or CalWORKs in the reporting month?

Program name:_____ **Date applied:**_____

CERTIFICATION

- I must contact my Eligibility Specialist **immediately** of any changes in my household that may affect my eligibility for the amount of my cash aid.
- 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 will be terminated.
- Payments may be delayed or terminated because of an incomplete or late MER / Calendar.

I certify under penalty of perjury that all of the above information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF program, and possible lifetime denial of Tribal TANF assistance.

Signature of Non-Needy Caretaker: ✂ _____ Date Signed: _____

Signature of 2nd Adult/Spouse: ✂ _____ Date Signed: _____