

The following alphabetical list, describes the categories on the reverse side.  
 Each section describes the **ACCEPTABLE DOCUMENTATION** for each category.  
 This entire document has been approved by the SCTCA Tribal TANF Program.

**A**

**Alimony Income**

1. Copy of monthly alimony pay stubs or
2. A State/County Court or District Attorneys Office monthly print out with monthly gross and year to date payments or
3. Monthly written statement from support paying adult with date and amount of alimony paid to spouse for current month. Include support paying adults name, address and phone number or
4. Current dated statement from State/County Court or District Attorneys Office stating alimony has been discontinued and the date of discontinuance.

**B**

**Bank Statement**

1. Copy of current month balance bank statement or
2. Current current month balance internet printed bank statement.

**Birth Certificate**

1. Original, valid and readable birth certificate from the County Recorders Office.  
 Note: For new born children and those who have lost their Social Security card, a Birth Certificate Application Receipt from the County Recorders Clerks Office will only be accepted by TANF for 4-6 weeks from initial application date.

**Birth of Child**

1. Copy of the child's original birth certificate or
2. Copy of hospital record with parents and child's name and date of birth and
3. Copy of application submitted at hospital for child's birth certificate and social security card.

**Bureau of Indian Affairs General Assistance (BIA GA) Income**

1. Copy of monthly BIA GA pay stubs or
2. A BIA General Assistance monthly print out, by an authorized representative with monthly gross and year to date payments or
3. Current dated denial or closed letter from BIA General Assistance Program.

**C**

**California ID**

1. Copy of original valid California Drivers License with current name and address or
2. Copy of original valid California Identification Card with current name and address.  
 Note: Name on license and/or identification card must match name on social security card.  
 Note: If moving to California from out of state, a DMV application receipt for a California Drivers License or California Identification Card must be submitted at the time of applying for Tribal TANF. The receipt will only be accepted by TANF for 4-6 weeks from original DMV application.

**Cal Works / Other Tribal TANF Eligibility Denial**

1. Current dated SCTCA Tribal TANF Public Assistance Verification Fax form (TANF Eligibility Form Number: E045-PFFS-01/04/05), or
2. Current dated statement from authorized Cal Works or other Tribal TANF (not SCTCA) representative stating eligibility status, or
3. Current dated denial/closed letter from Cal Works or other Tribal TANF (not SCTCA) program.

**Child/Adult Moves In/Out of Home**

1. A sworn and dated statement from head of household, with name of person who moved in/out of the home and the date they moved.

**Child Placement**

1. Written dated statement from authorized personnel from State/Tribal Court, Indian Child Welfare (ICWA) or Child Protective Service (CPS) placing child(ren) in new/ temporary home. Placement date and name of responsible adult(s) must be stated in the letter or
2. Written dated and notarized statement from custodial parent placing child(ren) in new/temporary home. Placement date and name of responsible adult(s) must be stated in the letter and
3. Completed SCTCA Tribal TANF Forms: Non-Needy Caretaker Agreement Form (E010-NNCA 01/99) and Placement Agreement Form (E011-PA 01/99)  
 Note: If statement has an expiration date, a new statement must be submitted to the TANF eligibility worker 10 business days prior to the latest expiration date.

**Child Support Income**

1. Copy of monthly Bureau of Child Support/District Attorneys pay stubs or
2. Copy of personal check, money order, cashiers check (confirming child support payment) or
3. A Bureau of Child Support/District Attorney monthly print out with monthly gross and year to date payments and/or
4. Written statement from support paying parent stating the date and amount of support paid to custodial parent for child. Also include support paying parents name, address and phone number or
5. Current dated statement from Bureau of Child Support or District Attorneys Office stating child support has been discontinued and the date of discontinuance.

**Child Support Payment**

1. Written statement from Bureau of Child Support/District Attorney's Office by authorized personnel stating name of parent required to pay child support, payment beginning/ending date, and amount of payments or
2. Current copy of court order stating name of parent required to pay child support, beginning/ending date of payments, and amount of payments or
3. A completed monthly District Attorney Child Support Division Request Form (SCTCA Tribal TANF Form number E-035/DACSDR-12/02)

**Commodities**

1. Current copy of Commodity Award Letter with beginning and ending date of commodity eligibility or
2. Monthly printout from Commodity Program stating monthly eligibility.

**D**

**Deceased TANF Household Member**

1. Official death certificate copy from County Recorder Clerks Office.

**Divorce**

1. Copy of official final divorce settlement from County, State or Tribal Court.

**Domestic Violence**

1. Current copy of filed police report and
2. Copy of current restraining order and
3. Statement from Indian Health or other Public / Private Domestic Violence Units confirming domestic violence has occurred and
4. Confidential sworn statement from victim to SCTCA Tribal TANF Site Manager and Executive Director about the incident, where temporary housing may be and request for continuing cash aid assistance (if temporary housing is off reservation).

**Drug Testing**

1. Current original signed receipt from Indian Health Council or other authorized drug testing facility/company.

**E**

**Employment**

1. Current dated statement from employer with name, address and phone number of employer, and employee start date, hours of employment and pay rate.

**Employment Income**

1. Copy of monthly pay stubs from Employer or
2. Statement from employer on company letterhead with monthly gross and year to date earnings.

**Family Bereavement**

1. Copy of public death announcement and
2. Sworn dated statement from participant stating their relationship to the deceased.

**Family Medical Leave**

1. Current statement from authorized personnel representative stating employee name, beginning/ending date of Family Medical Leave and gross payment information.

**Food Stamps**

1. Current dated SCTCA Tribal TANF Public Assistance Verification Fax form (TANF Eligibility Form Number: E045-PFFS-01/04/05), or
2. Copy of current Food Stamp Award Letter with beginning and ending date of food stamp eligibility and value or
3. Copy of current monthly food stamp voucher and/or award letter.

**H**

**High School Diploma / GED / Higher Education**

1. Copy of original diploma or certificate with official stamp.

**Homeless**

1. Statement from authorized tribal government representative stating name of the homeless person/family, date homelessness began and non-eligibility for emergency tribal housing assistance and
2. Statement from AMIHA or Tribal Housing authorized representative stating the name of the homeless person / family and non-eligibility for tribal housing assistance and
3. Statement from authorized county homeless shelter representative stating eligibility for financial aid, services and programs.

**I**

**Illness/Medical Disability**

1. Current dated statement from authorized medical or mental health practitioner stating patient's physical/mental limitations due illness, beginning and expected ending date of illness or disability.

**Immunization Record**

1. Copy of current, readable immunization card and/or
2. Current statement from authorized medical representative stating all child immunizations are current and/or
3. Current notarized statement from parent and physician stating child is not to receive immunizations due to personal beliefs/choices.

**Incarceration of TANF Household Member**

1. County or Tribal Court copy with name and incarceration/release date or
2. Internet print out with name and incarceration and release date.

**Income Tax Refund**

1. Copy of State and/or Federal Income Tax Refund Check or
2. Copy of prepared State and/or Federal Income Tax records.

**Individual Indian Money (IIM)**

1. Current written statement from the Bureau of Indian Affairs with account name, current balance and eligible withdrawal date or
2. Current bank statement with account name, current balance and eligible withdrawal date.

**Insurance (Auto, Life and/or Health) Settlement**

1. Copy of monthly pay stubs received from Insurance company or
2. Copy of official stamped settlement papers with name of payee, date of payment(s), gross amount of monthly and year to date payments

**L**

**Legal Settlement Income**

1. Copy of monthly legal settlement income pay stubs or
2. Copy of official stamped settlement papers, with payee name, date of payment(s), gross amount of monthly and year to date payments

**Life Insurance Proceeds (Income)**

1. Copy of monthly pay stubs received from Life Insurance company or
2. Monthly statement from authorized Life Insurance representative with payee name, date and amount of monthly gross and year to date payments.

**Livestock**

1. Sworn statement from livestock owner stating number of livestock owned and total value of the livestock and if the livestock is for sale or personal use.

**M**

**Mailing Address Change**

1. Written statement or Mail Box Receipt from United States Post Office with date of address change and name of box renter/owner.

**Marriage**

1. Copy of original certified marriage license and
2. Copy of original certified marriage certificate and
3. If applying for marriage incentive payment, a dated written statement from a certified counselor or clergyman stating completion of pre-marriage counseling program and date.

**Medi-Cal**

1. Copy of original Medi-Cal card and
2. Current dated SCTCA Tribal TANF Public Assistance Verification Fax form (TANF Eligibility Form Number: E045-PFFS-01/04/05), or
3. Current original Medi-Cal Award Letter with beginning and ending date of Medi-Cal eligibility or
4. Current Monthly printout from Medi-Cal program stating monthly eligibility.

**N**

**Non Reservation Property**

1. Current bill of sale showing ownership of non reservation property.

**P**

**Per Capita Income**

1. Copy of monthly Per Capita income pay stubs received from Tribe or
2. Monthly statement from authorized tribal government representative with payee name, date and amount of monthly gross and year to date payments.

**Physical Address Change**

1. Current Statement from new private landlord or AMIHA/Tribal Housing Authority representative with household composition, new physical address and move date.

**Pregnancy**

1. Dated letter from authorized medical practitioner with patient name, current trimester and expected due date.

**Proof of Indian and/or Enrollment with a Federally Recognized Tribe**

1. Copy of original valid tribal identification card with current name or
2. Current dated written statement from the Bureau of Indian Affairs with full name, birth date and reservation of enrollment or
3. Current dated statement from authorized tribal government representative on tribal letterhead recognizing person as lineal descendent and resident of their Tribe.

**R**

**Receipts**

1. Original, undamaged, readable vendor receipts with total amount of purchase (receipt must be printed with date and store name).

**Report Cards / Progress Report**

1. Copy of current report card or progress report from school or
2. Current dated statement from school principal/authorized school representative with student name, grade level, current class grades (GPA) and attendance record.

**Residency**

1. Current dated statement from designated tribal government representative on tribal letterhead with family composition and physical/reservation address and/or
2. Current dated statement from designated AMIHA or Tribal Housing representative on letterhead with family composition and physical/reservation address and/or
3. Current utility bill with head of household's name and current physical address.

**Revenue Sharing Income**

1. Copy of monthly Revenue Sharing income pay stubs received from Tribe or
2. Monthly statement from authorized tribal government representative with payee name, date and amount of monthly gross and year to date payments.

**S**

**Separated Spouse**

1. Dated print out from the County, State or Tribal Court with husband/wife name, separation file / effective date, support arrangements and separation end date or
2. Sworn written statement from the husband and/or wife stating separation date, support arrangements and new residency address.

**Social Security Card**

1. Copy of original, valid and readable social security card with name matching California Drivers License and/or California Identification Card  
 Note: For new born children and those who have lost their Social Security card, Social Security Card Application Receipt from the Social Security Office will only be accepted by TANF for 4-6 weeks from social security card application date.

**Social Security Benefits (SSI, Disability, Retirement and/or Survivors)**

1. Copy of monthly Social Security pay stubs or
2. Social Security monthly print out with monthly gross and year to date payments or
3. Current dated award letter from Social Security with start/end date and gross and year to date payments.

**State Disability Income**

1. Copy of monthly State Disability income pay stubs or
2. Monthly print out from State Disability with monthly gross payments or
3. Current award letter with start/end date and gross and year to date payments.

**Student School Enrollment (K-12)**

1. Dated statement from school principal or authorized school representative with students name, grade level, start date and projected graduation date (if applicable).

**Subsidized Child Care**

1. Current dated statement from authorized Child Care Assistance Grant representative stating head of household name, child(ren) name, began/end date of subsidized child care and total monthly value of the subsidy.

**Subsidized Housing**

1. Current dated statement from authorized Housing Representative stating head of household name, family composition, began/end date of subsidized housing and total monthly value of the subsidy.

**T**

**Training (Adult)**

1. Print out from authorized school or training representative stating name, training subject and enrollment/graduation date.

**U**

**Unemployment Income**

1. Copy of monthly Unemployment income pay stubs or
2. Unemployment monthly print out with monthly gross and year to date payments.

**United States Citizenship**

1. Current dated statement from Immigration and Naturalization department stating full legal name, effective date of American citizenship and
2. Copy of valid US citizenship card with full legal name and picture and
3. Current Social Security printout stating full legal name and total number of working quarters and
4. Copy of original Social Security Card with full legal name.

**V**

**Vehicle Registration**

1. Current copy of DMV vehicle registration card with valid registration dates and name of registered owner and/or
2. Current DMV print out with valid registration dates and name of registered owner.

**Vehicle Estimated Value**

1. Copy of Kelly Blue Book vehicle make, model and value or
2. Internet print out of vehicle make, model and value.

**Veterans Benefits Income**

1. Copy of monthly Veterans Benefits income pay stubs or
2. Veterans Administration monthly print out with monthly gross payments or
3. Current award letter with start/end date and gross and year to date payments.

**Women Infants & Children (WIC)**

1. Copy of WIC Award Letter with beginning and ending date of WIC eligibility or
2. Copy of monthly WIC voucher and front and back of WIC folder (case number and next appointment date)

**Workers Compensation Income**

1. Copy of monthly Workers Compensation pay stubs or
2. Monthly print out from Workman's Compensation with monthly gross payments or
3. Current award letter with start / end date and gross and year to date payments.