

## Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: \_\_\_\_\_. To avoid delay of your Monthly TANF Check please submit your MER by the 5<sup>th</sup> of MER due date: each month. Need help completing your MER? Please call your TANF Office (888) 806-8263 Escondido: (866) 428-0901 Santa Ynez: (866) 855-8263 La Mesa: (866) 913-3725 Manzanita: (866) 931-1480 Orange: (657) 244-9088 Name Date of Birth Mailing Address Telephone Number Message Telephone Email Address ॡ By providing your email address, you are authorizing communication with Tribal TANF staff via email ॡ UPDATE PERSONAL EVENTS ☐YES ☐NO Were there any changes in the reporting month? Check all I that apply and attach proof. ☐ Adult moves in/out of home Deceased Moved to new home ☐ Bank account – open/closed Divorced New mailing address Employment began/ended New phone number ☐ Birth of child ☐ Birthday – adult/child CalFresh began / ended ☐ Pregnant ☐ Charged/convicted of drug or Graduation/GED/HS/AA/BA Separated alcohol related felony Vehicle sold/purchased Incarcerated Child enrolled in new school Married ☐ Other ☐ Child moves in/out of home ☐ Medi-Cal began / ended What Happened Relationship to You **Date of Change** Name **NEW ADDRESS: New Home Address New Mailing Address** ☐Same as Home **NEW PHONE NUMBER:** 

Name

**New Number** 

Name

**New Number** 



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Reporting Month	:		

2.	<b>CARETAKER INCOME</b>	YES	NO
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Did you receive income for the reporting month? Check all \( \) that apply and **attach proof**.

,	Adult 1			Adult 2		
	Who Received	Date	Gross	Who Received	Date	Gross
	the Income?	Issued	Amount	the Income?	Issued	Amount
Employment Income			\$			\$
Employment Income			\$			\$
			\$			\$
			\$			\$
Unearned Income	Who Received	Date	Gross	Who Received	Date	Gross
Offeathed income	the Income?	Issued	Amount	the Income?	Issued	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	3.	TANF	CHILDREN	INCOME	YES	NO
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Did any TANF children receive income in the reporting month? Check all I 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 RESOURCES		that apply Attack assumed h	ant ata		
	If any TANF children had any cash resou showing the ending balance	rces, cneck all 🗷	tnat apply <b>Attach current b</b>	ank stat	ement sum	imary page
	Checking Account Ending Balance: \$	Savings Account Ending Balance: \$		1 1 1	Cash on Hand Amount: \$	
_						
5.	TANF CHILDREN RESOURCES YES  Did any TANF children receive resources		nonth? Check all 🔀 that ann	lv		
	Resource Type	in the reporting in	Who Received the		mount	Date Received
	•	Resource?				
☐ CalFresh \$						
☐ Medi-Cal / Medical Assistance						
	Subsidized Child Care <u>attach proof</u>			\$		
_	Employment and Job Resources attach p					
	Public Housing (affordable apartments for low erly or persons with disabilities) attach proof					
	Rent Subsidy (Federal, State, Tribe, local gov					
priv	ate social services agency pays for part of the u	unit's rent either to				
	mber of household or directly to landlord) <u>attac</u> anged	ch proof if				
	Own House/Trailer <u>attach proof</u>					
6.	HIGH SCHOOL AGE TANF CHILDREN		and high ashaal in the wangetin		. 2	
	Were there any TANF children age 17 or Child Name	older and attendir	School	ig monu		ated Grad Date
	5.55.55.75.55.75					
7. ADDITIONAL INFORMATION NEEDED YES NO Would you like information on the following? Check all \( \omega \) that you would like information for:  Career Development					nt	
8. APPLIED FOR AID YES NO Have you applied for aid, on behalf of your TANF children, with any other TANF program, Foster Care, or CalWORKs in the reporting month?  Program name:  Date applied:						
	Program name:		Date	applied	l•	
			FICATION			
<ul> <li>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.</li> <li>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.</li> <li>Payments may be delayed or terminated because of an incomplete or late MER / Calendar.</li> </ul>						
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.						
Sig	Signature of Non-Needy Caretaker: X Date Signed:					
	Signature of 2nd Adult/Spouse: X Date Signed:					

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