

MER due date: _____ . To avoid delay of your Monthly TANF Check please submit your MER by the 5th of each month.

Need help completing your MER? Please call your TANF Office

Pala: (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

THIS INFORMATION WILL BE PRE-PRINTED. IF DOWNLOADED, YOU WILL NEED TO ENTER THIS INFORMATION.

Name **Sunshine Day** Date of Birth **01/01/1973**
Mailing Address **123 Daisy Ln., Sunnyvale CA 99999**
Telephone Number **760-123-4567** Message Telephone **760-987-6543**
Email Address **myemail@gmail.com**

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

NOTIFY YOUR ELIGIBILITY SPECIALIST RIGHT AWAY ABOUT THE **HIGHLIGHTED** ITEMS—DON'T WAIT FOR YOUR MER. PERSONAL EVENTS MAY REQUIRE AN APPLICATION UPDATE BEFORE YOUR NEXT TANF CHECK IS ISSUED.

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/closed
- Birth of child
- Birthday – adult/child
- Charged/convicted of drug or alcohol related felony
- Child enrolled in new school
- Child moves in/out of home

- Deceased
- Divorced
- Employment began/ended
- CalFresh began / ended
- Graduation/GED/HS/AA/BA
- Incarcerated
- Married
- Medi-Cal began / ended

- Moved to new home
- New mailing address
- New phone number
- Pregnant
- Separated
- Vehicle sold/purchased
- Other _____

Name	Relationship to You	What Happened	Date of Change
Sally Day	Daughter	Moved out of home	4/1/25
Jimmy Day	Son	Birthday	4/15/25
Sunshine Day	Self	New Job	4/5/25
Billy Day	Husband	Quit Job	4/21/25

IF YOU QUIT YOUR JOB, ATTACH A STATEMENT EXPLAINING WHY. THE SITE MANAGER WILL REVIEW IT FOR GOOD CAUSE. YOUR CHECK WON'T BE PROCESSED WITHOUT IT.

NEW ADDRESS:

New Home Address IF YOU MOVED, ENTER YOUR NEW PHYSICAL ADDRESS HERE.

New Mailing Address IF YOU MOVED AND YOUR MAILING ADDRESS IS THE SAME AS ABOVE, CHECK THE BOX, IF NOT ENTER NEW MAILING ADDRESS.
 Same as Home

NEW PHONE NUMBER:

Name	New Number	Name	New Number

ALWAYS NOTIFY YOUR ELIGIBILITY SPECIALIST IMMEDIATELY TO UPDATE YOUR CONTACT INFORMATION (ADDRESS AND PHONE).

2. EARNED INCOME YES NO

REPORT ALL EMPLOYMENT INCOME, INCLUDING ON-THE-JOB TRAINING WAGES. ENTER GROSS AMOUNT (THE AMOUNT BEFORE TAXES) AND ATTACH PAYSTUBS.

Was there any earned income (employment wages), including payroll advances, issued in the reporting month? Attach pay stubs or proof of earnings & time sheets.

Name:	Sunshine Day		Position/Title:	Stylist
Employer Name:	Hair by Maddie		Employer Phone:	760-987-1234
Week 1 Gross Amt	Week 2 Gross Amt	Week 3 Gross Amt	Week 4 Gross Amt	Week 5 Gross Amt
\$ 180.00	\$ 210.00	\$ 200.00	\$	\$
Date Issued				
4/11/25	4/18/25	4/25/25		
Name:			Position/Title:	
Employer Name:			Employer Phone:	
Week 1 Gross Amt	Week 2 Gross Amt	Week 3 Gross Amt	Week 4 Gross Amt	Week 5 Gross Amt
\$	\$	\$	\$	\$
Date Issued				
Name:			Position/Title:	
Employer Name:			Employer Phone:	
Week 1 Gross Amt	Week 2 Gross Amt	Week 3 Gross Amt	Week 4 Gross Amt	Week 5 Gross Amt
\$	\$	\$	\$	\$
Date Issued				

3. UNEARNED INCOME YES NO

REPORT ALL OTHER UNEARNED INCOME HERE AND THE DATE YOU RECEIVED IT. VERIFICATION MUST BE ATTACHED FOR ALL REPORTED INCOME.

Was there any unearned income received in the reporting month? Check all that apply and attach proof.

Source of Income:	Who Received the Income?	Date Received	Gross amount of Income Received
<input checked="" type="checkbox"/> Child Support	Sunshine Day	4/5/25	\$ 150.—
<input type="checkbox"/> Spousal Support			\$
<input type="checkbox"/> Unemployment, Ins. Benefits (UIB)			\$
<input type="checkbox"/> Social Security / SSI			\$
<input type="checkbox"/> Disability			\$
<input checked="" type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing	Sunshine Day	4/16/25	\$ 500.—
<input type="checkbox"/> Tax Return, Earned Income Tax Credit			\$
<input type="checkbox"/> Back Government Benefits			\$
<input type="checkbox"/> Insurance/Legal Settlements / Life Insurance			\$
<input type="checkbox"/> Casino/Lottery Winnings			\$
<input checked="" type="checkbox"/> Cash Gifts/ Tribal Gifts	Sunshine Day	4/23/25	\$ 100.—
<input type="checkbox"/> Rental Income / Property Sales			\$
<input type="checkbox"/> Lump Sums			\$
<input type="checkbox"/> Workmen's Comp.			\$
<input type="checkbox"/> Strike Benefits			\$
<input type="checkbox"/> Grants/PELL or Scholarships			\$
<input type="checkbox"/> Other:			\$
<input type="checkbox"/> Other:			\$
<input type="checkbox"/> Other:			\$

4. CASH RESOURCES YES NO

BANK STATEMENT ENDING BALANCES WILL BE REVIEWED TO ENSURE TOTAL RESOURCES REMAIN UNDER THE ALLOWABLE LIMIT FOR CONTINUED ELIGIBILITY.

If you had any cash resources check all that apply.

Attach current bank statement summary page showing the ending balance

<input checked="" type="checkbox"/> Checking Account Ending Balance: \$ -11.46	<input checked="" type="checkbox"/> Savings Account Ending Balance: \$ 125.56	<input type="checkbox"/> Cash on Hand Amount: \$
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5. RESOURCES YES NO

CALFRESH & MEDI-CAL WILL BE VERIFIED WITH THE COUNTY. ANY RESIDENCY OR FAMILY DISCREPANCIES WILL DELAY YOUR MER UNTIL RESOLVED.

Were there any resources received in the reporting month? Check all that apply.

Resource Type	Who Received the Resource?	Amount	Date Received
<input checked="" type="checkbox"/> CalFresh	Family	\$ 275.—	4/3/25
<input checked="" type="checkbox"/> Medi-Cal / Medical Assistance	Family		4/1/25
<input type="checkbox"/> Subsidized Child Care <i>attach proof</i>		\$	
<input type="checkbox"/> Employment and Job Resources <i>attach proof</i>			
<input type="checkbox"/> Public Housing (<i>affordable apartments for low-income families, elderly or persons with disabilities</i>) <i>attach proof if changed</i>			
<input type="checkbox"/> Rent Subsidy (Federal, State, Tribe, local government or private social services agency pays for part of the unit's rent either to member of household or directly to landlord) <i>attach proof if changed</i>			
<input type="checkbox"/> Own House/Trailer <i>attach proof</i>			

6. SCHOOL/ VOCATIONAL TRAINING YES NO

THIS IS REPORTING FOR THE ADULTS ON THE CASE.

Did anyone participate in School/Vocational Training in the reporting month?

Adult Name	Site of Training
Sunshine Day	Two Directions

7. HIGH SCHOOL AGE CHILDREN YES NO

CHILDREN AGED 18 & GRADUATED FROM HIGH SCHOOL ARE NO LONGER ELIGIBLE FOR TANF SERVICES & A DELETE CHILD APPLICATION NEEDS TO COMPLETED.

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

Child Name	School	Anticipated Grad Date
Sally Day	High School Name	6/15/25

8. ADDITIONAL INFORMATION NEEDED YES NO

Would you like information on the following? Check all that you would like information for:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Career Development | <input type="checkbox"/> Home Stability Support | <input type="checkbox"/> Non-Custodial Education |
| <input type="checkbox"/> Crisis / Disaster Emergency Benefit | <input type="checkbox"/> Housing | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Job Search | <input type="checkbox"/> Substance Abuse Intervention/Treatment |
| <input type="checkbox"/> Domestic Violence Intervention | <input type="checkbox"/> Marriage / Pre-marital Counseling | <input type="checkbox"/> Teen/Pregnancy Prevention |
| <input checked="" type="checkbox"/> Emergency Funding | <input type="checkbox"/> Incentive | <input type="checkbox"/> Voc Rehab |
| <input type="checkbox"/> Family / Individual Counseling | <input type="checkbox"/> Native Youth Success Program | |
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Non-Criminal Traffic Fine | |
| <input type="checkbox"/> GED/Diploma | | |
| <input type="checkbox"/> Other: | | |

IF YES, YOUR MER CANNOT BE PROCESSED UNTIL CLARIFIED.

RECEIVING SERVICES FROM ANOTHER COUNTY OR PROGRAM WHILE ON SCTCA TRIBAL TANF MAY BE CONSIDERED A DUPLICATION OF BENEFITS, WHICH COULD LEAD TO OVERPAYMENTS, REPAYMENT, AND/OR CASE CLOSURE. YOUR CASE—INCLUDING MER AND ALL PAYMENTS—WILL BE ON HOLD UNTIL RESOLVED.

9. 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; such as new job, addition/deletion to household, moved.
- 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. SIGN & DATE THE 1ST OF THE FOLLOWING MONTH OR LATER (EX. APRIL MER DATED MAY 2ND)

Signature of Head of Household: Sunshine Day Date Signed: 5/2/25

Signature of 2nd Adult: _____ Date Signed: _____



SCTCA Tribal TANF Employment/Training Calendar

THIS INFORMATION WILL BE PRE-PRINTED. IF DOWNLOADED, YOU WILL NEED TO ENTER THIS INFORMATION.

Name: Sunshine Day Month/Year: April 2025

Instructions: The calendar below displays a series of columns for you to write in each Employment/Training activity. In each column is a day of the month for which you may have participated. Write in the number of hours you participated in each day. Have the instructor initial for each day of attendance and attach verification of attendance for off-site activities (employment time sheets, monthly progress report, blackboard, etc.). Please total the number of hours you participated for each of the activities at the end of the month.
FILL OUT IN INK ONLY. Please Sign & Date Next Page.

Two Parent:
Required 40 hours per week

Single Parent youngest child age 1-5:
Required 20 hours per week

Single Parent youngest child age 6+:
Required 30 hours per week

Employment		Culture			Class Name			Class Name											
Days	Hours	Days	Class Hours	HW Hours	Initial	ENTER NAME AND TITLE OF EACH CLASS													
1		1				1						1							
2		2				2						2							
3		3				3						3							
4		4				4						4							
5	5.15	5				5						5							
6	5.23	6				6						6							
7		7				7						7							
8	5.01	8				8						8							
9	5	9				9						9							
10	5	10				10						10							
11		11				11						11							
12		12				12						12							
13	5.48	13				13						13							
14	5.14	14				14						14							
15	5.01	15				15						15							
16		16				16						16							
17		17				17						17							
18		18				18						18							
19	5.34	19				19						19							
20		20				20						20							
21	5.0	21				21						21							
22		22	2	2	TC#	22						22							
23		23				23						23							
24	5.21	24	2	2	TC#	24						24							
25	5.0	25				25						25							
26		26				26						26							
27		27	2	2	TC#	27						27							
28	5.09	28				28						28							
29		29				29						29							
30	5.02	30				30						30							
31		31				31						31							
Total Days	Total Hours	Total Days	Total Hours			Total Days	Total Hours	Total Days	Total Hours	Total Days	Total Hours	Total Days	Total Hours						
14	71.68	3	12																

TOTAL EACH COLUMN

ENTER TOTAL TRAVEL HOURS EACH DAY, NOT TO EXCEED WHAT HAS BEEN APPROVED ON YOUR CLASS SCHEDULE.

							Travel		Other Pre-Approved Activities*					
Days	Class Hours	HW Hours	Initial	Days	Class Hours	Hours	Days	Hours	Date	Time	Hours	Activity & Location	Staff Initial	Apprvd
1				1			1							
2				2			2							
3				3			3		4/3	10-11	1	Intake appointment	CDS	
4				4			4							
5				5			5	2						
6				6			6	2						
7				7			7							
8				8			8	2						
9				9			9	2						
10				10			10	2						
11				11			11							
12				12			12							
13				13			13	2						
14				14			14	2						
15				15			15	2						
16				16			16							
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24				24			24	2						
25				25			25	2						
26				26			26							
27				27			27							
28				28			28	2						
29				29			29							
30				30			30	2						
31				31			31							
Total Days	Total Hours	Total Days	Total Hours											
						14	28	1	1					

CONTACT CAREER OR CASE WORKER TO REQUEST PRE-APPROVAL FOR ACTIVITIES. IF PRE-APPROVED: ATTEND ACTIVITY, DOCUMENT ACTIVITY AND SUBMIT VERIFICATION.

***Other Pre-Approved Work Participation Activities**

Pre-Approved TANF work participation activities are not included on your current class schedule. In order to receive actual work participation credit and supportive services paid, these activities must be pre-approved by your Career Development Specialist and proof of attendance / participation attached or submitted to your Career Development Specialist.

Two Parent:
Required 173 hours per month

Single Parent youngest child age 1-5:
Required 87 hours per month

Single Parent youngest child age 6+:
Required 130 hours per month

Total Work Participation Hours for the month: 112.68

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.

Participant Signature: Sunshine Day

Date: 5/2/25

OFFICE USE ONLY
ENTERED CALENDAR
DATE / INITIAL:

SIGN & DATE THE 1ST OF THE FOLLOWING MONTH OR LATER (EX. APRIL MER DATED MAY 2ND)