

Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: **APRIL 2025**

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 **Holly Wood** 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**.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Adult moves in/out of home | <input type="checkbox"/> Deceased | <input checked="" type="checkbox"/> Moved to new home |
| <input type="checkbox"/> Bank account – open/closed | <input type="checkbox"/> Divorced | <input checked="" type="checkbox"/> New mailing address |
| <input type="checkbox"/> Birth of child | <input checked="" type="checkbox"/> Employment began/ended | <input checked="" type="checkbox"/> New phone number |
| <input checked="" type="checkbox"/> Birthday – adult/child | <input type="checkbox"/> CalFresh began / ended | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Charged/convicted of drug or alcohol related felony | <input type="checkbox"/> Graduation/GED/HS/AA/BA | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Child enrolled in new school | <input checked="" type="checkbox"/> Incarcerated | <input type="checkbox"/> Vehicle sold/purchased |
| <input checked="" type="checkbox"/> Child moves in/out of home | <input type="checkbox"/> Married | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Medi-Cal began / ended | |

Name	Relationship to You	What Happened	Date of Change
Holly Wood & Kids	Self, Niece & Nephew	Moved to new home	4/7/25
Jack Johnson	Boyfriend	Moved into home	4/15/25
Benny Fitt	Nephew	Birthday	4/29/25
Holly Wood	Self	New Phone number	4/16/25

NEW ADDRESS:

New Home Address
 987 Melonside Way, Plentyville CA 90000 IF YOU MOVED, ENTER YOUR NEW PHYSICAL ADDRESS HERE.

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

NEW PHONE NUMBER:

Name	New Number	Name	New Number
Holly Wood	760-321-9876		

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

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REPORT ANY SOURCE OF INCOME (EMPLOYMENT MUST BE REPORTED EVEN IF RECEIVING CHILD CARE ASSISTANCE). ENTER GROSS AMOUNT (THE AMOUNT BEFORE TAXES) AND ATTACH PAYSTUBS.

2. CARETAKER INCOME YES NO

Did you receive income for the reporting month? Check all that apply and **attach proof**.

	Adult 1			Adult 2		
	Who Received the Income?	Date Issued	Gross Amount	Who Received the Income?	Date Issued	Gross Amount
Employment Income	Holly Wood	4/4/25	\$ 2600.—			\$
	Holly Wood	4/18/25	\$ 2600.—			\$
			\$			\$
			\$			\$
Unearned Income	Who Received the Income?	Date Issued	Gross Amount	Who Received the Income?	Date Issued	Gross Amount
<input checked="" type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing	Holly Wood	4/15/25	\$ 500.—			\$
<input type="checkbox"/> Social Security			\$			\$
<input type="checkbox"/> Rental Income / Property Sales			\$			\$
<input type="checkbox"/> Workmen's Comp			\$			\$
<input type="checkbox"/> Unemployment, Ins. Benefits			\$			\$
<input type="checkbox"/> Back Government Benefits			\$			\$
<input type="checkbox"/> Spousal Support			\$			\$
<input type="checkbox"/> Insurance/Legal Settlements			\$			\$
<input type="checkbox"/> Strike Benefits			\$			\$
<input type="checkbox"/> Casino/ Lottery Winnings			\$			\$
<input type="checkbox"/> Life Insurance			\$			\$
<input type="checkbox"/> Cash Gifts/ Tribal Gifts			\$			\$
<input type="checkbox"/> Grants/PELL / Scholarships			\$			\$
<input type="checkbox"/> Disability			\$			\$
<input type="checkbox"/> Lump Sums			\$			\$
<input type="checkbox"/> Earned Income Tax Credit			\$			\$
<input type="checkbox"/> Tax Return			\$			\$
<input type="checkbox"/> Other:			\$			\$

REPORT ALL OTHER INCOME RECEIVED BY THE TANF CHILDREN, INCLUDING THE DATE IT WAS RECEIVED. YOU MUST ATTACH VERIFICATION FOR EACH SOURCE OF INCOME REPORTED.

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
<input type="checkbox"/> Child Support			\$
<input type="checkbox"/> Child Support			\$
<input type="checkbox"/> Child Support			\$
<input checked="" type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing	Benny Fitt	4/15/25	\$ 100.00
<input type="checkbox"/> Employment (Earned Income)			\$
<input type="checkbox"/> Social Security / SSI			\$
<input type="checkbox"/> Disability			\$
<input type="checkbox"/> Back Government Benefits			\$
<input type="checkbox"/> Insurance/Legal Settlements			\$
<input type="checkbox"/> Life Insurance			\$
<input type="checkbox"/> Cash Gifts/ Tribal Gifts			\$
<input type="checkbox"/> Grants/PELL			\$
<input type="checkbox"/> Scholarships			\$
<input type="checkbox"/> Lump Sums			\$
<input type="checkbox"/> Other:			\$

4. **TANF CHILDREN CASH RESOURCES** YES NO
 If any TANF children had any cash resources, check all that apply showing the ending balance

CHILDREN'S BANK ACCOUNT ONLY—BANK STATEMENT ENDING BALANCES WILL BE REVIEWED TO ENSURE TOTAL RESOURCES REMAIN UNDER THE ALLOWABLE LIMIT FOR CONTINUED ELIGIBILITY.

<input type="checkbox"/> Checking Account Ending Balance: \$	<input checked="" type="checkbox"/> Savings Account Ending Balance: \$ 150.72	<input type="checkbox"/> Cash on Hand Amount: \$
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5. **TANF CHILDREN RESOURCES** YES NO
 Did any TANF children receive resources in the reporting month?

TANF CHILDREN ONLY—CALFRESH & MEDI-CAL WILL BE VERIFIED WITH THE COUNTY SYSTEM. ANY DISCREPANCIES WILL DELAY YOUR MER UNTIL RESOLVED.

Resource Type	Who Received the Resource?	Amount	Date Received
<input checked="" type="checkbox"/> CalFresh	Benny & Jazmine	\$ 325-	4/3/25
<input checked="" type="checkbox"/> Medi-Cal / Medical Assistance	Benny & Jazmine		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 (affordable apartments for low-income families, elderly or persons with disabilities) <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. **HIGH SCHOOL AGE TANF CHILDREN** YES NO
 Were there any TANF children age 17 or older and attending high school in the reporting month?

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

Child Name	School	Anticipated Grad Date
Benny Fitt	High School Name	6/15/25

7. **ADDITIONAL INFORMATION NEEDED** YES NO
 Would you like information on the following? Check all that you would like information for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Career Development | <input checked="" type="checkbox"/> Family Activities | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Crisis / Disaster Emergency Benefit | <input type="checkbox"/> GED/Diploma | <input type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> Cultural Activities | <input type="checkbox"/> Home Stability Support | <input type="checkbox"/> Intervention/Treatment |
| <input type="checkbox"/> Domestic Violence Intervention | <input type="checkbox"/> Housing | <input type="checkbox"/> Teen/Pregnancy Prevention |
| <input type="checkbox"/> Diversion Assistance | <input type="checkbox"/> Job Search | <input type="checkbox"/> Voc Rehab |
| <input checked="" type="checkbox"/> Family / Individual Counseling | <input type="checkbox"/> Native Youth Success Program | |
| <input type="checkbox"/> Other: _____ | | |

IF YES, YOUR MER CANNOT BE PROCESSED UNTIL CLARIFIED.

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: _____

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.

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.

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

Signature of Non-Needy Caretaker: Holly Wood Date Signed: 5/2/25
 Signature of 2nd Adult/Spouse: _____ Date Signed: _____