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Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: January 2020

MER due date: February 7, 2020. 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
La Mesa:	(866) 913-3725	**Manzanita:**	(866) 931-1480	**Fountain Valley:**	(866) 728-2230

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 Enrolled in New School
- ☐ Child moves in/out of home
- ☐ Deceased
- ☐ Divorced
- ☐ Employment Began/Ended
- ☐ Food Stamps 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

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/CALENDAR* *STAFF INITIAL:* _____ *DATE:* _____	*SANCTIONED:* ☐ *Y* ☐ *N CODE:* _____ ☐ *ENTERED NOTES* *STAFF INITIAL:* _____ *DATE:* _____	*AMT:* _____ *CODE:* _____ *INITIAL:* _____ *DATE:* _____

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2. EARNED INCOME ☐YES ☐NO

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:			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	Date Issued	Date Issued	Date Issued	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	Date Issued	Date Issued	Date Issued	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	Date Issued	Date Issued	Date Issued	Date Issued

3. UNEARNED INCOME ☐YES ☐NO

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
☐ Child Support			$
			$
			$
☐ Spousal Support			$
☐ Unemployment, Ins. Benefits (UIB)			$
			$
			$
			$
☐ Social Security / SSI			$
☐ Disability			$
☐ Tribal Distributions: Per Capita / Revenue Sharing			$
☐ Tax Return, Earned Income Tax Credit			$
☐ Back Government Benefits			$
☐ Insurance/Legal Settlements / Life Insurance			$
☐ Casino/Lottery Winnings			$
☐ Cash Gifts/ Tribal Gifts			$
☐ Rental Income / Property Sales			$
☐ Lump Sums			$
☐ Workmen's Comp.			$
☐ Strike Benefits			$
☐ Grants/PELL or Scholarships			$
☐ Other:			$
☐ Other:			$
☐ Other:			$

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4. CASH ON HAND ☐ **YES** ☐ **NO**

Were there any 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. RESOURCES ☐ **YES** ☐ **NO**

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

Resource Type	Who Received the Resource?	Amount	Date Received
☐ Food Stamps		$	
☐ Medi-Cal / Medical Assistance			
☐ Subsidized Child Care ***attach proof***		$	
☐ Employment and Job Resources ***attach proof***			
☐ Public Housing *(affordable apartments for low-income families, elderly or persons with disabilities)* ***attach proof if changed***			
☐ 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) ***attach proof if changed***			
☐ Own House/Trailer ***attach proof***			

6. SCHOOL/ VOCATIONAL TRAINING ☐**YES** ☐**NO**

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

Adult Name	Site of Training

7. HIGH SCHOOL AGE 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

8. ADDITIONAL INFORMATION NEEDED ☐**YES** ☐**NO**

Check all ☒ that you would like information for:

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

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.

Signature of Head of Household: ✂ _____ Date Signed: _____

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