



Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: _____

MER due date: _____. 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
La Mesa: (866) 913-3725

Escondido: (866) 428-0901
Manzanita: (866) 931-1480

Santa Ynez: (866) 855-8263
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**.

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult moves in/out of home | <input type="checkbox"/> Deceased | <input type="checkbox"/> Moved to new home |
| <input type="checkbox"/> Bank account – Open/Close | <input type="checkbox"/> Divorced | <input type="checkbox"/> New Mailing Address |
| <input type="checkbox"/> Birth of Child | <input type="checkbox"/> Employment Began/Ended | <input type="checkbox"/> New Phone Number |
| <input type="checkbox"/> Birthday – Adult/Child | <input type="checkbox"/> Food Stamps 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 type="checkbox"/> Incarcerated | <input type="checkbox"/> Vehicle sold/purchased |
| <input 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

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
<input type="checkbox"/> ENTERED MER <input type="checkbox"/> ENTERED GAS <input type="checkbox"/> SCANNED STAFF INITIAL: _____ DATE: _____	FULFILLED WPH: <input type="checkbox"/> Y <input type="checkbox"/> N TOTAL WPH: _____ <input type="checkbox"/> ENTERED NOTES/CALENDAR STAFF INITIAL: _____ DATE: _____	SANCTIONED: <input type="checkbox"/> Y <input type="checkbox"/> N CODE: _____ <input type="checkbox"/> 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
<input type="checkbox"/> Child Support			\$
			\$
			\$
<input type="checkbox"/> Spousal Support			\$
			\$
<input type="checkbox"/> Unemployment, Ins. Benefits (UIB)			\$
			\$
			\$
<input type="checkbox"/> Social Security / SSI			\$
<input type="checkbox"/> Disability			\$
<input type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing			\$
<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 type="checkbox"/> Cash Gifts/ Tribal Gifts			\$
<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:			\$



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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

<input type="checkbox"/> Checking Account Ending Balance:\$	<input type="checkbox"/> Savings Account Ending Balance:\$	<input type="checkbox"/> Cash on Hand Amount:\$
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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
<input type="checkbox"/> Food Stamps		\$	
<input type="checkbox"/> Medi-Cal / Medical Assistance			
<input type="checkbox"/> Subsidized Child Care attach proof		\$	
<input type="checkbox"/> Employment and Job Resources attach proof			
<input type="checkbox"/> Public Housing (affordable apartments for low-income families, elderly or persons with disabilities) attach proof if changed			
<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) attach proof if changed			
<input type="checkbox"/> 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:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Career Development | <input type="checkbox"/> GED/Diploma | <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Job Search |
| <input type="checkbox"/> Case Worker | <input type="checkbox"/> Voc Rehab | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Domestic Violence Intervention | <input type="checkbox"/> Non-Custodial Education | <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Nutritionist |
| <input type="checkbox"/> Teen/Pregnancy Prevention | <input type="checkbox"/> Substance Abuse Intervention/Treatment | <input type="checkbox"/> Housing | |
| <input type="checkbox"/> Native Youth Success Program | <input type="checkbox"/> 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: _____