

Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: _____

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

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/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

NEW ADDRESS:

New Home Address

New Mailing Address

☐ Same as Home

NEW PHONE NUMBER:

Name	New Number	Name	New Number

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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 RESOURCES ☐ YES ☐ NO

If you had any cash resources 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: \$
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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
☐ CalFresh		\$	
☐ 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

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

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