

# 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 5<sup>th</sup> 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 |
|-----------------------------------------------------------------------------|--------------------------|---------------|---------------------------------|
| <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 RESOURCES ☐ YES ☐ NO

If you had any cash resources check all ☒ that apply.

**Attach current bank statement summary page showing the ending balance**

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

## 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:

- |                                                              |                                                            |                                                    |
|--------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------|
| <input 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           |
| <input type="checkbox"/> Domestic Violence Intervention      | <input type="checkbox"/> Marriage / Pre-marital Counseling | <input type="checkbox"/> Intervention/Treatment    |
| <input type="checkbox"/> Emergency Funding                   | <input type="checkbox"/> Incentive                         | <input type="checkbox"/> Teen/Pregnancy Prevention |
| <input type="checkbox"/> Family / Individual Counseling      | <input type="checkbox"/> Native Youth Success Program      | <input type="checkbox"/> Voc Rehab                 |
| <input type="checkbox"/> Family Activities                   | <input type="checkbox"/> Non-Criminal Traffic Fine         |                                                    |
| <input type="checkbox"/> GED/Diploma                         | <input type="checkbox"/> Assistance                        |                                                    |
| <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: \_\_\_\_\_