

MER due date: each month.		To avoid delay of y	our Monthly TANF C	check please submit y	your MER by the 5 th of
	Need help co	mpleting your ME	R? 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 Tel	lephone	
Email Address	By providing your email ad				
ଜ	By providing your email ad	ldress, you are authoriz	ing communication with	Tribal TANF staff via ema	il a
Were there any c Adult moves i Bank account Birth of child Birthday – ad Charged/conv alcohol relate	– open/closed ult/child victed of drug or d felony i in new school n/out of home	month? Check all I Deceased Divorced Employmen CalFresh be Graduation/ Incarcerated Married Medi-Cal be	t began/ended egan / ended GED/HS/AA/BA d egan / ended	 Moved to New mail New phore Pregnant Separate Vehicle set Other 	d old/purchased
Name	Relations	ship to You	What Hap	pened	Date of Change
NEW ADDRESS:					
New Home Addres	s				

New Mailing Address Same as Home

NEW PHONE NUMBER:

Name	New Number	Name	New Number	



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.*

	<u> </u>			
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				
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				
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				

3. UNEARNED INCOME YES NO

Was there any unearned income received in the reporting month? Check all X that apply and **attach proof**.

Source of Income:	Who Received the	Gross amount of
	Income?	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		\$
U Workmen's Comp.		\$
Strike Benefits		\$
Grants/PELL or Scholarships		\$
Other:		\$
Other:		\$
Other:		\$



Needy Tribal TANF Monthly Eligibility Report (MER) Reporting Month:

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	Savings Account	Cash on Hand
Ending Balance:	Ending Balance: \$	Amount: \$

RESOURCES 🗌 YES 🗌 NO 5.

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

Resource Type	Who Received the	Amount	Date Received
	Resource?		
		\$	
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) <u>attach proof</u> 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) <u>attach proof</u> if changed			
Own House/Trailer attach proof			

SCHOOL/ VOCATIONAL TRAINING YES NO 6.

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

Adult Name	Site of Training

HIGH SCHOOL AGE CHILDREN YES NO 7.

Were there any children age 17 or older and attending high school in the reporting month?

Child Name	School	Anticipated Grad Date

ADDITIONAL INFORMATION NEEDED YES NO 8.

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:				

APPLIED FOR AID YES NO 9.

Have you applied for aid with any other TANF program, Foster Care, or CalWORKs in the reporting month? Date applied: Program name:

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: X Date Signed:

Signature of 2nd Adult: 💥 _____

Date Signed: E106-MERN 01/01/23