



# Non-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<br><input type="checkbox"/> ENTERED GAS<br><input type="checkbox"/> SCANNED<br>STAFF INITIAL: _____<br>DATE: _____ | FULFILLED WPH:<br><input type="checkbox"/> Y <input type="checkbox"/> N TOTAL WPH: _____<br><input type="checkbox"/> ENTERED NOTES/CAL<br>STAFF INITIAL: _____<br>DATE: _____ | SANCTIONED:<br><input type="checkbox"/> Y <input type="checkbox"/> N CODE: _____<br><input type="checkbox"/> ENTERED NOTES<br>STAFF INITIAL: _____<br>DATE: _____ | AMT: _____<br>CODE: _____<br>INITIAL: _____<br>DATE: _____ |



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## 2. CARETAKER INCOME

Check all ☒ that apply and **attach proof**.

|   | Adult 1                  |             |              | Adult 2                  |             |              |
|---|--------------------------|-------------|--------------|--------------------------|-------------|--------------|
|   | Who Received the Income? | Date Issued | Gross Amount | Who Received the Income? | Date Issued | Gross Amount |
| Employment Income   |                          |             | \$           |                          |             | \$           |
|   |                          |             | \$           |                          |             | \$           |
|   |                          |             | \$           |                          |             | \$           |
|   |                          |             | \$           |                          |             | \$           |
|   |                          |             | \$           |                          |             | \$           |
| Unearned Income   | Who Received the Income? | Date Issued | Gross Amount | Who Received the Income? | Date Issued | Gross Amount |
| <input type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Social Security                                    |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Rental Income / Property Sales                     |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Workmen's Comp                                     |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Unemployment, Ins. Benefits                        |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Back Government Benefits                           |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Spousal Support                                    |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Insurance/Legal Settlements                        |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Strike Benefits                                    |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Casino/ Lottery Winnings                           |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Life Insurance                                     |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Cash Gifts/ Tribal Gifts                           |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Grants/PELL / Scholarships                         |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Disability   |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Lump Sums  |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Earned Income Tax Credit                           |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Tax Return   |                          |             | \$           |                          |             | \$           |
| <input type="checkbox"/> Other:   |                          |             | \$           |                          |             | \$           |

## 3. TANF CHILDREN INCOME ☐ YES ☐ NO

Did any TANF children receive income in the reporting month? Check all ☒ that apply and **attach proof**.

| Source of Income  | Who Received the Income? | Date Received | Gross Amount |
|---|--------------------------|---------------|--------------|
| <input type="checkbox"/> Child Support                                      |                          |               | \$           |
|   |                          |               | \$           |
|   |                          |               | \$           |
|   |                          |               | \$           |
|   |                          |               | \$           |
|   |                          |               | \$           |
| <input type="checkbox"/> Tribal Distributions: Per Capita / Revenue Sharing |                          |               | \$           |
| <input type="checkbox"/> Employment (Earned Income)                         |                          |               | \$           |
| <input type="checkbox"/> Social Security / SSI                              |                          |               | \$           |
| <input type="checkbox"/> Disability   |                          |               | \$           |
| <input type="checkbox"/> Back Government Benefits                           |                          |               | \$           |
| <input type="checkbox"/> Insurance/Legal Settlements                        |                          |               | \$           |
| <input type="checkbox"/> Life Insurance                                     |                          |               | \$           |
| <input type="checkbox"/> Cash Gifts/ Tribal Gifts                           |                          |               | \$           |
| <input type="checkbox"/> Grants/PELL  |                          |               | \$           |
| <input type="checkbox"/> Scholarships                                       |                          |               | \$           |
| <input type="checkbox"/> Lump Sums  |                          |               | \$           |
| <input type="checkbox"/> Other:   |                          |               | \$           |



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## 4. TANF CHILDREN CASH ON HAND ☐ YES ☐ NO

Did Any TANF children have cash resources for the reporting month? 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. TANF CHILDREN RESOURCES ☐ YES ☐ NO

Did any TANF children receive resources 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 <b>attach proof</b>  |                            | \$ _____ |               |
| <input type="checkbox"/> Employment and Job Resources <b>attach proof</b>   |                            |          |               |
| <input type="checkbox"/> Public Housing ( <i>affordable apartments for low-income families, elderly or persons with disabilities</i> ) <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. HIGH SCHOOL AGE TANF 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 |
|------------|--------|-----------------------|
|            |        |                       |
|            |        |                       |

## 7. 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: _____                           |  |  |

## 8. 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.
- 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 Non-Needy Caretaker: ✕ \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of 2nd Adult/Spouse: ✕ \_\_\_\_\_ Date Signed: \_\_\_\_\_