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# Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: November 2019

**MER due date: December 6, 2019. 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 | **Escondido:** | (866) 428-0901 | **Santa Ynez:** | (866) 855-8263 |
| **La Mesa:** | (866) 913-3725 | **Manzanita:** | (866) 931-1480 | **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***.

- ☐ Adult moves in/out of home
- ☐ Bank account – Open/Close
- ☐ 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
- ☐ Food Stamps 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**<br>☐ **Same as Home** |

**NEW PHONE NUMBER:**

| Name | New Number | Name | New Number |
|---|---|---|---|
| | | | |

*OFFICE USE ONLY*

| *ELIGIBILITY SPECIALIST* | *CAREER* | *CASE WORKER* | *ELIGIBILITY REVIEWER* |
|---|---|---|---|
| ☐ *ENTERED MER*<br>☐ *ENTERED GAS*<br>☐ *SCANNED*<br>*STAFF INITIAL:* _____<br>*DATE:* _____ | *FULFILLED WPH:*<br>☐ *Y* ☐ *N TOTAL WPH:* _____<br>☐ *ENTERED NOTES/CAL*<br>*STAFF INITIAL:* _____<br>*DATE:* _____ | *SANCTIONED:*<br>☐ *Y* ☐ *N CODE:* _____<br>☐ *ENTERED NOTES*<br>*STAFF INITIAL:* _____<br>*DATE:* _____ | *AMT:* _____<br>*CODE:* _____<br>*INITIAL:* _____<br>*DATE:* _____ |

**2. CARETAKER INCOME**

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

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

# Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: _____

**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***

| ☐ Checking Account Ending Balance: | ☐ Savings Account Ending Balance: | ☐ Cash on Hand 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 |
|---|---|---|---|
| ☐ Food Stamps | | $ | |
| ☐ 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. 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:

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