

Non-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**.

<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/closed	<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"/> CalFresh 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

2. CARETAKER INCOME YES NO

Did you receive income for the reporting month? 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:			\$

4. TANF CHILDREN CASH RESOURCES YES NO

If any TANF children had any cash resources, check all that apply **Attach current bank statement summary page showing the ending balance**

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

6. HIGH SCHOOL AGE TANF CHILDREN YES NO

Were there any TANF 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

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

<input type="checkbox"/> Career Development	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Nutritionist
<input type="checkbox"/> Crisis / Disaster Emergency Benefit	<input type="checkbox"/> GED/Diploma	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Cultural Activities	<input type="checkbox"/> Home Stability Support	Intervention/Treatment
<input type="checkbox"/> Domestic Violence Intervention	<input type="checkbox"/> Housing	<input type="checkbox"/> Teen/Pregnancy Prevention
<input type="checkbox"/> Diversion Assistance	<input type="checkbox"/> Job Search	<input type="checkbox"/> Voc Rehab
<input type="checkbox"/> Family / Individual Counseling	<input type="checkbox"/> Native Youth Success Program	
<input type="checkbox"/> Other: _____		

8. APPLIED FOR AID YES NO

Have you applied for aid, on behalf of your TANF children, 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: _____