Clear Form

SOUTHERN CALIFORNIA TRIBAL CHAIRMEN'S ASSOCIATION
TRIBAL TANF

Non-Needy Tribal TANF Monthly Eligibility Report (MER)

Reporting Month: **October 2026**

MER due date: **November 5, 2026**. 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***.

- ☐ 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

2. CARETAKER INCOME ☐YES ☐NO
Did you receive income for the reporting month? 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:			$

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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***

☐ **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
☐ CalFresh		$	
☐ 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 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:

☐ Career Development
☐ Crisis / Disaster Emergency Benefit
☐ Cultural Activities
☐ Domestic Violence Intervention
☐ Diversion Assistance
☐ Family / Individual Counseling
☐ Family Activities
☐ GED/Diploma
☐ Home Stability Support
☐ Housing
☐ Job Search
☐ Native Youth Success Program
☐ Nutritionist
☐ Substance Abuse Intervention/Treatment
☐ Teen/Pregnancy Prevention
☐ Voc Rehab
☐ 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: 00/00/00

Signature of 2nd Adult/Spouse: _____ Date Signed: 00/00/00