



SOBOBA TRIBAL TANF PROGRAM STATEMENT OF FACTS

FOR STAFF USE ONLY:	Case Number:
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Beginning date of aid:	/ /
Assistance Unit:	# in HH:

Today's date: ___/___/___

Type of aid requesting: TANF/Cash Aid Diversion Application Type: Original Re-Application Re-Certification

1. APPLICANT/HEAD OF HOUSEHOLD:		
Full Name: (First, Middle, Last)		Applying for TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____ City, State, Zip Code: _____		Phone #: ()
Social Security Number:	Date of Birth:	Driver's License/ID #: Exp. Date:
Email Address:		
Race: <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	Tribal Affiliation: <input type="checkbox"/> Enrolled <input type="checkbox"/> Descendent <input type="checkbox"/> Not Applicable Tribe: _____
Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work	
Education: Highest grade level completed: _____ Year: _____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____ <input type="checkbox"/> No formal education	Disability: <input type="checkbox"/> Not applicable <input type="checkbox"/> Federal Disability OASDI <input type="checkbox"/> Federal Disability Non-Social Security <input type="checkbox"/> Title 16-SSI <input type="checkbox"/> Title 14-APDT (Permanently and Totally Disabled) <input type="checkbox"/> Title 16-AABD (Aged, Blind and Disabled)	
Have you ever been convicted of a Drug Related Felony ? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____ If "Yes", where: _____		
Have you ever been convicted of Welfare Fraud ? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____ If "Yes", where: _____		

2. SPOUSE/OTHER ADULT:		
Full Name: (First, Middle, Last)		Applying for TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____ City, State, Zip Code: _____		Phone #: ()
Social Security Number:	Date of Birth:	Driver's License/ID #: Exp. Date:
Email Address:		
Race: <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	Tribal Affiliation: <input type="checkbox"/> Enrolled <input type="checkbox"/> Descendent <input type="checkbox"/> Not Applicable Tribe: _____
Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work	
Education: Highest grade level completed: _____ Year: _____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____ <input type="checkbox"/> No formal education	Disability: <input type="checkbox"/> Not applicable <input type="checkbox"/> Federal Disability OASDI <input type="checkbox"/> Federal Disability Non-Social Security <input type="checkbox"/> Title 16-SSI <input type="checkbox"/> Title 14-APDT (Permanently and Totally Disabled) <input type="checkbox"/> Title 16-AABD (Aged, Blind and Disabled)	
Have you ever been convicted of a Drug Related Felony ? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____ If "Yes", where: _____		
Have you ever been convicted of Welfare Fraud ? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s): _____ If "Yes", where: _____		



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3. CHILDREN: Complete for all children in your household under the age of 18			
Full Name: (First, Middle, Last)		Applying for TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Applicant:	Placement: (If Applicable) <input type="checkbox"/> Foster Care <input type="checkbox"/> Court Ordered <input type="checkbox"/> Voluntary Placement		Receives SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:		Date of Birth:	Age:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	Race: <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	Tribal Affiliation: <input type="checkbox"/> Enrolled <input type="checkbox"/> Descendent <input type="checkbox"/> Not Applicable Tribe: _____	
Enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____ Name of School Attending: _____			
Absent Parent: (Mother)	Date of Birth:	Absent Parent: (Father)	Date of Birth:

Full Name: (First, Middle, Last)		Applying for TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Applicant:	Placement: (If Applicable) <input type="checkbox"/> Foster Care <input type="checkbox"/> Court Ordered <input type="checkbox"/> Voluntary Placement		Receives SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:		Date of Birth:	Age:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	Race: <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	Tribal Affiliation: <input type="checkbox"/> Enrolled <input type="checkbox"/> Descendent <input type="checkbox"/> Not Applicable Tribe: _____	
Enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____ Name of School Attending: _____			
Absent Parent: (Mother)	Date of Birth:	Absent Parent: (Father)	Date of Birth:

Full Name: (First, Middle, Last)		Applying for TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Applicant:	Placement: (If Applicable) <input type="checkbox"/> Foster Care <input type="checkbox"/> Court Ordered <input type="checkbox"/> Voluntary Placement		Receives SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:		Date of Birth:	Age:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	Race: <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____	Tribal Affiliation: <input type="checkbox"/> Enrolled <input type="checkbox"/> Descendent <input type="checkbox"/> Not Applicable Tribe: _____	
Enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____ Name of School Attending: _____			
Absent Parent: (Mother)	Date of Birth:	Absent Parent: (Father)	Date of Birth:



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4. Does anyone require aid because of pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No		If " Yes " Complete Below:
Name of Expectant Mother:		Expected Date of Delivery: / /
Check the box(s) that applies to the Father of the unborn child: <input type="checkbox"/> In the home <input type="checkbox"/> Employed <input type="checkbox"/> Absent <input type="checkbox"/> Incarcerated <input type="checkbox"/> Indian Descent <input type="checkbox"/> Deceased <input type="checkbox"/> Unemployed		What is the current stage of pregnancy: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd

5. Has anyone in the household <u>EVER</u> received Cash Aid: <input type="checkbox"/> Yes <input type="checkbox"/> No					If " Yes " Complete Below:
Check all that apply:	Tribe/Agency/Program Name:	Grant Amount:	Date Last Received:	Reason for termination:	
<input type="checkbox"/> Tribal TANF		\$	/ /		
<input type="checkbox"/> County or State		\$	/ /		
<input type="checkbox"/> General Assistance		\$	/ /		

6. Does anyone in your household received the following resources: <input type="checkbox"/> Yes <input type="checkbox"/> No					If " Yes " Complete Below:	Attach Proof
Check all that apply:	Recipient Name:	Tribe/Agency/Program Name:	Amount:	Date Last Received:		
<input type="checkbox"/> Food Stamps/Commodities			\$	/ /		
<input type="checkbox"/> MediCal			\$	/ /		
<input type="checkbox"/> Subsidized Housing			\$	/ /		
<input type="checkbox"/> Subsidized Child Care			\$	/ /		

7. Does anyone receive child support or spousal support: <input type="checkbox"/> Yes <input type="checkbox"/> No				If " Yes " Complete Below:	Attach Proof
Who Receives:	For Whom:	Amount Per Month:	Court Ordered:		
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Is anyone in your household currently working: <input type="checkbox"/> Yes <input type="checkbox"/> No				If " Yes " Complete Below:	Attach Proof
Name: (Person A)		Employer:			
Check all that apply: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Tips <input type="checkbox"/> Commission				Monthly Net Wages: (Take home)	
				\$ _____	
Name: (Person B)		Employer:			
Check all that apply: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Tips <input type="checkbox"/> Commission				Monthly Net Wages: (Take home)	
				\$ _____	

9. Has anyone in your household stopped working: <input type="checkbox"/> Yes <input type="checkbox"/> No							If " Yes " Complete Below:	Attach Proof
Name:	Date Last Worked:	Applied for (UIB) Unemployment:	Date Applied:	Outcome of UIB Application:	Weekly Amount:	Date Last Received:		
	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	\$	/ /		
	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	\$	/ /		



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10. Unearned income and/or resources: Check the box for each and indicate the frequency and amount received.				Attach Proof
Income/Resource Type	A. Name:		B. Name:	
	Pay Frequency	Amount	Pay Frequency	Amount
Training: <input type="checkbox"/> Work Study <input type="checkbox"/> CIMC <input type="checkbox"/> JTPA <input type="checkbox"/> Financial Aid <input type="checkbox"/> OJT		\$		\$
State Benefits: <input type="checkbox"/> SDI (State Disability) <input type="checkbox"/> Death Insurance Benefits		\$		\$
Social Security Administration: <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Survivors Benefits <input type="checkbox"/> Other		\$		\$
Other Sources Unearned of Income: <input type="checkbox"/> Loans <input type="checkbox"/> Gifts <input type="checkbox"/> Property sale <input type="checkbox"/> Rental Income <input type="checkbox"/> Lottery, bingo winnings <input type="checkbox"/> Insurance/Legal Settlements		\$		\$
Workers Compensation:		\$		\$
Tribal Income (Per Capita / Revenue Sharing):		\$		\$
EITC:		\$		\$
Other:		\$		\$

11. Does anyone in your household have any property such as motor vehicles, trailers, or motorcycles: <input type="checkbox"/> Yes <input type="checkbox"/> No				Attach Proof
If "Yes" Complete Below:				
Year:	Make:	Model:		
Registered Owner:		License Number:	Vehicle Value: \$	
Year:	Make:	Model:		
Registered Owner:		License Number:	Vehicle Value: \$	

12. Please indicate if anyone in your household has any of the following listed below:				Attach Proof
Name of Individual:	Cash on Hand:	Checking Account:	Savings Account:	
Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank: _____ Current Balance: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank: _____ Current Balance: \$ _____	
Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank: _____ Current Balance: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Bank: _____ Current Balance: \$ _____	

13. Does anyone in the household have other resources: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete below:				Attach Proof
Name of Individual:	Resource Type: (home, water, mineral/ oil rights, royalties)	Frequency Received:	Can it be liquidated:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	



SOBOBA TRIBAL TANF PROGRAM STATEMENT OF FACTS CERTIFICATION

- I (We) understand that if I willingly do not report all facts or give wrong information about my income, property, or family status to get aid or benefits, that I am committing fraud.
- I (We) understand that the facts I (we) have given on this form are subject to verification and review by Soboba TANF staff. Benefits and income facts will be matched with local, state, and federal records.
- A penalty will be issued to my case if I give false information or fail to report facts or situations, which may affect my eligibility for benefits.
- I (We) understand that failure to report information can result in a (1) financial sanction, which is a reduction of monies; (2) recoupment of monies; (3) vendor pay; (4) closed case; (5) denial of benefits.
- I (We) understand that the Tribal TANF program is a temporary assistance program and that the maximum amount of TANF Program assistance is 60 months.
- I (We) understand that my family may not receive duplicate assistance from another state or other Tribal TANF program.
- I (We) agree to substance abuse testing at intervals while receiving TANF benefits.
- I (we) understand that my “Statement of Facts,” and necessary documents must be completed within 30 days from my intake interview.

CLIENT RESPONSIBILITIES

The Soboba Tribal TANF Program (STTP), as mandated by State and Federal guidelines, requires that participants who are receiving cash assistance be engaged in weekly work/job preparation activities. It is imperative that each adult complete a vocational assessment and Work Plan. Participants that do not submit proof of completing their hours may be sanctioned or closed.

Requirements:

1. Participate in at least 87-130 hours of work activities per month as detailed in your Work Plan. Verification of these hours must be submitted monthly by the 5th of every month.
2. Submit the Monthly Eligibility Report (MER) by the 5th of every month.
3. Keep all scheduled appointments.
4. Notify a STTP staff member immediately of any problems which may interfere with your participation in the program.
5. Notify your Case Worker of any changes to your household.

TANF PARTICIPANT RIGHTS

The Soboba Tribal TANF Program (STTP) will provide individuals at risk of losing their benefits with a notice of adverse action at least five (5) business days before said action will begin. An individual shall have the right to appeal any decision by STTP to deny, reduce, suspend, sanction or terminate assistance/services.

Appeal Process

1. The participant may appeal in writing and submit his/her objection of the adverse action to the Site Manager within ten (10) business days of receipt of notification.
2. The Site Manger will respond with a decision in writing within ten (10) business days. This decision may be appealed in writing to the STTP Executive Director within another ten (10) business days of receiving notice.
3. The STTP Executive Director will review the documentation and provide a decision and notify the individual in writing within ten (10) business days.
4. The participant can further appeal the decision to the STTP Board within ten (10) business days of receiving the Executive Directors decision The STTP Boards decision shall be considered final. The Soboba Tribal Council or a Committee appointed by the Soboba Tribal Council shall constitute the STTP Board.

Applicant Signature:	Date:
Applicant Signature:	Date:
Case Worker Signature:	Date:



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INFORMATION RELEASE

In conjunction with the Soboba Tribal Temporary Assistance for Needy Families (TANF) Program, I acknowledge the following:

1. The Soboba Tribal TANF Program (STTP) or their designee has the responsibility of assuring that I continue to remain eligible to participate in the TANF Program.
2. STTP may be required to request, provide, and obtain information about my financial activities, including: earned income, place of employment, unearned income, public assistance benefits or other activities related to eligibility.
3. I understand that I have the responsibility of providing timely notice to the Soboba Tribal TANF Program for any employment related or other activities which might impact my benefits.

I authorize the Soboba Tribal TANF Program or their designee to request or provide information for the purpose of determining my continued eligibility in the TANF Program. I authorize the recipient of this release to freely provide information that may be pertinent to the Soboba Tribal TANF Program's determination of my continued eligibility in the TANF Program.

A copy of this release should be accepted as an original.

I authorize the release of the following information to the Soboba Tribal TANF Program:

1. All information regarding employment, wages, vacation pay, or bonus
2. All information regarding housing, rental, or lease agreements
3. All information regarding bank accounts, IRA's, savings, checking, loans or any other information regarding my finances
4. All information regarding my medical condition or that of my child(ren)
5. All information regarding child support payments
6. All information regarding enrollment in educational or vocational training programs for myself and/or that of my child(ren), including: attendance, financial aid, grade reports, costs, or related expenses
7. All information regarding day care/child care services and expenses
8. All information regarding the placement of my child(ren) in a temporary shelter, foster care (either permanent or temporary placement with other guardians or custodians).
9. All information regarding my history of public assistance with County or Tribal TANF Programs
10. All information regarding my receipt of Food Stamps and Medical Assistance
11. Other: _____

Applicant Name: _____

Applicant Signature: _____

Date _____

Spouse Name: _____

Spouse Signature: _____

Date: _____



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PICTURE/INFORMATION RELEASE

I, _____, hereby grant Soboba Tribal TANF Program permission to use my family's picture/information for the newsletter, website or any other publications in the future.

Family Member Name(s):

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

OR

I, _____, DO NOT authorize the publication of photos for myself or those of my family.

Client Signature

Date

Spouse Signature

Date