

Soboba Tribal TANF Program Monthly Eligibility Report (MER)

Month/Year: _____

WHICH TYPE OF SERVICES ARE YOU CURRENTLY RECEIVING: CASH AID TRANSITIONAL DIVERSION

Case Name:	
Home Phone:	Address, City, State, and Zip Code:

1. PERSONAL EVENTS:		
Did anyone in your household have any changes to report for the report month: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", Complete Below: Attach Proof		
<input type="checkbox"/> Adult/Child moves in/out of home	<input type="checkbox"/> Move to new home*	<input type="checkbox"/> Employment Began/Ended
<input type="checkbox"/> Pregnant	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Other
<input type="checkbox"/> Birth of Child	<input type="checkbox"/> Graduated from School	
Who:	When:	What Occurred:
*Residency/Address Change: (Address, City, State, and Zip Code)		Date Moved:

2. EARNED INCOME:		
Did anyone in your household earn money from employment or On-the-Job-Training in the Report month: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", Complete Below. List Net amounts (after deductions), and ACTUAL date received. Attach Proof		
Name:	Net Amount:	Date Received:

3. UNEARNED INCOME:			
Did anyone in your household receive unearned income for the report month: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", check all that apply Attach Proof			
<input type="checkbox"/> Child support	<input type="checkbox"/> Back Government Benefits	<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Insurance/Legal Settlements	<input type="checkbox"/> Tribal Payments	
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Casino/ Lottery Winnings	<input type="checkbox"/> Per Capita/Revenue sharing	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Cash Gifts	<input type="checkbox"/> Grants/PELL/Financial Aid	
<input type="checkbox"/> Disability	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Rental Income	
<input type="checkbox"/> Loan	<input type="checkbox"/> Property Sales	<input type="checkbox"/> Other	
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Veteran's Benefits		
Date Received:	Who Received:	Source of Income:	Amount Received:
			\$
			\$
			\$
			\$

4. CASH ON HAND:						
Do you or any members of your TANF household have any resources for the report month: <input type="checkbox"/> YES <input type="checkbox"/> NO						
If "YES", a copy of all pages of your bank statement(s) is required. Attach Proof						
Person #1			Person #2			
Checking Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	Checking Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Savings Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	Savings Account:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
Cash on Hand:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	Cash on Hand:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

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5. RESOURCES:		
Did anyone in your TANF household receive any of the following for the report month: <input type="checkbox"/> YES <input type="checkbox"/> NO		Attach Proof
Check all boxes that apply and provide proof of new resource(s).		
<input type="checkbox"/> Food Stamps/Commodities	<input type="checkbox"/> MediCal / Medical Assistance	<input type="checkbox"/> WIC
<input type="checkbox"/> Purchased or sold Vehicle	<input type="checkbox"/> Own House/Trailer	<input type="checkbox"/> Public Housing
<input type="checkbox"/> Other – Explain: _____		
Date Received:	Name of person receiving:	Value of Resource/ Benefits:

6. School Enrollment:			
Do you have school age children in your household:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are all the children under the age of 18 in your household still enrolled in school fulltime:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are they attending school regularly:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any child in your household been expelled or out of school:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please list all school age children as follows:			
Childs Name:	Age:	Grade Level:	Name of School:

7. BACKGROUND:	
Has anyone in your household been <u>convicted</u> of a drug related felony or welfare fraud? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please explain below:	
Conviction Date(s): _____ Reason: _____	

8. DUPLICATION OF SERVICES:	
Did you apply for or are you currently receiving cash assistance from any other Tribal TANF or County Program: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", please indicate when and where you applied: _____	

9. REFERRALS:			
Would you or anyone in your TANF household like a referral to any of the following: <input type="checkbox"/> YES <input type="checkbox"/> NO		Check all boxes that you would like a referral for:	
<input type="checkbox"/> Career Counseling	<input type="checkbox"/> GED/Diploma	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Utility Assistance
<input type="checkbox"/> Domestic Intervention	<input type="checkbox"/> Teen/Pregnancy Prevention	<input type="checkbox"/> Child Care	<input type="checkbox"/> Family Activities
<input type="checkbox"/> Cultural Activities	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Housing	<input type="checkbox"/> Family Counseling
<input type="checkbox"/> Expungement	<input type="checkbox"/> Vehicle Insurance Assistance	<input type="checkbox"/> Substance Intervention/Treatment	<input type="checkbox"/> Other: _____

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 Soboba Tribal TANF Program. The penalty will include financial recovery of any assistance provided to me while on the Soboba Tribal TANF Program, and possible lifetime denial of Tribal TANF assistance.

All adults and teen parents in your TANF household must sign below.

Signature of Head of Household:	Date Signed
Signature of Spouse :	Date Signed

Reviewed by Case Worker: _____

Date: _____