



TORRES MARTINEZ TRIBAL TANF  
**APPLICATION**  
**DOCUMENT VERIFICATION LIST**  
**CLIENT USE**

Applicant's Name: \_\_\_\_\_

- \_\_\_ New Applicant    \_\_\_ Child Only (Exhausted 60 Months)    \_\_\_ Annual Recertification  
\_\_\_ Reunification/Marriage Promotion  
\_\_\_ Amendment: Resources  Adults living in Home and not on case

Sections Amended: \_\_\_\_\_

**You Must Have All Your Records on the Items Checked Below within 10 working days of application:**

- \_\_\_ Verification of months (AFDC/TANF/STATE/COUNTY/TRIBAL TANF Programs, last date of benefits)  
\_\_\_ Personal Identification  
\_\_\_ Birth Certificate for all Family Members  
\_\_\_ Marriage Certificate/Divorce Decree  
\_\_\_ Tribal Enrollment Verification (at least 1 Family Member) \_\_\_\_\_ Federally Recognized Tribe  
\_\_\_ Rent/Utility bill (30 days proof of residency) / (R&B Agreement w/bill attached)  
\_\_\_ Proof of Social Security Numbers for all Family Members  
\_\_\_ Proof of Unemployment Application  
\_\_\_ Proof of all Earned Income (all recent paycheck stubs)  
\_\_\_ Social Security/Disability/VA benefits  
\_\_\_ Per Capita Payments/Casino payments from Tribe  
\_\_\_ Child Support Payments (check stubs)  
\_\_\_ Proof of Property (Vehicle registration or other property)  
\_\_\_ Receipt For Leased Property  
\_\_\_ Current Bank Statements for Savings/Checking Account  
\_\_\_ Proof of (current) School Attendance: All children current  
\_\_\_ Immunizations for all Children (must be updated)  
\_\_\_ Proof of Guardianship (DPSS/CPS/ICWA Courts)  
\_\_\_ Out of State assistance (AFDC/TANF/STATE/COUNTY)  
\_\_\_ Pregnancy Verification (Third trimester begins : \_\_\_\_\_)  
\_\_\_ All family members present at time of interview





# APPLICATION STATEMENT OF FACTS

TODAY'S DATE: \_\_\_\_\_

SITE: \_\_\_\_\_

Fill in the answers for **all** the questions. Print all answers in ink (black ink is best). If you are answering for someone else, the terms "applicant", "you", and "anyone" mean the person(s) you are applying for. Use verifications (such as bills, receipts, and records) to help you fill out the form. Give any verification to your worker to help you support your answers. Ask your worker if you need help getting verifications or completing this form.

NAME OF PERSON APPLYING OR CARETAKER RELATIVE OF CHILD (REN) FOR WHOM AID IS WANTED				HOME PHONE ( )	
HOME ADDRESS	NUMBER	STREET	MAILING ADDRESS IF DIFFERENT		HOME PHONE ( )
CITY/COUNTY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**① List each adult living in the home, including yourself. List those adults who are applying for aid first.**

**A.** NAME (FIRST MIDDLE LAST) US CITIZEN?  YES  NO DISABLED?  YES  NO

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)
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RELATIONSHIP TO YOUNGEST CHILD IN HOME	HIGHEST EDUCATION COMPLETED <input type="checkbox"/> 8 <sup>th</sup> GRADE OR UNDER <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> POST GRAD. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE GRAD.	MARITAL STATUS NOW <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED
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**B.** NAME (FIRST MIDDLE LAST) US CITIZEN?  YES  NO DISABLED?  YES  NO

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)
------------------------	---	------------	-----------	-----	---

RELATIONSHIP TO YOUNGEST CHILD IN HOME	HIGHEST EDUCATION COMPLETED <input type="checkbox"/> 8 <sup>th</sup> GRADE OR UNDER <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> POST GRAD. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE GRAD.	MARITAL STATUS NOW <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED
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**C.** NAME (FIRST MIDDLE LAST) US CITIZEN?  YES  NO DISABLED?  YES  NO

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)
------------------------	---	------------	-----------	-----	---

RELATIONSHIP TO YOUNGEST CHILD IN HOME	HIGHEST EDUCATION COMPLETED <input type="checkbox"/> 8 <sup>th</sup> GRADE OR UNDER <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> POST GRAD. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE GRAD.	MARITAL STATUS NOW <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED
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**D.** NAME (FIRST MIDDLE LAST) US CITIZEN?  YES  NO DISABLED?  YES  NO

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)
------------------------	---	------------	-----------	-----	---

RELATIONSHIP TO YOUNGEST CHILD IN HOME	HIGHEST EDUCATION COMPLETED <input type="checkbox"/> 8 <sup>th</sup> GRADE OR UNDER <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> POST GRAD. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE GRAD.	MARITAL STATUS NOW <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED
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**E.** NAME (FIRST MIDDLE LAST) US CITIZEN?  YES  NO DISABLED?  YES  NO

SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)
------------------------	---	------------	-----------	-----	---

RELATIONSHIP TO YOUNGEST CHILD IN HOME	HIGHEST EDUCATION COMPLETED <input type="checkbox"/> 8 <sup>th</sup> GRADE OR UNDER <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> POST GRAD. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE GRAD.	MARITAL STATUS NOW <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> WIDOWED
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**TRIBAL ENROLLMENT NUMBER:**

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

D. \_\_\_\_\_  
E. \_\_\_\_\_

**STATEMENT OF FACTS: Page B, TMTT**

**② List every child living in the home. List those who are applying for aid first.**

**CHECK BELOW FOR EACH CHILD**

						DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT
A. CHILD'S NAME (FIRST MIDDLE LAST)			US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S NAME					
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	FATHER'S NAME				
BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL GRADE	RELATIONSHIP TO APPLICANT/CARETAKER/RELATIVE TRIBAL ENROLLMENT # _____					
B. CHILD'S NAME (FIRST MIDDLE LAST)			US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S NAME					
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	FATHER'S NAME				
BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL GRADE	RELATIONSHIP TO APPLICANT/CARETAKER/RELATIVE TRIBAL ENROLLMENT # _____					
C. CHILD'S NAME (FIRST MIDDLE LAST)			US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S NAME					
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	FATHER'S NAME				
BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL GRADE	RELATIONSHIP TO APPLICANT/CARETAKER/RELATIVE TRIBAL ENROLLMENT # _____					
D. CHILD'S NAME (FIRST MIDDLE LAST)			US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S NAME					
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	FATHER'S NAME				
BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL GRADE	RELATIONSHIP TO APPLICANT/CARETAKER/RELATIVE TRIBAL ENROLLMENT # _____					
E. CHILD'S NAME (FIRST MIDDLE LAST)			US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOTHER'S NAME					
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RACE/TRIBE	BIRTHDATE	AGE	FATHER'S NAME				
BIRTHPLACE (CITY/STATE/COUNTY OR COUNTRY)		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL GRADE	RELATIONSHIP TO APPLICANT/CARETAKER/RELATIVE TRIBAL ENROLLMENT # _____					

**③ Does anyone want aid because of pregnancy? If "YES", complete below:**  YES  NO

WHO IS PREGNANT?	EXPECTED DATE OF BIRTH	FATHER OF THE UNBORN
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CHECK THE BOX THAT APPLIES TO THE FATHER OF THE UNBORN  
 Deceased     Disabled     Absent     Unemployment

**④ Does everyone applying for aid live in the L.A. or Riverside County? If no explain:**  YES  NO

**④b) Has anyone applying for aid committed TANF related fraud against a county/state/Tribal TANF in the past 3 years?**  
 If yes explain:  YES  NO



9 Has anyone applied for or received unemployment or disability insurance in the last 12 months?  YES  NO

If "YES", explain below:

NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

10 Does anyone pay child or spousal support?  YES  NO

If "YES", explain below:

WHO PAYS	FOR WHOM	AMOUNT PER MONTH	COURT ORDERED <input type="checkbox"/> YES <input type="checkbox"/> NO

11 Has anyone stopped work or training or refused a job or training in the last 60 days?  YES  NO

If "YES", explain below:

NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINER	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$

HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING	DATE LAST PAYCHECK RECEIVED

NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER/TRAINER	REASON FOR LEAVING	CHECKS OR BENEFITS EXPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", HOW MUCH BEFORE DEDUCTIONS \$

HOURS OF WORK/TRAINING	LAST DAY OF WORK/TRAINING	DATE LAST PAYCHECK RECEIVED

12 Does anyone in the household receive subsidized housing, medical assistance (Medicaid/Medi-Cal), Food Stamps and/or Subsidized Child Care?  YES  NO  
If "YES", explain below:

A. NAME OF PERSON	TYPE OF ASSISTANCE	NUMBER OF MONTHS RECEIVED	DOLLAR AMOUNT PER MONTH

B. NAME OF PERSON	TYPE OF ASSISTANCE	NUMBER OF MONTHS RECEIVED	DOLLAR AMOUNT PER MONTH

C. NAME OF PERSON	TYPE OF ASSISTANCE	NUMBER OF MONTHS RECEIVED	DOLLAR AMOUNT PER MONTH

13 Does anyone get any of the items listed below free or in exchange for work?  YES  NO  
If "YES", complete below:

ITEM RECEIVED	WHO GETS THE ITEM	VALUE	WHO GIVES THE ITEM
A. Housing or rent <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
B. Utilities <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
C. Food <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	
D. Clothing <input type="checkbox"/> Free <input type="checkbox"/> Exchange		\$	

**14 Does anyone, including children, get or expect to get money from any source listed below?**

Check YES or NO for each item.

	YES	NO		YES	NO
•Training			•Savings/checking account	<input type="checkbox"/>	<input type="checkbox"/>
-Work Study, JTPA, GAIN, or other program	<input type="checkbox"/>	<input type="checkbox"/>	•Strike benefits	<input type="checkbox"/>	<input type="checkbox"/>
-Other training allowance	<input type="checkbox"/>	<input type="checkbox"/>	•Veterans Administration		
•Education grants, loans, and scholarships	<input type="checkbox"/>	<input type="checkbox"/>	-Disability/survivor benefits compensation	<input type="checkbox"/>	<input type="checkbox"/>
•Welfare			-GI Bill	<input type="checkbox"/>	<input type="checkbox"/>
-AFDC	<input type="checkbox"/>	<input type="checkbox"/>	-Other compensation	<input type="checkbox"/>	<input type="checkbox"/>
-State GA/GR (General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	•Military allotment or pension	<input type="checkbox"/>	<input type="checkbox"/>
-BIA GA (General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>	•Railroad Retirement Fund		
•State Benefits			-Disability	<input type="checkbox"/>	<input type="checkbox"/>
-UIB (Unemployment Insurance)	<input type="checkbox"/>	<input type="checkbox"/>	-Retirement	<input type="checkbox"/>	<input type="checkbox"/>
-DIB/SDI (State Disability)	<input type="checkbox"/>	<input type="checkbox"/>	•Other federal, state, or local government agency		
•Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	-Disability	<input type="checkbox"/>	<input type="checkbox"/>
•Child/Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	-Retirement	<input type="checkbox"/>	<input type="checkbox"/>
•Social Security Administration			•Other pension or disability	<input type="checkbox"/>	<input type="checkbox"/>
-SSI	<input type="checkbox"/>	<input type="checkbox"/>	•Loans, gifts, contributions	<input type="checkbox"/>	<input type="checkbox"/>
-Other Disability	<input type="checkbox"/>	<input type="checkbox"/>	•Income from rental property	<input type="checkbox"/>	<input type="checkbox"/>
-Retirement or survivors	<input type="checkbox"/>	<input type="checkbox"/>	•Winnings (bingo, lottery, prizes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
•Per Capita From Tribe (Income provided by the tribe)	<input type="checkbox"/>	<input type="checkbox"/>	•Other (Explain)	<input type="checkbox"/>	<input type="checkbox"/>

**If "YES", complete below:**

WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN

**A. Does anyone own any property such as cars, trucks, vans, motorcycles, boats, snowmobiles, campers, trailers, mobile homes, machinery, or equipment?**  YES  NO

If "YES", complete below:

OWNER OF VEHICLE	WHO USES VEHICLE	LICENSE NO/ STATE OF REGISTRATION	YEAR/MAKE/MODEL/CLASS	ESTIMATED VALUE	AMOUNT OWED
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**B. Does anyone own livestock?**  YES  NO

If "YES", complete below:

OWNER	LIVESTOCK	VALUE	AMOUNT OWED



**TORRES MARTINEZ TRIBAL TANF**  
**APPLICATION**  
**EMPLOYMENT HISTORY**

**Name of Applicant:** \_\_\_\_\_

To the best of your ability, please list your previous work history, starting with you last job first:

**Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Message \_\_\_\_\_

From Mo/Year \_\_\_\_\_ To Mo/Year \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours per Week \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Message \_\_\_\_\_

From Mo/Year \_\_\_\_\_ To Mo/Year \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours per Week \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

**Name of Employer** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Message \_\_\_\_\_

From Mo/Year \_\_\_\_\_ To Mo/Year \_\_\_\_\_

Hourly Wage \_\_\_\_\_ Hours per Week \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_





# TORRES MARTINEZ TRIBAL TANF APPLICATION / RECERTIFICATION INFORMATION RELEASE

Torres Martinez Tribal policies and Federal regulations require the gathering of information and documentation to accurately determine your initial and continuing eligibility for the TANF program.

Item 1: Tribal TANF personnel may need to contact your employer, your landlord, your children’s school, or other pertinent agencies to perform case management services on your behalf. As an applicant or recipient, information and/or documentation you provide is subject to verification. Completing this form will therefore allow your eligibility to receive case management services that will best serve your needs to be determined.

Item 2: Your TANF case and all information contained therein is confidential and may not be released without your prior written authorization as needed, except as required by law per TMTT Policy, Section 105. This form will permit release of selected information to specific entities necessary to verify or continue eligibility for the receipt of TMTT services. This form must be completed at time application, renewed annually at time of recertification, and may not be dated to extend beyond 14 months from authorization date. Failure to recertify or reauthorize this form timely will terminate eligibility and benefits which may require reapplication.

1. I, \_\_\_\_\_, hereby authorize the Torres Martinez Tribal TANF staff, or other designee to request or verify the information listed below for the purpose of determining my initial or continuing eligibility in the TANF Program. I hereby authorize the recipient of this release to freely provide requested information to the Torres Martinez Tribal TANF Program.
2. I, \_\_\_\_\_, hereby authorize Torres Martinez Tribal TANF staff to **release** the following information from my case to: \_\_\_\_\_

**(Applicant Must Initial Each Item Below as Acknowledgement and Authorization)**

- \_\_\_\_\_ Information regarding my employment and/or wages. (Earned income)
- \_\_\_\_\_ Information regarding housing, rental, or lease agreements.
- \_\_\_\_\_ Information regarding bank accounts, IRA’s, savings, checking, loans, and finances.
- \_\_\_\_\_ Information regarding my medical condition(s) or that of my child(ren) regarding disability, pregnancy, and general ability to perform Work Activity,
- \_\_\_\_\_ Information regarding child support payments.
- \_\_\_\_\_ Information regarding enrollment in school or training or that of my child(ren) including: attendance, financial aid, grade reports, costs, or related expenses.
- \_\_\_\_\_ Information regarding the placement of my child(ren) into temporary shelter or foster care (permanent or temporary placement with other guardian(s) or relatives(s)).
- \_\_\_\_\_ Information regarding day care/child care services and expenses.
- \_\_\_\_\_ Information regarding previous public assistance with any County or Tribal TANF Program.
- \_\_\_\_\_ Information regarding my receipt of Food Stamps and/or Medi-Cal Assistance.
- \_\_\_\_\_ Other information described as: \_\_\_\_\_

**CONSENT:**

This release will expire without express revocation on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (14 month maximum from authorization date below). I understand that I may withdraw this consent by written notice or in the box below if I choose to close the application or discontinue receiving benefits, except when legal action prevents revocation. I also understand that information disclosed by this consent cannot be released to anyone else unless I have indicated this above, give separate written permission, or is required by law or TMTT Policy.

_____	_____	_____
Printed Name	Authorizing Signature	Date
_____	_____	_____
Printed Name	Authorizing Signature	Date

**REVOCAION:**

Except where law and TMTT Policy prohibit, I hereby withdraw my consent for verification and or release of information:		
_____	_____	_____
Printed Name	Authorizing Signature	Date
_____	_____	_____
Printed Name	Authorizing Signature	Date



TORRES MARTINEZ TRIBAL TANF  
APPLICATION

**MER and Payment Acknowledgement**

**I understand the following items will be effective or enforced immediately.**

**Monthly Eligibility Report (MER)**

\_\_\_\_\_ MER'S must be in by the 10<sup>th</sup> of every month (Indicated on upper portion of MER)

\_\_\_\_\_ Clients who turn in their MERs after the 10<sup>th</sup> of the month will receive their checks late.  
(Clients should allow 5 business days for check delivery prior to requesting TMTT follow-up)

\_\_\_\_\_ Clients must fill out their MERs completely or payment will be delayed until completed.  
(e.g. names, addresses, changes, work hours, all stubs, signatures, etc.)

\_\_\_\_\_ Failure to submit the monthly MER by the end of the month due may result in case closure.

\_\_\_\_\_ Copies of pay stubs/work hours for the reporting month must be attached to the MER

**No Exceptions**

\_\_\_\_\_ It is the client's responsibility to contact their Eligibility Worker /Case Worker, if they have not received a MER packet by the first week of the month.

**Support Services**

\_\_\_\_\_ Non-Grant Supportive Service checks will be available to the clients approximately one month after the completion of Supportive Service Request forms and submission of all documentation. Clients should contact their Case Workers to determine delays. Eligibility to receive supportive service payments will be based on continuing compliance with Work Participation, submission of MERs, and other continuing program requirements.

**Months of Eligibility**

\_\_\_\_\_ I understand that if I remain compliant, Needy TANF eligibility exists for a total of 60 months and thereafter I will no longer receive these services. I further understand that TMTT Child Only services may be offered for 24 months total and thereafter I will not be eligible for these services.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Caretaker, or Authorized Representative)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Caretaker, or Authorized Representative)



## Torres Martinez Tribal TANF

### CLIENT OFFICE ETIQUETTE & EVENT RESPONSIBILITY

I agree to act in a responsible manner when on TMTT property or when attending TMTT events and not to use or distribute drugs or alcohol at all such times nor be under the influence of these substances.

I agree to act in a respectful manner towards all TMTT staff and other TMTT clients.

I understand that respect is applicable in attire as well, and I agree to dress appropriately when on TMTT property or when attending TMTT events.

I agree to refrain from being physically or verbally abusive or threatening towards TMTT staff or other TMTT clients and not use vulgar or disrespectful language in the presence of TMTT staff or clients.

I agree to ensure that my children are behaving in a responsible/respectful manner when on TMTT property or when attending TMTT events.

I agree to be cooperative with all TMTT staff and to follow all posted or verbal instructions.

I agree to clean up after myself and/or children when on TMTT property or when attending TMTT events.

I understand that all personal items brought with me are my sole responsibility, and that TMTT staff/personnel shall in no manner be responsible for any lost, damaged, or stolen personal items.

I agree to respect TMTT staff and other TMTT client's right to privacy and will not share such information in the form of gossip.

I agree to be forthright and honest in my dealings with TMTT staff and other TMTT clients.

I agree that I will eat/drink/smoke only in the areas that may be designated for such purposes.

I agree to respect all TMTT property and event facilities, as well as the property of other TMTT clients.

I understand that if at any time TMTT staff determines that my actions are not in full compliance with any of the above, I will be asked to leave TMTT premises or events. I also understand that I may be escorted off TMTT premises or events by TMTT security or by a public law enforcement officer if I decline to leave. I further understand that violation of any the above may result in denial of specific services and or closure of my TANF case.

I understand for the safety of my family and others, acts of domestic violence or child abuse will result in contact of police and or Child Protective Services and could lead to referrals and closure of my TANF case.

I additionally understand that when attending TANF events I will be personally responsible for damages and unallowable expenses including but not limited to room service, room mini-bars, liquor, other hotel amenities, and costs related to needed travel adjustments incurred by I or my family and guests; and, I further understand that these costs may be collected from my monthly grant (excluding liquor) or other recoupment process and I will not be eligible to attend other similar events until these payments are completed.

#### **ACKNOWLEDGEMENT STATEMENT AND SIGNATURE**

*My signature below indicates that I have been informed and understand the requirements contained in this TMTT Client Office Etiquette and Event Responsibility Form. By signing below I agree to fully comply with all of the provisions listed above. In the event that I fail to abide by these rules and responsibilities, I understand that enforcement action could be taken against me, and that I will be responsible for all the consequences that may result, including but not limited to, denial of specific services, recoupment, case suspension, and case closure.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Caretaker, or Authorized Representative)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Caretaker, or Authorized Representative)



# TORRES MARTINEZ TRIBAL TANF (TMTT) APPLICATION AUTHORIZATION & RIGHTS AND RESPONSIBILITIES

## RESPONSIBILITIES AS A TANF RECIPIENT

- I understand that as a condition of receiving services parents and Needy Caretakers must participate in an average of 30 hours a week of approved self-sufficiency work participation activity per a required Personal Responsibility Plan (PRP) and that Child Only recipients and Non-needy Caretakers must participate in an annual PRP emphasizing child developmental activity developed with the Tribal TANF staff. I further understand that middle school age children and above must also participate in a youth PRP identifying academic, social, and vocational development.
- I understand it is my responsibility to complete Activity Verification Sheets (AVS) every week and return these to my TMTT office with my Monthly Eligibility Report (MER) by the 10<sup>th</sup> of every month.
- I understand that I must work toward and acquire a high school diploma or GED if I have not already done so.
- I understand that compliance with TMTT eligibility requires drug testing and possibly substance abuse intake assessment and counseling.
- I understand that all TMMT employees are Mandated Reporters and required by law to report abuse and suspected abuse of children, senior citizens, and other vulnerable populations to pertinent authorities.
- I understand that information I have given is subject to verification with local, state, and federal records, agencies, and individuals including but not limited to employers, landlords, educational facilities, banks, the Social Security Administration, other public assistance programs, tax, and unemployment departments; and, if I give incorrect information at any time my Cash Assistance/Services may be denied or discontinued.
- I understand that falsification of any information is grounds for termination from the TMTT program and will result in recovery of monies paid to me and possible denial of future TMTT assistance.
- I understand the penalties for giving wrong or incomplete facts and failing to report information or changes which may affect my eligibility for Cash Assistance/Services.
- I understand that my case may be selected for additional inspection to ensure my initial or continuing eligibility and that I must cooperate fully in any investigation and that services may be suspended during this period.
- I understand that the Tribal TANF program is a temporary assistance program and the prior use of other assistance programs may affect the term of my eligibility.
- I understand that my family may not receive duplicate assistance from another Tribal TANF or state program.

## RIGHTS AS A TANF RECIPIENT

- I understand I have the right to have the application read to me in my language or English if I prefer.
- I understand I have the right to full and complete confidentiality of all information pertaining to my application or verification per TMTT Policy.
- I understand I have the right to an **appeal** if dissatisfied of any adverse action, sanction, or denial of benefits affecting my application or TMTT case.
- I have the right to be treated fairly with respect by all TMTT staff, and have a right to follow the TMTT complaint process if I feel my needs are not be addressed per policy or if I am being treated unfairly or disrespectfully.

Client Certification: *My signature below indicates that I have been informed of, understand, and agree to the information contained in this application for assistance. I certify under penalty of perjury that all of the application information provided is true and complete. I agree that any information I have supplied is subject to verification.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Caretaker, or Authorized Representative)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TORRES MARTINEZ TRIBAL TANF APPLICATION CASE AUTHORIZATION

**Case Name(s):** \_\_\_\_\_, \_\_\_\_\_ **Case Number** \_\_\_\_\_  
Head of Household Other Adult CIF

**Case Status:**  Approved  Denied

Date Applied: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Date Services will begin \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Conditional Approval or Denial: Identify Reasons, Terms, and Follow-up:**

Conditional Approval may only be based on evidence of limited delayed original documentation

**Case Type:**

- Single Parent  Non-Needy  Child Only  Two Parent
- Two-Parent  Non-Needy  Teen-Parent  Non-Needy

**Amount Eligible \$** \_\_\_\_\_ (Initial and monthly assistance may be reduced per TMTT Policy)

**Amount to be Deducted \$** \_\_\_\_\_ **For Month/s of** \_\_\_\_\_  
(List each month and year and amount)

**Amount Pro-Rated \$** \_\_\_\_\_ **For Month/s of** \_\_\_\_\_  
(List each month and year and amount)

**Identify Reduction in Assistance:**

- Prior Recoupment/Sanction: \_\_\_\_\_
- Prior Overpayment: \_\_\_\_\_
- Earned Income: \_\_\_\_\_
- Other: \_\_\_\_\_: \_\_\_\_\_
- Other: \_\_\_\_\_: \_\_\_\_\_

**Authorization:**

Eligibility Worker: \_\_\_\_\_, \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

Family Development Manager: \_\_\_\_\_, \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print Name Signature

**CASE CLOSED**

**Date:** \_\_\_\_\_

- Employment  60 month time limit
- Marriage  Minor child or parent extended absence from home
- Sanctions/Non Compliance  Other (Transfer, Tribal Policy, etc.): \_\_\_\_\_

Explain: \_\_\_\_\_