



Tuolumne Me-Wuk Tribal TANF

MONTHLY ELIGIBILITY AND CHANGE REPORT

REPORTING MONTH: \_\_\_\_\_ 201\_\_

Family Advocate: \_\_\_\_\_

Please complete and return this form to the Tribal TANF Office by the 10<sup>th</sup> of \_\_\_\_\_ 201\_\_ to calculate your next check, to be received \_\_\_\_\_ in \_\_\_\_\_ 201\_\_. Unless you have been designated as disregarded / exempt from Work Participation activities, you must also turn in your Employment/Training Calendar at the same time. Failure to comply will delay or terminate your grant.

NAME:		TELEPHONE #	
MAILING ADDRESS:	CITY:	STATE:	ZIP:

IF THIS IS A NEW ADDRESS: PLEASE PROVIDE A NEW RESIDENCY AND UTILITY VERIFICATION FORM

STEP 1. UPDATING PERSONAL EVENTS:

Y/N

HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? PLEASE ATTACH VERIFICATION OF CHANGE. MARRIED, DIVORCED, SEPARATED, DECEASED, PREGNANT, BIRTH OF CHILD, ADULT MOVES IN OR OUT, CHILD MOVES IN OR OUT, NEW ROOM MATE (S), INCARCERATED, GRADUATION /GED HS / AA / BA, DOMESTIC VIOLENCE, EMPLOYMENT BEGAN OR ENDED, CHILD TURNED 18, CHILD OUT OF SCHOOL.

PERSONAL EVENT:	HOUSEHOLD MEMBER:	DATE OF CHANGE:	EXPLANATION:

STEP 2. RESOURCES

Y/N

HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? IF YES, LIST RESOURCE AND PROVIDE APPROPRIATE INFORMATION. SUBSIDIZED HOUSING, SUBSIDIZED CHILD CARE, EMPLOYMENT / JOB RESOURCES, PUBLIC HOUSING, OWN HOME / TRAILER, LOW RENT, OTHER.



CERTIFICATION

I MUST CONTACT MY CASE COUNSELOR WITHIN 10 DAYS OF ANY CHANGES ON MY HOUSEHOLD THAT WILL AFFECT MY GRANT.

FACTS I REPORT MAY RESULT IN AN INCREASE, DECREASE OR TERMINATION OF ASSISTANCE. IF I KNOWINGLY GIVE FALSE INFORMATION OR DO NOT REPORT CHANGES IN ORDER TO CONTINUE RECEIVING ASSISTANCE OF BENEFITS, MY ASSISTANCE WILL BE TERMINATED.

PAYMENTS WILL BE DELAYED OR TERMINATED BECAUSE OF AN INCOMPLETE OR LATE MONTHLY ELIGIBILITY REPORT.

*I certify under penalty of perjury all 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 assistance. All adults and teen parents in your TANF household must sign below.*

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Signature of Applicant

Date

Signature of Spouse

Date

Signature of Adult/Teen Parents

Date