



# Tuolumne Me-Wuk Tribal TANF

Toll Free 1-844-303-TANF (8263)

TMWTT- Main Office  
14520 Mono Way, Suite 200  
Sonora, CA 95370

West Point Out-Reach Office  
291 Main Street, Unit A  
West Point, CA 95255

San Andreas – Main Office  
509 East St. Charles Street  
San Andreas, CA 95249

TMWTT – Modesto Office  
2005 Evergreen Ave., Suite 800  
Modesto, CA 95350

NAME: \_\_\_\_\_

For the month of:

When completed return to your Family Advocate with your MER by the 10<sup>th</sup> day of the month.

- To reach independence from TANF, each adult in the household must participate in 18 hours of approved work activities each week.
- Did you meet your 18 hours each week?  
YES / NO
- Reason hours were not met:  
\_\_\_\_\_

Signature and phone number of approved 3<sup>rd</sup> Party verifying work activities have been performed.

\_\_\_\_\_  
Signature Phone #

\_\_\_\_\_  
Signature Phone #

\_\_\_\_\_  
Signature Phone #

\_\_\_\_\_  
Signature Phone #

\_\_\_\_\_  
Signature Phone #

I give TMWTT permission to contact the 3<sup>rd</sup> Party persons listed above to verify my work activities. This consent is valid for one-year unless revoked. *I acknowledge that all information on this timesheet is true and accurate. I understand that submitting false information can jeopardize my eligibility for TANF.*

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
TANF Staff Signature Date

Week Ending: _____	<u>S</u>	<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
Acceptable Work Activities							

Week Ending: _____	<u>S</u>	<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
Acceptable Work Activities							

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Acceptable Work Activities							

Week Ending: _____	<u>S</u>	<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
Acceptable Work Activities							

Please use another sheet of paper if there are 5 weeks in the month.



