



Tuolumne Me-Wuk Tribal TANF

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

Fax 1-209-928-5381

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

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

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

TMWTT – Modesto Office  
2005 Evergreen Ave., Suite 600  
Modesto, CA 95350

## APPLICATION INSTRUCTIONS

1. Form must be filled out with Black or Blue Ink only.
2. You may not use “white out” on any of these documents.
3. Please utilize the “Application Checklist” to help you complete and gather all required documentation for your application and appointment with a Family Advocate.
4. Please complete the TANF application, do not “Sign” or “Date” anything until you are asked to by the Family Advocate. An identifiable application will be based on the date of the application.
5. If you feel that your circumstance warrants an emergency application, please alert the Family Advocate.
6. The Head of Household or Caretaker/Relative will sign the Tribal TANF Application.

**\*NOTE: Tuolumne Me-Wuk Tribal TANF is required to receive vital documents and confidential information to determine eligibility within thirty (30) days of the date of application. In order to process your application in a timely manner, the information on the “Application Checklist” is required. This is the applicant’s responsibility.**



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**TANF APPLICATION**

Total number of household members applying for Cash Aid on this Application \_\_\_\_\_

Name of Applicant: Last, First, MI	Social Security Number
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Maiden or Other Name (if any)	Date of Birth
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Home Address	Number	Street	City	County	State	Zip
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Mailing Address (if different)	City	County	State	Zip
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Telephone Number (s) Home ( )                      Work ( )                      Message ( )

Is your home address permanent?       Yes       No       Homeless

Is anyone applying for     Case Aid or (Single or 2 Parent)     Diversion     Non-Needy Relative     Child Only     Needy Relative     Emergency

Has anyone applied, received, or currently receiving benefits? If so, please indicate which ones :

TANF/CalWorks     Medical     Food Stamps     Homeless Assistance

If so, please indicate whether the aid came from:     County Assistance     State     Tribal TANF

Name of Program: \_\_\_\_\_ Dates Received: \_\_\_\_\_

Name Used: \_\_\_\_\_ State or County: \_\_\_\_\_

Please indicate your tribal affiliation:

Member of Federally Recognized Tribe:                      Do you reside on a Rancheria or Reservation?

Descendant of California Judgment Roll member:                       No     Yes (if yes, list reservation name):

Descendant of Federally Recognized Tribe:                      \_\_\_\_\_

Is anyone pregnant?     Yes     No    If yes, due date: \_\_\_\_\_

How much income did everyone, including the child(ren) receive or will they receive, in the month of this application?

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

How much is your rent or mortgage each month?	How much are your utilities that are not included in your rent?
\$ _____	\$ _____

**COMPLETE THIS SECTION ONLY IF APPLYING FOR: AN EMERGENCY**

Essential Needs		Yes	No
Utilities –currently shut off or have a 48 hour notice		<input type="checkbox"/>	<input type="checkbox"/>
Food will run out within three (3) days		<input type="checkbox"/>	<input type="checkbox"/>
Transportation needed for food, medical care or emergency items		<input type="checkbox"/>	<input type="checkbox"/>
Homeless		<input type="checkbox"/>	<input type="checkbox"/>
Essential clothing needed (such as diapers or cold weather gear)		<input type="checkbox"/>	<input type="checkbox"/>

If yes, specify clothing needed:

Assets	Amount	Debits	Amount
Resources for household, including children:	\$	Monthly rent or mortgage	\$
Cash, uncashed checks or money orders:	\$	Utilities (if not included in rent):	\$
Checking/savings/credit union balance:	\$	Subtotal of debits	\$
Trust Deeds, notes receivable stocks or bonds:	\$	Asset subtotal	\$
Other monetary assets:	\$	Minus debit subtotal	\$
Prior monthly income received by household unit (including children):	\$	<b>Grand total</b>	\$
Subtotal of assets	\$		

For Office use Only:	Case Type:	<input type="checkbox"/> 1 Parent	<input type="checkbox"/> 2 Parent	<input type="checkbox"/> Child Only
		<input type="checkbox"/> Non Needy	<input type="checkbox"/> Needy Caretaker	<input type="checkbox"/> An Emergency

I understand and agree that I am requesting aid from Tuolumne Me-Wuk Tribal TANF (herein referred to as TMWTT) and that I will comply with eligibility requirements. I may be asked to comply with some of these requirements before any aid can be given. I understand the statements I have made on this form may be checked and verified. I understand if I do not qualify for immediate need, other requested services will be approved/denied within standard TANF guidelines. I declare under penalty of perjury under the laws of the United States of America and the State of California the information I have provided is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TMWTT Representative Signature

\_\_\_\_\_  
Date



**TUOLUMNE ME-WUK TRIBAL TANF**

Adult Information						
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number	Gender	Race	Tribe	Tribal Enrollment Number	TANF Client <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Non-Custodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Cash Aid from a TANF program? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Agency		County	State	Start Date	
	Monthly amount			Why discontinued		
	2-Agency		County	State	Start Date	End Date
	Monthly amount			Why discontinued		
	3-Agency		County	State	Start Date	End Date
	Monthly amount			Why discontinued		
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Applied	County	State	Monthly amount	Date of last check received	
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received	
Currently on Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer	County	Offense	Amount of time	Activity	
Cash Resource (Cash on Hand)	1-Resource	Amount	Start date	End date	Date last received	
	2-Resource	Amount	Start date	End date	Date last received	
<u>Other Income - Income Types</u> a) Training b) Education c) Welfare d) State Benefits e) Worker's Comp f) Child/spouse support g) Social Security h) PerCap from Tribe i) Sav/Chk Account j) Strike Benefits k) Veterans Admin l) Military Pension m) Railroad Fund' n) Gov Agency o) Gifts/Contributions p) Rental Property q) Winnings r) RSTF s) Trust Fund t) CD u) Other	1-Income Type		Source	Frequency	Amount	
	Start date		End date	Last date received	Comment	
	2-Income Type		Source	Frequency	Comment	
	Start date		End date	Last date received	Comment	
	3-Income Type		Source	Frequency	Amount	
	Start date		End date	Last date received	Comment	

Adult Information					
<b>Government Assistance</b>	1-Assistance type	Monthly amount	Start date	End date	Date last received
a) Subsidized Housing	2-Assistance	Monthly amount	Start date	End date	Date last received
b) Subsidized Childcare					
c) Medical Assistance	3-Assistance	Monthly amount	Start date	End date	Date last received
d) Food Stamps					
e) Commodities					
Pay Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid to	Paid for		Amount per month	Court ordered <input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	<input type="checkbox"/> 2- year degree <input type="checkbox"/> 4- year degree	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	I attended school through _____ grade. What year did you last attend school? _____	
Employment	Current or Last-Employer Name	Date Employed Start _____ Stop _____	Title	Reason no longer employed.	
VEHICLE INFORMATION -- DO YOU OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1-Year	Make	Model	Class	License	State
Estimated value		Mileage	Amount owed		Note
2-Year	Make	Model	Class	License	State
Estimated value		Mileage	Amount owed		Note

Have you been convicted of a drug related felony within the past ten (10) year?  Yes  No  
If yes, please explain \_\_\_\_\_

In the past 6 months, have you been charged with a drug related felony?  Yes  No  
If yes, please explain \_\_\_\_\_

I understand that as a recipient of TMWTT benefits I am required to complete substance abuse testing. Random testing will be conducted, following initial testing, and a positive test will require me to participate in substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. TMWTT will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.

I, \_\_\_\_\_, on (date) \_\_\_\_\_, hereby grant permission to TMWTT to investigate and verify the above information provided by me to determine eligibility for TMWTT.

I declare under penalty of perjury that the foregoing information that I have provided is true and correct. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for TMWTT.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TMWTT Representative Signature

\_\_\_\_\_  
Date



TUOLUMNE ME-WUK TRIBAL TANF

Child Information					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF Client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes Due Date _____
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployment			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployment		



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## TUOLUMNE ME-WUK TRIBAL TANF CERTIFICATION

I understand that any fact I have given on my application, including benefits and income facts are subject to: verification and reviews by Tribal Personnel, and if I have given false, incorrect or wrong facts, my Cash Assistance may be denied or discontinued.

I understand the penalties for giving wrong or incomplete facts, or failing to report facts and situations which may affect my eligibility or benefits for Cash Assistance.

I understand that my case may be selected for additional review to ensure that my eligibility was correctly determined and that I must cooperate fully.

I understand that the Tribal TANF Program is a temporary assistance program, with a lifetime of 60 months.

I understand as a condition of receiving assistance all adults are required to participate in a work participation program, unless exempt.

I understand as a condition of receiving assistance all adults are required to complete substance abuse testing. If I have a positive test I will be required to participate in further actions outlined by their Family Advocate/Career Development Coordinator. Tribal TANF Assistance will continue through a voucher system or benefits will be denied, reduced or terminated until I am in compliance with the program.

I understand I have a right to have the application read to me in my language or English if I prefer.

I understand I have the right to confidentiality for any and all information pertaining to my application and verification.

I understand that I have the right to appeal if dissatisfied with any adverse action, sanction or denial of benefits affecting my application, or ongoing TANF case.

I understand that my family may not receive assistance from any other State or Tribal TANF program.

I understand that Tuolumne Me-Wuk Tribal TANF and any other Tribal TANF Program or Department of Social Services Programs will exchange my social security numbers, birth records, immunization records, school attendance records, proof of current income/property ownership, child care status, employment service history, time on aid and any other pertinent information pertaining to eligibility and ongoing case management.

Client Certification: My signature below indicates that I have been informed and understand the terms and conditions to participate in the Tribal TANF Program. I certify under penalty of perjury that all of the above information is true and correct. I agree that any information I have supplied is subject to verification. I understand that falsification of any information is ground for termination from the Tuolumne Me-Wuk Tribal TANF Program and may result in recovery of any monies paid to me while in the program and possible denial of Tribal TANF assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TMWTT Representative Signature

\_\_\_\_\_  
Date



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## RIGHTS AND RESPONSIBILITIES

**Work Participation:** Unless exempt, all adults are required to engage in self-sufficiency work activities. They must enter into an agreement and comply with the provisions of their Self-Sufficiency Plan.

Exemptions for participation in work activities may include the following:

- Single custodial parent caring for a child under the age of 12 months old.
- Single custodial parent with a child under the age of 6 with a certified written statement verifying:
  - a. Unavailability of appropriate child care within a reasonable distance from the individual's home or work site, or
  - b. Unsuitability of informal child care by a relative or under other arrangements, or
  - c. Unavailability of appropriate and affordable formal childcare arrangements.
- Documented victims of domestic violence up to a maximum exemption length of 3 months.
- Documented caregiver for a severely disabled child or adult.
- Documented medical reasons.
- Good Cause – deemed appropriate by TMWTT.
- An adult 55 years or older.

**Monthly Report:** You are required to submit a completed Monthly Eligibility and Change Report with verifications by the 10<sup>th</sup> of each month. Failure to do so will result in your case being suspended with cash assistance being withheld. You have 10 business days to submit report before your case is suspended for the complete month, with possible closure.

**Cash Assistance Month:** Cash assistance is paid and available to the participant by the first of each month after the first month of enrollment is established. It is intended for the needs of the eligible family members for that month.

**Reporting Changes in Family Circumstances:** You are required to inform your Family Advocate within 10 days of any changes in family income, family resources, number of persons in the household, changes of address or living arrangements, or children's school attendance.

**Reporting the Receipt of Wrong Benefit Amount:** If you receive a benefit amount which differs from the actual amount you are eligible for, you must notify your Family Advocate prior to cashing the check. The TMWTT Program will adjust your next monthly assistance payment to correct the amount that you have been under/over paid.

**Drug Screening/Testing:** All adult recipients, including non-needy caretakers, are required to complete a substance abuse assessment. All adults required to participate in work activities are also required to be drug tested. A positive test may require recipients to participate in substance abuse counseling sessions or enroll in a rehabilitation program but will not disqualify an applicant/participant from the program. TMWTT will continue Tribal TANF assistance to the family.

**School Age Children:** All school-aged children will be required to attend school full time. Verification of enrollment, regular attendance, and current Grade status is required. Cash benefits will be reduced if fulltime school enrollment and attendance is not verified, until child(ren) return to school and attend regularly.



**Immunization of Children:** Current immunization of all children is a requirement of the program. Failure to provide proof could lead to suspension of monthly assistance payments. If you need assistance in applying for Medi-Cal, you may ask for help from any of our Family Advocates.

**Disqualifications:**

- Applicants/Participants with felony drug convictions will be disqualified for 3 years.
- Individuals who have been convicted of welfare fraud will be disqualified by the program as well

**Non-Duplication of Services:** All applicants will be required to sign the Tribal TANF application certifying if any family members are receiving assistance from another Tribal/State TANF program (including CalWORKs).

**Appeal Rights:** You have a right to a fair hearing if you feel TMWTT has made an incorrect decision on your case. Your appeal must be in writing and be addressed to the TANF Director explaining your reasons why you think an incorrect decision was made about your eligibility.

Appeals should be sent to: Tuolumne Me-Wuk Tribal TANF  
Tribal TANF Director  
14520 Mono Way, Suite 200  
Sonora, CA 95370

***By my signature below I declare and affirm that I have read or have had read to me and understand the Rights and Responsibilities. I also received a copy of TMWTT Rights and Responsibilities as the Notice of Action 'Appeal Form'.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date