

6) Has any member of the household been <u>convicted</u> of a drug related felony for possession, use, or distribution of a controlled substance(s)? If "YES", complete below: YES NO				
Full Name of Person	Date of Arrest	Arresting Agency	Date of Felony Conviction	Conviction Was For (check one)
				<input type="checkbox"/> Use <input type="checkbox"/> Possession <input type="checkbox"/> Distribution Other (explain)

7) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; deceased, entered or left a hospital, etc. If "YES", complete below: YES NO			
Full Name of Person	Relationship To You	Explain What Changed	Date of Change

8) Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. If "YES", complete below: YES NO			
<ul style="list-style-type: none"> ▪ Income: Starts, changes or stops. ▪ Insurance: Start, stop or change life, dental or health. ▪ Job/Training: Starts, stops, quit, refuse a job or training, change in hours. ▪ School-Age 16 or Older: Start or stop school or college. Costs for tuition school transportation, etc. ▪ School- Ages 6 through 17: Stop or start attending school regularly. 		<ul style="list-style-type: none"> ▪ Babies: Become pregnant, have a baby, miscarry or terminate. ▪ Marital: Marry, divorce, or separate. ▪ Checking/Savings: Open/close a checking or savings account. ▪ Property: Buy, sell, trade, or give away, or get a motor vehicle, home, land, etc. (personal or business) ▪ Disability: Become disabled or recover from a disability. ▪ Any criminal Convictions/Arrests 	
Full Name of Person	Relationship To You	Explain What Changed	Date of Change
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ADDRESS CHANGE			
Fill in this section only if you have moved or have a new mailing address. Attach pro of.			
NEW HOME ADDRESS (NUMBER, STREET, AVENUE, BLVD. ETC.) APT. NO. CITY STATE ZIP			NEW PHONE NUMBER
			()
DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE ZIP

CERTIFICATION

I UNDERSTAND THAT:

- I must contact my caseworker within 5 days of any changes in my household .
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance or benefits my assistance or benefits will be terminated.
- Payments may be delayed or terminated because of an incomplete or late MER.
- If knowingly and willfully give false information about my income, property, or family status to receive or continue receiving cash assistance benefits, I can be legally prosecuted. I may be charged with committing a felony if more th an \$400.00 in cash aid is wrongfully paid out. I understand that the penalties for welfare fraud can b e up to \$10,000 dollars and/or three years in prison. Conviction or proof of welfare fraud will also result in the discontinuance of future aid from the Tuolumne Me-Wuk Tribal TANF.

YOU MUST SIGN AND DATE THIS REPORT AND ATTACH ALL VERIFICATION OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained i n this report are true and correct.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse or Other Parent of Cash Aided Child(ren)	Date Signed	Home Phone	Contact Phone

