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

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

	THIS REPORT IS FOR THE MONTH OF:	NAME:				
MONTHLY ELIGIBILITY REPORT (MER)	(Month/Year)	CIF NUMBER:				

- Complete, sign and return this report by 10th of the month, otherwise no cash grant will be processed for payment.
- You must report within 10 days any change that may affect your eligibility for the amount of your cash aid.

	veryone on cash assistant may result in your		_	-			e.	
Attach p If self –ei	(earn) money from complete below. Inc ay stubs or other pr nployed: Attach pro attach proof of exp	lude tip oof of o	os, vacation pay earnings.	or income			ousing. List n	
Who received Income?	Employer's Name		Amount	\$	\$	\$	\$	\$
	Job Training	Actua	l Date Received					
Who received Income?	Employer's Name		Amount	\$	\$	\$	\$	\$
	_ Job _ Training	Actua	l Date Received					
Security, Supplementa Disability Indemnity, vassistance; free housing	veterans or railroad reg/utilities/clothing/fo	etireme od; or a	nt, other privat mything else. If	e or govern "YES", co	ment disab mplete belo	ility or retiren ow. Attach p i	nent; rental in roof.	come and rental
Who received Income?	Source of income		Amount Received	\$	\$	\$	\$	\$
Who received Income?	Source of income	Gross	Amount	\$	\$	\$	\$	\$
		Date I	Received					
3) Did you or any men	mber of your TANF	' house	hold have any	Cash Reso	urces for t	he month?	,	
Checking Account	YES NO		Amount \$			urrent Bank	Statement	
Savings Account	YES NO		Amount \$		Attach C	urrent Bank	Statement	
Cash on Hand	YES NO		Amount \$					
4) Did anyone in your Check all that apply Food Stamps Subsidized Child		eceive —	any of the follo Medi-Cal/Me HUD/Section	dical Assis		_	YESNO)
Name of Person Receiv	ving	Value	of Resources/I	Benefits		Date Receive	ed	
5) Is any member in t after conviction, or in If "YES", who:				he law to a	void a felo	ny prosecutio	on, custody of _YES	r confinementNO

6) Has any mambar of	the househol	d boon conv	iotod of a dwg	a volated followy for negge	ossion uso or dis	tribution of a		
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		Date of Felony Conviction	Conviction Was For			
					_Use _Possess	ion _ Distribution		
					_Other (explain)			
7) D.1								
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	itered or left a	Relationship To		Explain What Changed Date of Change				
8) Does anyone have anything else to report? YES NO								
			ing any aasts	If "YES", complete be	YE	S _NO		
	changes or stops.	rooi, iliciuu	ing any costs.		gnant, have a baby, m	niscarry or terminate.		
	t, stop or change l	ife, dental or hea	alth.	Marital: Marry, div	-	instanty of terminate.		
	Starts, stops, quit,				Open/close a checking	or savings account.		
in hours.		-						
	or Older: Start or I transportation, e		college. Costs		trade, or give away, o	r get a motor vehicle,		
	i transportation, e through 17: Stop		g school	home, land, etc. (per Disability: Become	disabled or recover fro	om a disability.		
regularly.			6	 Any criminal Conv 		,		
Full Name of Person		Relationship	To You	Explain What Changed		Date of Change		
		-						
E HAY CD		D 1 .: 1:	T. 17	F 1' WI - CI 1		D . CCI		
Full Name of Person		Relationship	To You	Explain What Changed		Date of Change		
	I		I					
				SS CHANGE				
NEW HOME ADDRESS (N				or have a new mailing address. NO. CITY STATE ZIP		W PHONE NUMBER		
NEW HOME ADDRESS (N	OWIDER, STREE	I, AVENUE, D	LVD. ETC.) AFT	. NO. CITT STATE ZIF	INE.	W FIIONE NUMBER		
D. FELMONED	Lymy		DEGG (TE DIESE	NEVER ED OLG (DOLE)	()		
DATE MOVED NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP								
			CEDTII	FICATION				
CERTIFICATION I UNDERSTAND THAT:								
		er within 5 da	ive of any char	nges in my household.				
	•		•	nination of assistance. If I	I knowinaly give t	False facts or do not		
				or benefits my assistance				
1			-	ncomplete or late MER.	of beliefits will be	terminated.		
				my income, property, or f	Camily status to rec	paive or continue		
receiving cash assistance benefits, I can be legally prosecuted. I may be charged with committing a felony if more than \$400.00 in cash aid is wrongfully paid out. I understand that the penalties for welfare fraud can be 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 REPORTAND 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 in								
this report are true an	d correct.			Tv. N	1 ~	N.		
Signature or Mark			Date Signed	Home Phone	Contact 1	Phone		
Signature of Spouse or Other Pa	arent of Cash Aide	d Child(ren)	Date Signed	Home Phone	Contact 1	Phone		

When completed return to your Case Worker with your MER by the 10 <u>th day</u> of the Month.	
Approved work participation hours are required per family per week.	Weekending:
Did you meet your hours per week? Yes _No Reason hours not met	Acceptable Work Activ
I sign this timesheet aware that all information is accurate and correct. I understand that submitting false information can jeopardize my eligibility for TANF.	
Clients Signature: Date:	Weekending:
Signature of TANF Staff: Date:	Acceptable Work Activ
activities were performed. Signature:	
Phone #:	Weekending:
Signature:	
Phone #:	Acceptable Work Activ
Signature:	
Phone #:	
Signature:	
Phone #:	
Signature:	
Phone #:	Weekending:
give TMWTT permission to contact the above ord Party persons to verify my hours that I worked paid and/or volunteered. This consent s valid for one year unless revoked.	Acceptable Work Activ
Clients Signature Date	

Weekending: Acceptable Work Activities	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Weekending:		u	=	Tues	p	urs	
Acceptable Work Activities	Sat	Sun	Mon	Tu	We	Γ	Fri
Weekending:	+	u	Mon	Tues	eq	Thurs	ij
Acceptable Work Activities	Sat	Sun	X	Tu	M	Th	Fri
Weekending:	=	Sun	Mon	Tues	Wed	Thurs	ri
Acceptable Work Activities	Sat	S	Σ	T	*	$oxed{\mathbb{T}}$	Fri
Weekending:	Sat	Sun	Mon	Lnes	Wed	Thurs	Fri
Acceptable Work Activities	S	S	~	I	^	L	F