



Shingle Springs Tribal TANF

Monthly Eligibility Report

Please complete in **Blue or Black ink**, sign, date and return the MER. **If your MER is not complete, or incorrect and not received by the 10th of each month with your attachments, your check may be delayed or case closed. Please print neatly. Please ask for assistance, if you have any questions about this form.**

Participant Name:	Report Month: (MM/YY)
CIF:	Family Advocate:

1. EARNED INCOME:

Did anyone in your household earn money from Work/Employment or On-the-Job-Training?

Yes **No**

If you answered "YES" complete below

List gross amounts, before any deductions and actual date(s) received.

Attach proof of ALL Pay Stubs or Proof of Earnings.

Person #1: Who Received Income?		Employer's Name:		<input type="checkbox"/> Employment <input type="checkbox"/> On-the-Job-Training	
Position:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp.		*Please provide copies of your pay check stubs	
<u>Week 1:</u> Gross Amount \$ Date Received:	<u>Week 2:</u> Gross Amount \$ Date Received:	<u>Week 3:</u> Gross Amount \$ Date Received:	<u>Week 4:</u> Gross Amount \$ Date Received:	<u>Week 5:</u> Gross Amount \$ Date Received:	

Person #2: Who Received Income?		Employer's Name:		<input type="checkbox"/> Employment <input type="checkbox"/> On-the-Job-Training	
Position:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp.		*Please provide copies of your pay check stubs	
<u>Week 1:</u> Gross Amount \$ Date Received:	<u>Week 2:</u> Gross Amount \$ Date Received:	<u>Week 3:</u> Gross Amount \$ Date Received:	<u>Week 4:</u> Gross Amount \$ Date Received:	<u>Week 5:</u> Gross Amount \$ Date Received:	

2. UNEARNED INCOME:

Did anyone in your household receive unearned income?

Yes **No**

If you answered "YES," Check all the boxes that apply and attach proof.

- | | | |
|--|--|--|
| <input type="checkbox"/> Bank Government Benefits
<input type="checkbox"/> Cash/Tribal Gifts
<input type="checkbox"/> Child Support
<input type="checkbox"/> Casino/Lottery Winnings
<input type="checkbox"/> Food Stamps/CAL Fresh
<input type="checkbox"/> Grant/PELL
<input type="checkbox"/> Insurance/Legal Settlements | <input type="checkbox"/> Life Insurance
<input type="checkbox"/> Per Capita/Rev Sharing/Honorarium
<input type="checkbox"/> Property Sales
<input type="checkbox"/> Rent and/or Utilities Paid by another person
<input type="checkbox"/> Rental Income
<input type="checkbox"/> Scholarships
<input type="checkbox"/> Social Security | <input type="checkbox"/> Spousal Support
<input type="checkbox"/> Stimulus Payments
<input type="checkbox"/> Tax Return
<input type="checkbox"/> Tribal Distribution/Stipends
<input type="checkbox"/> Unemployment Ins. Benefit
<input type="checkbox"/> Workmen's Comp.
<input type="checkbox"/> Other _____ |
|--|--|--|

List who:

Who Received Money	Source of Money	Amount Received	Date Received

3. UPDATE PERSONAL INFORMATION:

A. Does anyone in your household have any changes to report in the last 30 days?

Yes No

If you answered "YES," Check all the boxes that apply and attach proof.

- Arrested/Incarcerated
- Checking/Savings Accounts- Closed/Open
- Employment - Start/Ended
- Home, or land (personal or business)
- Pregnant - start/stop
- Property-Buy, sell, trade, give away or receive a motor vehicle
- Other: Please Explain: _____

B. Who moved in/out?

- Adult moves in/out of home
- Birth of Child
- Child moves in/out of home
- Move to new home
- Recently Separated/Newly Married
- Other: Please Explain: _____

Name of Person	Relationship	Type of Change	Date Change

C. RESIDENCY/ADDRESS CHANGE: Fill in this section only if you have physically moved or have a new mailing address. Please attach proof i.e. Housing lease, rental agreement, utility bill etc.

Address:	City:	State:	Zip Code:	Date Moved:
New Mailing Address(if different) City, State, Zip Code:				

4. SCHOOL ENROLLMENT FOR ADULTS AND YOUTH:

A. Did any Adult or Child enroll in school, stop or get expelled from school?

Yes No

List who and attach proof if applicable:

Student Name:	Age:	Grade Level:	Name of School:	Type of Change:

5. BACKGROUND:

A. Has anyone in your household been charged with or convicted of a felony?

Yes No

If yes, please explain below:

Name:	Date of Offense:	Date of Conviction:	Conviction for:

B. Has anyone been arrested for or been involved in Domestic Violence in the past month?

Yes No

6. IS THERE ANYTHING ELSE TO REPORT:

Yes No

If yes, please explain below:

CERTIFICATION

- I must contact my Family Advocate within 5 days of any changes in my household that may affect my eligibility for the amount of my cash assistance.
- Facts I report may result in an increase, decrease, or termination of cash assistance.
- It is considered fraud if I knowingly and purposely give false facts about my income, property or family status to continue receiving benefits or cash assistance.
- Cash assistance maybe delayed or terminated because of an incomplete or late MER.

I declare under penalty of perjury that all of the above information is true and complete. I understand that falsification of any information is grounds for termination from the Shingle Springs Tribal TANF program. The penalty will include financial recovery of any assistance provided to me while in the Shingle Springs Tribal TANF program, and up to 2 years denial of Shingle Springs Tribal TANF assistance.

All Participating Adults must sign:

Signature of Head of Household	Date Signed	Current Phone number
Signature of Spouse/Other Parent	Date Signed	Current Phone number

PROGRAM USE ONLY

Reviewed by:		MER Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date reviewed:			

PROGRAM USE ONLY/MER INCOMPLETE

1. Date Incomplete MER sent back: _____/_____/_____	NOA Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Completed MER received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received: _____/_____/_____

PROGRAM USE ONLY/FOLLOW-UP