



Pechanga Tribal TANF Program

P.O. Box 1477 • Temecula, CA 92593 • Telephone (951) 770-6000

Monthly Eligibility Report (MER)

Month/Year: _____

Please print neatly complete in ink, sign, and date, return the MER by the 5th.

WHICH TYPE OF SERVICES ARE YOU CURRENTLY RECEIVING? CASH AID TRANSITIONAL DIVERSION

Your Name:	Birth date:
Home/Message Phone: Is this new phone #? <input type="checkbox"/> Yes <input type="checkbox"/> No ()	Residential Address, City, State, and Zip Code:

1. HOUSEHOLD UPDATE:

A. Did anyone in your household have any changes to report for the month of _____? YES NO
(If “Yes,” please check box and explain below).

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Child moved in/out of home | <input type="checkbox"/> Residency/Address Change | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Birth of Child |
| <input type="checkbox"/> Adult moved in/out of home | <input type="checkbox"/> Employment Began/Ended | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Other: Please Explain Household Changes, if you have moved please give new mailing address (Attach Proof): _____ | | | |

2. DUPLICATION OF SERVICES:

<p>Are you currently receiving cash assistance from any other Tribal TANF Program or County:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate when you applied: _____</p>
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3. EARNED INCOME:

Did anyone in your household earn money from Employment for the **Report month**? YES NO If you answered, “YES,” complete below. List **Net** amounts (after deductions), and **ACTUAL** date received.

Who Received Income?	Employer’s Name:	<input type="checkbox"/> Employment
	Telephone Number: () _____	<input type="checkbox"/> On-the-Job-Training
Position/Title	Description of Duties	
<u>Week 1:</u> Net Amount: \$ Date Received:	<u>Week 2:</u> Net Amount: \$ Date Received:	<u>Week 3:</u> Net Amount: \$ Date Received:
<u>Week 4:</u> Net Amount: \$ Date Received:	<u>Week 5:</u> Net Amount: \$ Date Received:	*Please provide copies of your pay check stubs

4. UNEARNED INCOME:

Did anyone in your **TANF** household receive **unearned income for the reporting month**? YES NO
If you answered “YES,” check all the boxes that apply and **Attach proof**.

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Unemployment, Ins. Benefits |
| <input type="checkbox"/> Revenue Trust Fund or Gaming | <input type="checkbox"/> Social Security/Disability | <input type="checkbox"/> Tax Return |
| <input type="checkbox"/> Other: Please Explain (Attach Proof): _____ | | |

Date Received	Who Received?	Source of Income	Amount Received \$
Total Unearned Income:			

5. RESOURCES:

Did you or any member of your **TANF** household have any new **resources for the Reporting month:** YES NO
(Please Check All Boxes That Apply and Provide Copies of Documents and/or Bank Statement)

- Own House/Trailer Purchase or Inheritance of Land Sale of Material goods or Land
 Purchase of Vehicle or sold Vehicle Stocks Burial Account
 Saving Account Yes No Amount: \$_____

Date Received	Name of person receiving	Value of Resource/ Benefits

6. DO YOU HAVE SCHOOL AGE CHILDREN IN YOUR HOUSEHOLD:

YES NO

YOU MUST ANSWER ALL QUESTIONS REGARDING SCHOOL ENROLLMENT

- Are all the children under the age of 18 in your household still enrolled in school fulltime? YES NO
Are they attending school regularly? YES NO
Has any child in your household been expelled or removed from school? YES NO

7. BACKGROUND:

Have you been recently convicted of a drug related felony or welfare fraud? YES NO If yes, please explain below:

Conviction Date(s): _____ Reason: _____

8. REFERRALS:

Would you or anyone in your **TANF** household like a referral to any of the following? YES NO

Check all boxes that you would like a referral for:

- Child Care Mileage/Gas Utility Assistance Vehicle Insurance Assistance
 Housing Prevention Activities Family Activities Domestic Intervention
 GED/Diploma Career Readiness Family Counseling Substance Intervention/Treatment
 Other: Please Explain _____

CERTIFICATION

I certify under penalty of perjury that all of the above information is true and complete. I understand that I must contact my caseworker within **5 days** of any changes in my household that may affect my eligibility for the amount of my cash aid. I understand that facts I report may result in an increase, decrease, or termination of assistance. I understand that it is considered fraud if I knowingly and purposely give false facts about my income, property or family status to continue receiving benefits or aid. I understand that falsification of any information is grounds for termination from the Pechanga Tribal TANF program. The penalty will include financial recovery of any assistance provided to me while in the Tribal TANF program, and possible lifetime denial of Tribal TANF assistance.

All adults and teen parents in your TANF household must sign below.

Signature of Head of Household	Date Signed
Signature of Spouse	Date Signed

Reviewed by Case Worker: _____

DATE: _____