



Pechanga Tribal TANF Program

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

Monthly Eligibility Report (MER)

Please print neatly complete in ink, sign, and date, return the MER by the 10th.

Month/Year:

Client Name:	Phone Number:
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Residential Address, City, State, and Zip Code:

What type of services do you currently receive?

☐ Cash Assistance

☐ Child Only

☐ Diversion/Transitional

1. HOUSEHOLD UPDATE:

Did anyone in your household have any changes to report for the month? If "YES", please check the box and explain below.

☐ YES ☐ NO

☐ Child moved in/out of home ☐ Residency/Address Change ☐ Pregnant ☐ Birth of Child

☐ Adult moved in/out of home ☐ Employment Began/Ended ☐ Domestic Violence ☐ Separated

☐ Other: Please Explain Household Changes, if you have moved please give new mailing address (**Attach Proof**):

2. EARNED INCOME:

Did anyone in your household earn money from employment for the reporting month? If you answered, "YES", complete below. List **net** amounts (after deductions) and dates received.

☐ YES ☐ NO

Employer's Name:

Employer's Address:

Telephone Number:

Date Pay Check Received	Who Received Income	# Hours Worked	Net Income Received \$

Total Earned Income:

*Earned Income is from? Please provide copies of your pay stubs for the requested month.

☐ Regular Employment

☐ Subsidized Employment

3. UNEARNED INCOME:

Did anyone in your household receive **unearned income** for the reporting month? If you answered "YES," check all the boxes that apply and **attach proof**.

☐ YES ☐ NO

☐ Child Support

☐ Spousal Support

☐ Unemployment, Ins. Benefits

☐ Revenue Trust Fund or Gaming

☐ Social Security/Disability

☐ Tax Return

☐ Other: Please Explain (**Attach Proof**):

Date Received	Who Received	Source of Income	Amount Received \$

Total Unearned Income:

4. RESOURCES:			
Did you or any member of your TANF household have any new resources for the reporting month?			<input type="checkbox"/> YES <input type="checkbox"/> NO
(Please Check All Boxes That Apply and Provide Copies of Documents and/or Bank Statement)			
<input type="checkbox"/> Own House/Trailer	<input type="checkbox"/> Purchase or Inheritance of Land	<input type="checkbox"/> Sale of Material goods or Land	
<input type="checkbox"/> Purchase of Vehicle or sold Vehicle	<input type="checkbox"/> Stocks	<input type="checkbox"/> Burial Account	
<input type="checkbox"/> Saving Account <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____			
Date Received	Name of person receiving	Value of Resource/ Benefits	
5. REFERRALS & SUPPORT SERVICES:			
Would you or anyone in your household like a referral or assistance with any of the following?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Check all boxes <input checked="" type="checkbox"/> that you would like a referral for:			
<input type="checkbox"/> Child Care	<input type="checkbox"/> Mileage/Gas	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Vehicle Insurance Assistance
<input type="checkbox"/> Housing	<input type="checkbox"/> Prevention Activities	<input type="checkbox"/> Family Activities	<input type="checkbox"/> Domestic Intervention
<input type="checkbox"/> GED/Diploma	<input type="checkbox"/> Career Readiness	<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Substance Intervention/Treatment
<input type="checkbox"/> Other: Please Explain _____			
6. CHILDREN IN YOUR HOUSEHOLD:			
Do you have school age children in your household:			<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>IF "YES", YOU MUST ANSWER ALL QUESTIONS REGARDING SCHOOL ENROLLMENT</i>			
Are all the children under the age of 18 in your household still enrolled in school fulltime?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are they attending school regularly?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any child in your household been expelled or removed from school?			<input type="checkbox"/> YES <input type="checkbox"/> NO
7. BACKGROUND:			
Have you recently been convicted of a drug related felony or welfare fraud? If yes, please explain:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Reason:		Conviction Date:	
8. DUPLICATION OF SERVICES:			
Have you applied for or are you currently receiving cash assistance from any other Tribal TANF Program or County: If yes, please indicate when you applied: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
9. 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 10 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.			
Signature(Head of Household or Relative Caregiver)			Date Signed
OFFICE USE ONLY			
Reviewed by Case Worker:			Date Reviewed