



# Pechanga Tribal TANF Program

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

## (MER) Relative Caregiver/Child Only

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

**Month/Year:**

Client Name:	Phone Number:
Residential Address, City, State, and Zip Code:	
What type of services do you currently receive?	<input type="checkbox"/> Cash Assistance <input type="checkbox"/> Relative Caregiver/CO <input type="checkbox"/> Diversion/Transitional
<b>1. HOUSEHOLD UPDATE:</b>	
Did anyone in your household have any changes to report for the month? If "YES", please explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Child moved in/out of home <input type="checkbox"/> Residency/Address Change <input type="checkbox"/> Parent moved in/out of home <input type="checkbox"/> Pregnant <input type="checkbox"/> Other: Please Explain Household Changes, if you have moved please give new mailing address ( <b>Attach Proof</b> ) _____	
<b>2. UNEARNED INCOME:</b>	
Did anyone in your household receive <b>unearned income</b> for the <b>child (ren)</b> for the month? If you answered "YES," check all the boxes that apply and <b>Attach proof</b> .	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Child Support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Orphan Support <input type="checkbox"/> Revenue Trust Fund or Gaming <input type="checkbox"/> Other: Please Explain ( <b>Attach Proof</b> ): _____	
<b>Date Received</b>	<b>Who Received</b>
<b>Source of Income</b>	<b>Amount Received \$</b>
<b>Total Unearned Income:</b>	
<b>3. CHILDREN IN YOUR HOUSEHOLD:</b>	
Do you have school age children in your household: <i>If "yes", answer all questions regarding school</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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
<b>4. REFERRALS &amp; SUPPORT SERVICES:</b>	
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
<input type="checkbox"/> Appliances/Bedding <input type="checkbox"/> Auto Repairs <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Clothing Allowance <input type="checkbox"/> School Activities <input type="checkbox"/> Counseling <input type="checkbox"/> GED/Diploma <input type="checkbox"/> Substance Intervention/Treatment <input type="checkbox"/> Other: Please Explain _____	
<b>5. DUPLICATION OF SERVICES:</b>	
Have you applied for or are you currently receiving cash assistance from any other Tribal TANF Program or County: <b>If yes, please indicate when you applied:</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6. CERTIFICATION</b>	
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 <b>10 days</b> 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
<b>OFFICE USE ONLY</b>	
Reviewed by Case Worker:	Date Reviewed