



# Pechanga Tribal TANF Program

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

## Support and Emergency Services Request Form

|  |   |  |  |
|--|---|--|--|
| Client Name:   |   | Phone Number:  |  |
| Residential Address, City, State, and Zip Code:  |   |  |  |
| <b>What type of services do you currently receive?</b>   |   | <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Diversion/Transitional |  |
| <b>What type of assistance are you Requesting?</b>   |   | <input type="checkbox"/> Support Services <input type="checkbox"/> Emergency <input type="checkbox"/> Incentive                      |  |
| Pechanga TANF provides support and emergency services to enable <b>clients</b> to participate in assigned TANF work activities and/or accept or retain employment. Support and emergency service requests must be submitted with all backup documentation attached and the request form completely filled out, to approve or disapprove a request. |   |  |  |
| <b>1. SUPPORT SERVICES</b>   |   |  |  |
| I am requesting assistance with the following support service: <b>(One per Support/Emergency Service Request form)</b>   |   |  |  |
| <input type="checkbox"/> Child Care  | <input type="checkbox"/> First Time <input type="checkbox"/> Ongoing  |  |  |
| <input type="checkbox"/> Transportation-Mileage  | <input type="checkbox"/> Employment <input type="checkbox"/> TANF approved work activity <input type="checkbox"/> Other   |  |  |
| <input type="checkbox"/> Education/Training Expenses   | <input type="checkbox"/> Tuition <input type="checkbox"/> Books <input type="checkbox"/> Uniforms <input type="checkbox"/> Other (verification required)                  |  |  |
| <input type="checkbox"/> Employment Expense  | <input type="checkbox"/> Clothing <input type="checkbox"/> Uniforms <input type="checkbox"/> Tools <input type="checkbox"/> Other (verification required)                 |  |  |
| <input type="checkbox"/> Removal of a Barrier  | <input type="checkbox"/> Car Insurance <input type="checkbox"/> Registration <input type="checkbox"/> Traffic fine <input type="checkbox"/> Other (verification required) |  |  |
| <input type="checkbox"/> Vision/Dental   | <input type="checkbox"/> Contact lenses <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Cleaning <input type="checkbox"/> Other (verification required)     |  |  |
| <input type="checkbox"/> Other   |   |  |  |
| <b>Amount Requested \$:</b>  |   | <b>Date Needed:</b>  |  |
|  |   | <b>Needed Documentation Attached</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO                                     |  |
| <b>2. EMERGENCY SERVICES</b>   |   |  |  |
| I am requesting assistance with the following items: <b>(One per Support/Emergency Service Request form)</b>   |   |  |  |
| <input type="checkbox"/> Utility Assistance (check one)  | <input type="checkbox"/> Electricity <input type="checkbox"/> Gas/Propane <input type="checkbox"/> Other (Is the bill a past due delinquent bill) Y/N                     |  |  |
| <input type="checkbox"/> Appliances/Bedding  | <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Bedding (3 estimates are required)  |  |  |
| <input type="checkbox"/> Auto Repairs  | <input type="checkbox"/> 3 estimates are required   |  |  |
| <input type="checkbox"/> Rental Assistance   | Is the bill a past due delinquent bill <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |
| <b>Amount Requested \$:</b>  |   | <b>Date Needed:</b>  |  |
|  |   | <b>Needed Documentation Attached</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO                                     |  |
| <b>3. REQUEST SUMMARY</b>  |   |  |  |
| I am requesting this assistance because? (Please Explain)  |   |  |  |
| Have you exhausted all available community resources?  |   | <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" Which agencies did you contact)                                   |  |
|  |   |  |  |
| <b>4. VENDOR INFORMATION</b>   |   |  |  |
| Vendor Name:   |   | W-9 Attached <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| Vendor Address:  |   | Phone Number:  |  |

**5. INCENTIVE AWARDS**

The following items are provided to assist families with meeting their educational and employment goals: The following incentive payments may be paid to eligible TANF families. Grade incentives and clothing allowances for school aged children will be processed for final report cards twice per calendar year.

☐ Grade Incentive   ☐ Clothing Allowance   ☐ Extracurricular Activities   ☐ HS Graduation (verification required)

**Needed Documentation Attached:**   ☐ YES   ☐ NO   **Amount Requested \$:**

**6. EXPENSES: (Clients are Not Required to Complete for Incentive Awards)**

| Home Expenses          |    | Family and Other Expenses |    | Transportation Expenses |    |
|------------------------|----|---------------------------|----|-------------------------|----|
| Rent/Mortgage          | \$ | Credit Card               | \$ | Auto Payment            | \$ |
| Electricity            | \$ | Loans                     | \$ | Insurance               | \$ |
| Heat/Gas               | \$ | Medical                   | \$ | Gas                     | \$ |
| Water/Sewer            | \$ | Food                      | \$ | Repairs                 | \$ |
| Cable                  | \$ | Clothing                  | \$ | Maintenance             | \$ |
| Internet               | \$ | School Activities         | \$ | Parking                 | \$ |
| Other                  | \$ | Other                     | \$ | Other                   | \$ |
| <b>Total</b>           | \$ | <b>Total</b>              | \$ | <b>Total</b>            | \$ |
| <b>Total Expenses:</b> |    |                           |    |                         | \$ |

**7. INCOME AND BUDGET (Clients are Not Required to Complete for Incentive Awards)**

| Monthly Income       |    | Other Resources     |    | Household Totals       |    |
|----------------------|----|---------------------|----|------------------------|----|
| Earned Income:       | \$ | Child Support       | \$ | <b>Total Income:</b>   | \$ |
| TANF/CalWORKs:       | \$ | Energy Assistance   | \$ | <b>Total Expenses:</b> | \$ |
| GA/SSI:              | \$ | Unemployment        | \$ | <b>Differences:</b>    | \$ |
| Other:               | \$ | Other:              | \$ |                        |    |
| <b>Total Income:</b> | \$ | <b>Total Other:</b> | \$ |                        |    |

**8. DISCLAIMER**

Submission of a Supportive or Emergency Service Request is not guaranteed approval; PTPP has 10 days after receipt of a completed request, to approve or disapprove a request for supportive or emergency services. Failure to supply all needed documentation with a request will further delay processing. If a client incurs a debt, or approves a service, prior to receiving approval from PTPP, the client is obligated to pay it, not Pechanga TANF.

**9. CERTIFICATION**

I agree to provide all original receipts (except mileage reimbursement) for amount of the assistance within 30 days of receiving the check and understand that failure to provide receipts may affect future support and emergency request and/or result in an overpayment. I certify under penalty of perjury that all of the above information is true and complete.

**X Client Signature:**

**Date Signed:**

**Notice of Decision and Action Taken**

|   |   |
|---|---|
| Does request meet PTPP Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO | Cite Policy & Page Number:  |
| Client request for support/emergency services has been:                                       | <input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied |
| Reviewed by Family Advocate: <input type="checkbox"/> YES <input type="checkbox"/> NO         | PTPP Worker Signature:  |
| Reviewed by Director: <input type="checkbox"/> YES <input type="checkbox"/> NO                | PTPP Director Signature:  |