



TRIBAL ASSISTANCE TO NATIVE FAMILIES APPLICATION FOR TANF ASSISTANCE

Today's date: _____

Received by PTTTP Staff:

Original Application Re-Application Re-Certification Application

Date:

Address change Add Child Add Adult

Type of Assistance Requesting: Cash Aid Relative Caregiver: Needy Non-Needy Child Only Case

If an answer does not apply to you, please mark with an "N/A" or no. **DO NOT LEAVE BLANK** Print clearly in blue or black ink. Applicant must provide documents (such as bills, receipts and records) to support the answers.

APPLICANT/HEAD OF HOUSEHOLD

Assistance Unit Consists of: #Adults: _____ #Children: _____

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number:	Date of Birth:	Age:
Home Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone #:	Cell Phone #:	
Are you an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Tribe:
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen
Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Highest Education Level Completed: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: Grade level: _____		
How are you related to the child (ren) listed on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative Caregiver		
Have you ever been convicted of a Drug Related Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please explain: _____ Date(s): _____		
Have you ever been convicted of Welfare Fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please explain: _____ Date(s): _____		



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Spouse if applicable or any adult(s) (age 18 and over) residing in the household:

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number:		Date of Birth:	Age:
Address:			
City:		State:	Zip Code:
Email Address:		Cell Phone:	
Are you an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Tribe:	
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	
Marital Status: <input type="checkbox"/> Single, never married <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Highest Education Level Completed: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: Grade level: _____			
How are you related to the child (ren) listed on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Relative Caregiver			
Have you ever been convicted of a Drug Related Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please explain: _____ Date(s): _____			
Have you ever been convicted of Welfare Fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please explain: _____ Date(s): _____			

LIST ALL CHILDREN UNDER 18 YEARS OLD IN YOUR HOUSEHOLD:

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Relationship to Applicant:	
Social Security Number:		D.O.B:	Age:	Birthplace: (City, State)	
Is the child an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Tribe:			
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____		Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen			
Is the Child enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____		Name of School Attending:			
Mother's Name: _____		Father's Name: _____			
Social Security #: _____		Social Security #: _____			
Is the mother Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the father Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased		Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased			



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ADDITIONAL CHILDREN:

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Relationship to Applicant:	
Social Security Number:		D.O.B.:		Age:	
				Birthplace: (City, State)	
Is the child an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Tribe:	
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____				Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	
Is the Child enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____			Name of School Attending:		
Mother's Name: _____			Father's Name: _____		
Social Security #: _____			Social Security #: _____		
Is the mother Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the father Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased			Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased		

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Relationship to Applicant:	
Social Security Number:		D.O.B.:		Age:	
				Birthplace: (City, State)	
Is the child an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Tribe:	
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____				Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	
Is the Child enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____			Name of School Attending:		
Mother's Name: _____			Father's Name: _____		
Social Security #: _____			Social Security #: _____		
Is the mother Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the father Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased			Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased		

Full Name: (First, Middle, Last)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Relationship to Applicant:	
Social Security Number:		D.O.B.:		Age:	
				Birthplace: (City, State)	
Is the child an enrolled member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Tribe:	
Race/Ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Other: _____				Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen	
Is the Child enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____			Name of School Attending:		
Mother's Name: _____			Father's Name: _____		
Social Security #: _____			Social Security #: _____		
Is the mother Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the father Listed on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the parent living in the home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased			Is the parent: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased		



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DISABILITY & PREGNANCY FACTS

Is any adult or child listed in the household receiving disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
(If Yes, Please Explain):	
Disability: <input type="checkbox"/> Federal Disability OASDI <input type="checkbox"/> Federal Disability Non- Social Security <input type="checkbox"/> Title 16-SSI <input type="checkbox"/> Title 16-AABD (Aged, Blind & Disable) <input type="checkbox"/> Title 14-APDT (Permanently and Totally Disabled)	
Is there a disabled child or adult in the household who needs care from another household member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If Yes, Please Explain):	
Name of Person:	Type of Disability:
Does anyone in the household require assistance because of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Complete Below)	
Name of Expectant Mother:	Expected Date of Delivery:
Check the box(s) that applies to the Father of the unborn child: <input type="checkbox"/> Absent <input type="checkbox"/> In the home <input type="checkbox"/> Indian Descent <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed	
Which Trimester? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	

EMPLOYMENT INFORMATION

Is anyone in your household currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete below and attach proof.		
A. Name:	Self –Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name:
Occupation:	# of days worked per month:	# of hours worked per month:
Hourly Wage: \$	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commissions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Net Wages (Take home): \$	Per month	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
<hr/>		
B. Name:	Self –Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name:
Occupation:	# of days worked per month:	# of hours worked per month:
Hourly Wage: \$	Tips: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commissions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Net Wages (Take home): \$	Per month	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

UNEMPLOYMENT BENEFITS INFORMATION

Has anyone in your household stopped working? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what was the last date:		
Applied for Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", to any of these questions above, complete below:		
A. Name:	Where:(County / State)	Date Applied:
Monthly Amount:\$	Weekly Amount: \$	Date Denied:
		Date Last Received:
<hr/>		
B. Name:	Where:(County / State)	Date Applied:
Monthly Amount:\$	Weekly Amount: \$	Date Denied:
		Date Last Received:



TRIBAL ASSISTANCE TO NATIVE FAMILIES APPLICATION FOR TANF ASSISTANCE

PREVIOUS TANF MONTHS

Has anyone in the household ever received assistance from another Tribal or County TANF Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", Please Explain)	
Name of Tribe/County:	Date last Received:
Monthly Grant Amount: \$	Reason for Termination:
Name of Tribe/County:	Date last Received:
Monthly Grant Amount: \$	Reason for Termination:
What additional services were received: <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Employment Services <input type="checkbox"/> Education Services <input type="checkbox"/> Other: _____	

CHILD SUPPORT & OTHER SERVICES

<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete Below:			
Who Receives:	For Whom:	Court Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Per Month: \$
Does anyone in the household Pay Child Support or Spousal Support? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete Below:			
Who Pays:	For Whom:	Court Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Per Month: \$
Does anyone in the household Receive Subsidized Childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete Below:			
Childs Name:		Name of Childcare Program:	
Type of Subsidized Childcare: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> TANF <input type="checkbox"/> Other			Amount Per Month: \$
Childs Name:		Name of Childcare Program:	
Type of Subsidized Childcare: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> TANF <input type="checkbox"/> Other			Amount Per Month: \$
Does anyone in the household Receive Cal Fresh or Commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete Below:			
Name:	Source:	# of Months:	Amount Per Month: \$
Does anyone in your household receive subsidized/low income housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Complete Below:			
Organization Name:		# of Months:	Amount Per Month: \$



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UNEARNED INCOME, BENEFITS, AND/OR RESOURCE FACTS

Does anyone in your Household receive any of the following Unearned Income, Benefits, and/or Resources listed below? (Check all boxes that apply and indicate the amount received).			
	AMOUNT		AMOUNT
Training: <input type="checkbox"/> Work Study <input type="checkbox"/> CIMC <input type="checkbox"/> Student Financial Aid <input type="checkbox"/> JTPA <input type="checkbox"/> GAIN <input type="checkbox"/> OJT	\$	Interest received from Bank Accounts/Mutual funds, etc.?	\$
Welfare: <input type="checkbox"/> TANF <input type="checkbox"/> Cal-Works <input type="checkbox"/> General Assistance (BIA/State)	\$	Veterans Administration: <input type="checkbox"/> Disability Benefits <input type="checkbox"/> Survivor Benefits <input type="checkbox"/> Other compensation <input type="checkbox"/> GI Bill <input type="checkbox"/> Military Allotment/Pension <input type="checkbox"/> Railroad Retirement Funds <input type="checkbox"/> Retirement <input type="checkbox"/> Other: _____	\$
State Benefits: <input type="checkbox"/> SDI (State Disability) <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Death Insurance Benefits	\$	Other sources of unearned of income: <input type="checkbox"/> Loans <input type="checkbox"/> Gifts <input type="checkbox"/> Contributions <input type="checkbox"/> Property Sale <input type="checkbox"/> Income Rental <input type="checkbox"/> Winnings: Lottery, Bingo, etc.	\$
Social Security Administration: <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Survivors Benefits <input type="checkbox"/> Other: _____	\$	Strike Benefits:	\$
Government Benefits:	\$	Stipends:	\$
Workers Compensation:	\$	Insurance/Legal Settlements:	\$
Per Capita /Revenue Sharing:	\$	Life Insurance Proceeds:	\$
Other Pension or Disability:	\$	Other:	\$
Tax Refunds:	\$		

INCOME & FINANCES (Non-Needy Caretaker Relative, Child Only Applicants Skip this Section)

Please indicate if anyone in your Household has any of the following listed below?	
Cash on Hand: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please provide the amount: \$
Checking Account: <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what is your current balance: \$
Bank Name:	Account No:
Savings Account : <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what is your current balance: \$
Bank Name:	Account No:



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ASSETS AND RESOURCES FACTS (Non-Needy Caretaker Relative, Child Only Applicants Skip this Section)

Does anyone in your household have any property i.e. cars, trucks, motorcycles, boats, campers, trailers, recreational vehicles, or machinery?			<input type="checkbox"/> Yes <input type="checkbox"/> No If " Yes ", Complete below:
Vehicle #1 Year:		Make:	Model:
Who Uses Vehicle:		Registered Owner:	Mileage:
License Number:		Current Vehicle Value: \$	Amount Owed: \$
Vehicle #2 Year:		Make:	Model:
Who Uses Vehicle:		Registered Owner:	Mileage:
License Number:		Current Vehicle Value:	Amount Owed: \$
Vehicle #3 Year:		Make:	Model:
Who Uses Vehicle:		Registered Owner:	Mileage:
License Number:		Current Vehicle Value: \$	Amount Owed: \$

Does anyone in your TANF Household own livestock? <input type="checkbox"/> Yes <input type="checkbox"/> No If " Yes ", describe below:			
Owner:	Livestock:	Value: \$	Amount Owed: \$
Owner:	Livestock:	Value: \$	Amount Owed: \$

Does anyone in the household have any other resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If " Yes ", describe below			
Whose name is it under?	What type of resource? <small>(water rights, mineral/ oil rights, royalties)</small>	How often received?	Can this be liquidated?



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CERTIFICATION

I /WE UNDERSTAND THAT:

All facts given on this form, including benefit and income, will be subject to verification with local, state, and federal records, such as employers, the social security administration, tax, welfare, and unemployment agencies, school attendance, etc.

If I gave wrong facts, my cash aid and other PTPP services may be denied or stopped and may result in TANF's recovery of any money paid to me while in the program and possible lifetime denial of tribal TANF assistance

My case may be picked for review to ensure that my eligibility was correctly figured and that I must cooperate fully with PTPP in any investigation or review, including a quality control review.

Anyone who has committed and been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) may be denied cash aid benefits.

For cash aid and other PTPP services, PTPP may require that I and certain household members be fingerprinted, photo imaged and drug tested. My benefits may be denied or stopped if I do not cooperate.

I Will Be Disqualified and/or Receive Welfare Fraud Penalties If I purposely give wrong Facts Or Fail to Report All Facts or Situations that affect my Eligibility Or Benefits For Cash Aid and other PTPP Program Services.

FOR DIVERSION:

This form will be used to determine eligibility for Diversion Services. Eligibility for Diversion Services will be determined after the application is completed and the appropriate plan of action is completed which identifies how the action requested will prevent the family from becoming PTPP cash aid recipients.

FOR CASH AID:

I (we) have been informed and understand the following criteria for continued eligibility with the Pechanga tribal TANF program.

MY CASH AID MAY/WILL BE STOPPED:

- For not reporting all Facts or for giving Wrong Facts.
- For conviction of a Drug Felony or Welfare Fraud.
- I (We) understand that the maximum amount of Tribal TANF Program assistance is 60 months while I am receiving any amount of TANF funds.
- I (We) understand as a condition of receiving assistance that parents are required to participate in a work participation program.
- I (We) understand that I (We) will be required to participate minimally with the required number of hours and to develop a work participation plan with the Tribal TANF Staff.
- I (We) understand that my family may not receive duplicative assistance from a state or other Tribal TANF.
- I (We) agree as a condition of receiving assistance to substance abuse testing at intervals.
- I (we) understand that I (we) have the right to appeal if dissatisfied of any adverse action, sanction or denial of benefits affecting my application and ongoing TANF case.
- I (we) will notify my caseworker immediately if there are any changes to my household or if I plan to leave the service area longer than two weeks.

Client Certification: My (Our) signature(s) below indicates that I (We) have been informed of and understand the information contained in this application for assistance. I (We) declare under the penalty of perjury, that the information in this statement of facts is true, correct and complete and that I understand the completion of this statement of facts is not a guarantee of services.

Signature: (Parent or Caretaker Relative or Authorized Representative)	Date:
Signature: (Other Parent Living in the Home)	Date:

OFFICE USE ONLY

Signature of Caseworker:	Date:	Assigned Case #:
Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Beginning Date of Aid :	
Certified Eligible for: <input type="checkbox"/> Cash Aid <input type="checkbox"/> Diversion Caretaker Relative: <input type="checkbox"/> Non-Needy <input type="checkbox"/> Needy <input type="checkbox"/> Child Only Case		
Signature of Certifier:	Date:	