

## MONTHLY ELIGIBILITY REPORT (MER)

**Quinault TANF**

**Required for ALL cases  
Including Child Only**

Received by: \_\_\_\_\_

( Staff Use Only)

**Due By:** \_\_\_\_\_

<b>ADDRESS:</b>	<b>NAME:</b>	<b>THIS REPORT IS FOR (month/year):</b>
<b>PHONE:</b>	<b>CIF NUMBER:</b>	

- Complete, sign and return this report by the due date. The next month's cash grant cannot be calculated without it.
- Answer for everyone in the home that is part of the family unit receiving assistance. For Child Only cases in which the biological parent is the legal guardian and is receiving a form of SSI, you are required to disclose all income received for self and child.
- You must report any and all changes within 10 working days that may affect your eligibility for the amount of your cash aid. Please contact your caseworker to report changes at any time throughout the month. Failure to do so may result in an overpayment of benefits and require a repayment to the program.
- Facts you report may result in your benefits increasing, decreasing or being stopped.

<b>1) Is this your current Address?</b>	<b>If No, please enter your correct address:</b> _____
Yes    No	

**2) Did any adult or minor parent earn money from employment?    Yes    No (If yes, complete below)**  
**Non Needy Caretaker Relatives, unless the biological parent of the child on TANF, do not need to fill out this section.**

- Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week. Attach pay stubs or other proof of earnings.
- If self-employed: Attach proof of income. If you claim actual expenses, list and attach proof of business expenses.

Who received Income?	Employer's Name:	Gross Amount					
		Date Received					
		Hours Worked					
Who received Income?	Employer's Name:	Gross Amount					
		Date Received					
		Hours Worked					

**3) Are there any children 6 years old and up not attending school?    Yes    No**

Please list who is not attending school:	Reason:	Please list who is not attending school:	Reason:

**4) Has any person on the grant left the household and has not been removed from the grant or has a person entered the home and not been added to the grant?    Yes    No**

Name of Person:	Date Entered or Left?	Entered or Left?

**5) Has a child/ren in your family unit been placed into another person's care/custody? Yes No**

Name of Child/ren	Date Child/ren moved into new placement	Placing agency	New Caregiver's name

**6) Has anyone in the household relinquished from his/her tribe? Or has anyone enrolled into another tribe? (Attach proof) Yes No**

If so, who relinquished from his/her tribe?	Date of relinquishment	New Tribe he/she enrolled into	Date of enrollment	Status of enrollment (approved, pending, denied)

**7) Did anyone receive money or benefits from any other source, to include in-kind contributions? Yes No (If yes, complete below. Attach proof.)**

Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like social security, SSI, SSP, unemployment, worker's compensation, retirement; rental income and rental assistance, free housing/utilities/clothing/food, per capita, foster care, adoption support; or anything else.

Who got Income?	Source of Income	Gross Amount					
		Date Received					
Who got Income?	Source of Income	Gross Amount					
		Date Received					

**8) Has anyone in the household received Food Benefits this month? Yes No (If "Yes", complete below.)**

Name of Person Who Received:	Amount:
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**9) Is there any person that is a fugitive felon or who is not in compliance with any court ordered parole or probation? Yes No (If "Yes" complete below.)**

Name of Person:	Date:
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**CERTIFICATION**

**I UNDERSTAND THAT:** If I do not report all facts to the best of my knowledge or purposefully give wrong facts in order to get or keep getting assistance from TANF, the fraud policy will be applied, and the case may be referred to the Prosecuting Attorney.

**You must sign and date this report or it will be considered incomplete.**

**I declare under penalty of perjury under the laws of the United States and the State of Washington that the facts contained in this report are true and correct and complete for the entire report month.**

<b>Head of Household Signature</b>	<b>Spouse Signature</b>
<b>Date Signed:</b>	<b>Date Signed:</b>