



QUINAULT INDIAN NATION  
Temporary Assistance for Needy Families  
**APPLICATION FOR  
NON-CUSTODIAL PARENT SERVICES**



Non-custodial parent services are available for eligible parents that owe the QIN TANF Program child support funds. Services are employment related support services that will assist in obtaining or retaining employment.

**ELIGIBILITY CRITERIA**

Applicant must meet the following requirements to be eligible for services:

- 1) Reside in Grays Harbor County or lower Jefferson County.
- 2) Enrolled Quinault Tribal Member or other enrolled member of a Federally Recognized Tribe or Alaska Native and resides within the external boundaries of the Quinault Reservation.
- 3) Household income must not exceed 300% of poverty level.
- 4) Have a child or children that are currently receiving QIN TANF and child support is owed to the TANF Program.
- 5) Proof of employment.

**To avoid delay in determining eligibility, the following items must be submitted:**

A Certificate of Indian Blood (CIB) for the Non-Custodial parent; and  
Social Security Card for Non-custodial parent.

Verification of all household income, both earned and unearned, for the previous 60 days.

**For required documents, please ask if you need assistance in acquiring or do not understand what it is that you must provide. Application and documents can be submitted in person or by emailing to [TANF@Quinault.org](mailto:TANF@Quinault.org).**



**Taholah QIN TANF Office**  
701 Cuitan Street  
Phone: (360) 276-8211  
Fax: (360) 276-0008

**Hoquiam QIN TANF Office**  
400 8<sup>th</sup> Street Suite B  
Phone: (360) 537-1324  
Fax: (360) 537-1265

**Queets QIN TANF Office**  
216 Qui-nauilth Street  
Phone: (360) 962-2051  
Fax: (360) 962-2460

## HOUSEHOLD INFORMATION

*Must be completed for all adults and children in the family unit.*

### Non-Custodial Parent

First Name		Middle Name		Last Name		Suffix (Jr, Sr, II...)	
Alternate Names							
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Social Security Number		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Affiliation				Enrollment #		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Street Address				City		State	Zip Code
Mailing Address				City		State	Zip Code
Phone #				Email			
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED <input type="checkbox"/> Bachelor's Degree Highest Grade Attended: _____ <input type="checkbox"/> Master's Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Other (CDL, Vocational Certifications, etc.) <input type="checkbox"/> Associates Degree			

### Spouse/Significant other

First Name		Middle Name		Last Name		Suffix (Jr, Sr, II...)	
Alternate Names							
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Social Security Number		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal Affiliation				Enrollment #			
Phone #				Email			

### Family

Children, 18 and younger that reside in the home	Date of Birth	Relationship to you

*For additional children, please attach another sheet listing their information.*

## Child/ren Which Child Support Is Owed

### Child 1

First Name	Middle Name	Last Name	Suffix (Jr, Sr, III)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Social Security Number		
Tribal Affiliation		Enrollment #	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a child support court order?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, can you provide a copy of the order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Court: _____				
To whom do you owe child support?				

### Child 2

First Name	Middle Name	Last Name	Suffix (Jr, Sr, III)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Social Security Number		
Tribal Affiliation		Enrollment #	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a child support court order?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, can you provide a copy of the order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Court: _____				
To whom do you owe child support?				

### Child 3

First Name	Middle Name	Last Name	Suffix (Jr, Sr, III)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Social Security Number		
Tribal Affiliation		Enrollment #	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a child support court order?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, can you provide a copy of the order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What Court: _____				
To whom do you owe child support?				

*For additional children, please attach another sheet listing their information.*

## INCOME INFORMATION

### Income

Income for Non-Custodial Parent			
Employer _____			
Address _____	City _____	State _____	Zip _____
Do you work	<input type="checkbox"/> Full Time	Hours per week _____	Start date _____
	<input type="checkbox"/> Part Time	Hours per week _____	Start date _____
	<input type="checkbox"/> Seasonal	Hours per week _____	Start date _____
Do you have any treaty income, per capita or other income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list amounts. If no treaty income, please sign and date below.			
Fishing: Yearly \$ _____		Commercial Clamming: Yearly \$ _____	
Crabbing: Yearly \$ _____		Per Capita: Yearly \$ _____	
Other: _____ \$ _____	At this time, I attest that I receive no form of treaty income, per capita or other income.  Signature: _____  Date: ____/____/____		
Other: _____ \$ _____			
Other: _____ \$ _____			

Income for Spouse/Significant			
Employer _____			
Address _____	City _____	State _____	Zip _____
Do you work	<input type="checkbox"/> Full Time	Hours per week _____	Start date _____
	<input type="checkbox"/> Part Time	Hours per week _____	Start date _____
	<input type="checkbox"/> Seasonal	Hours per week _____	Start date _____
Do you have any treaty income, per capita or other income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list amounts. If no treaty income, please sign and date below.			
Fishing: Yearly \$ _____		Commercial Clamming: Yearly \$ _____	
Crabbing: Yearly \$ _____		Per Capita: Yearly \$ _____	
Other: _____ \$ _____	At this time, I attest that I receive no form of treaty income, per capita or other income.  Signature: _____  Date: ____/____/____		
Other: _____ \$ _____			
Other: _____ \$ _____			

**Children's Income**

Do you receive any form of income for any children in your home such as Social Security, Death Benefits, Per Capita, Foster Care, or Child Support, etc.?  Yes If yes, list income for each child.

<b>Child</b>	<b>Source</b>	<b>Amount</b>	<b>Receive</b>
_____	_____	\$ _____	____/____/____
_____	_____	\$ _____	____/____/____
_____	_____	\$ _____	____/____/____

No If no, read the following statement and sign.

At this time, I/we attest that I/we receive no form of income for the children in the family unit.

Non-Custodial Parent Signature: \_\_\_\_\_

**STATEMENT OF RESIDENCY**

I/we reside at

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

Rent/lease/mortgage in the amount of: \$ \_\_\_\_\_

I/we have resided at this address for \_\_\_\_\_ weeks, \_\_\_\_\_ months, \_\_\_\_\_ years.

I/we have read (or had explained to me/us) and understand the information in this application. I/we declare under penalty of perjury, that information I/we gave in this application is true, correct and complete to the best of my/our knowledge. If I/we have willfully failed to report information required by the QIN TANF Program, I/we will be required to repay the amount of support service received.

\_\_\_\_\_  
Non-Custodial Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Significant Other Signature (if applicable)

\_\_\_\_\_  
Date

