

QUINAULT INDIAN NATION

Temporary Assistance for Needy Families



TRANSITIONAL SERVICES RECERTIFICATION

Head of Household						
Physical Address						
Mailing Address						
Phone Number			Email Address			
■ To remain eligible for Transitional Services, the family unit must be within 300% of federal poverty guidelines and meet all other eligibility requirements for TANF Services.						
• Eligibility is determined when services are requested by submitting a Support Service Request. If it has been long than 90 days since the last recertification, a new recertification must be completed. A recertification must include proof of all income for the family unit in the last 30 days.						
1) Did any adult or minor parent earn money from employment? ☐ Yes ☐ No If yes, provide information below and attach proof of income.						
Income includes tips, vacation pay and income in-kind (Ex. Earned housing). List gross amounts, before deductions, for each paycheck. If self-employed and you claim expenses, please complete a Self-Employment Form.						
Who's Income?	Tho's Income? Employer Gros		Amount	Gross Amount	Gross Amount	Gross Amount
		\$		\$	\$	\$
			Received	Date Received	Date Received	Date Received
		Hours	Worked	Hours Worked	Hours Worked	Hours Worked
Who's Income?	Employer	Gross	Amount	Gross Amount	Gross Amount	Gross Amount
		\$		\$	\$	\$
			Received	Date Received	Date Received	Date Received
		Hours	Worked	Hours Worked	Hours Worked	Hours Worked

2) Has an adult or child in your family unit left the home? ☐ Yes ☐ No If yes, provide information below.								
Name of Person					Date Le	Date Left		
Name of Person						Date Left		
3) Has an adult or If yes, provide			e home and not beer	n added to your famil	y unit? □	Yes □ No	•	
Name of Person						Date Moved In		
Relationship to Head of Household								
Name of Person						Date Moved In		
Relationship to Hea	ad of Hous	sehold						
4) Has a child in your family unit been placed into another person's care or custody? ☐ Yes ☐ No If yes, provide information below.								
Name of Child				Date of Change				
Name of Child				Date of Change				
				_				
5) Has an adult or child in your family unit relinquished from a tribe or has anyone enrolled into a tribe? ☐ Yes ☐ No If yes, provide information below.								
Who Relinquished? Date of Relinquishment			Relinquishment	New Tribe of Enro	Date of Enro		Enrollment	
Who Relinquished? Date of F			Relinquishment	New Tribe of Enrollment		Date of Enrollment		
6) Did anyone in the family unit receive money or benefits, to include in-kind contributions? ☐ Yes ☐ No If yes, provide information below.								
Who's Income?			Gross Amount	Gross Amount	Gross Ar	nount	Gross Amount	
			\$	\$	\$		\$	
			Date Received	Date Received	Date Rec	eived	Date Received	
			Hours Worked	Hours Worked	Hours W	orked	Hours Worked	
Who's Income?	Source of Income		Gross Amount	Gross Amount	Gross An	nount	Gross Amount	
			\$	\$	\$		\$	
			Date Received	Date Received	Date Rec	eived	Date Received	
			Hours Worked	Hours Worked	Hours W	orked	Hours Worked	
			TIOUIS WOIKCU	TIOUIS WOIKCU	TIOUIS W	OIRCU	TIOUIS WOIKCU	

7)	7) Is anyone in the family unit receiving food benefits from DSHS? Yes No If yes, provide information below.					
Who Receives?		Date Received	Amount Received			
			\$			
8)						
	probation? \square Yes \square No If yes, provide information below.					
Na	me of Person					
		CERTIFICATION				
		CERTIFICATION				
•	•	•	or purposefully provide wrong information se may be referre4d to the QIN Prosecuting			
•	I declare under penalty of perjury, under the laws of the United States and the State of Washington, that the facts contained in this recertification are true, correct and complete.					
	Head of Household Signature	Date				
	Spouse/Significant Other Signature	Date				
	Caseworker Signature	 Date				