



# QUINAULT INDIAN NATION

## Temporary Assistance for Needy Families

### TRANSITIONAL SERVICES RECERTIFICATION



Head of Household					
Physical Address					
Mailing Address					
Phone Number			Email Address		
<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ 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.</li> </ul>					
<p>1) Did any adult or minor parent earn money from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, provide information below and attach proof of income.</p> <p>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.</p>					
Who's Income?	Employer	Gross Amount	Gross Amount	Gross Amount	Gross Amount
		\$	\$	\$	\$
		Date 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
		\$	\$	\$	\$
		Date 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 Left
Name of Person	Date Left

3) Has an adult or child moved into the home and not been added to your family unit?  Yes  No

If yes, provide information below.

Name of Person	Date Moved In
Relationship to Head of Household	
Name of Person	Date Moved In
Relationship to Head of Household	

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	New Tribe of Enrollment	Date of Enrollment
Who Relinquished?	Date of 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?	Source of Income	Gross Amount	Gross Amount	Gross Amount	Gross Amount
		\$	\$	\$	\$
		Date Received	Date Received	Date Received	Date Received
		Hours Worked	Hours Worked	Hours Worked	Hours Worked
Who's Income?	Source of Income	Gross Amount	Gross Amount	Gross Amount	Gross Amount
		\$	\$	\$	\$
		Date Received	Date Received	Date Received	Date Received
		Hours Worked	Hours Worked	Hours Worked	Hours Worked

