



QUINAULT INDIAN NATION

Temporary Assistance for Needy Families

APPLICATION FOR TANF SERVICES

Family | Minor Parent | Pregnancy | Reunification | Needy Caretaker Relative



TANF Services

TANF Services are available for eligible families with children, those that are working to reunify with their children and pregnant women. Cash grants are issued monthly to assist with the basic needs of those in the family unit.

Eligibility Criteria

The following are used to determine eligibility for Diversion Services:

1. If living within the boundaries of the Quinault Indian Reservation, there must be an enrolled member of a federally recognized tribe in the family unit.
2. If living outside the boundaries of the Quinault Indian Reservation, but in Grays Harbor County or lower Jefferson County, there must be an enrolled member of the Quinault Indian Nation in the family unit.
3. Each member of the family unit must be a citizen of the United States or a certified Legal Alien Resident.
4. Total income for the family must not exceed the monthly income limitations based on the size of the family unit. Income limitations are as listed below.

Family Size	Income Limit	Family Size	Income Limit	Family Size	Income Limit
1	\$1000	5	\$1800	9	\$2600
2	\$1200	6	\$2000	10	\$2800
3	\$1400	7	\$2200		
4	\$1600	8	\$2400		

To avoid processing delays, please submit the following documents, as they apply, for each member of the family unit:

1. Certificate of Indian Blood (CIB)
2. Proof of school enrollment and two consecutive weeks of attendance for each child aged 6 years and older. Proof is not required if applying during summer break.
3. Proof of pregnancy. This is required only for those applying for a Pregnancy Case.
4. Reunification Plan. This is required only for those applying for a Reunification Case.



Taholah Office

701 Cuitan Street

Phone: (360) 276-8211 Ext 4101

Fax: (360) 276-0008

Queets Office

216 Qui-nauilth Street

Phone: (360) 962-2150

Fax: (360) 962-2460

Hoquiam Office

400 8th Street Suite B

Phone: (360) 537-1324

Fax: (360) 537-1265

I am applying for the following case type: Family Case Minor Parent Case Pregnancy Case

Reunification Case Child Only Case with Biological Parent Child Only Case – Needy Caretaker Relative

HOUSEHOLD INFORMATION

Head of Household

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Street Address		City	State Zip Code
Mailing Address <input type="checkbox"/> Same as Above		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 Highest Grade Completed <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/Master Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)	

Spouse/Significant Other

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
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 Highest Grade Completed <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate/Master Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)	

Child 1

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 2

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 3

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

Child 4

Full Legal Name First, Middle, Last, Suffix (Jr, Sr, II...)			
Alternate Names		Date of Birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Head of Household		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year, were any payments received from the affiliated tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this income must be reported as unearned income	
Mother's Name		Mother's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Father's Name		Father's Status <input type="checkbox"/> In home <input type="checkbox"/> Absent from home <input type="checkbox"/> Deceased	
Current Grade Level <input type="checkbox"/> Not in school		School Attending	

To add additional children to the application, please attach another sheet listing their information.

RESOURCES AND INCOME INFORMATION

I. RESOURCES			
A resource is anything that you own or are buying that can be sold, traded or converted into cash or money held by others. A resource does not include personal property such as furniture or clothing. Examples of resources are:			
Cash	Mutual Fund	House	Prepaid Burial Fund
Checking Account	Stock	Condominium	College Fund
Savings Account	Annuity	Land	Time Share
CD	Trust	Sales Contract	Business Equipment
Money Market Account	IRA	Building	Farm Equipment/Livestock
Saving Bond	401K	Life Estate	
Bond	Retirement Fund	Life Insurance	
Do you or anyone in the household have any resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:			
RESOURCE	WHO OWNS?	LOCATION	VALUE
			\$
			\$
			\$
			\$

II. VEHICLES				
Do you or anyone in the household own a licensed or unlicensed vehicle (car, truck, motorcycle, boat, recreational vehicle or any other type of vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:				
PRIMARY	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE
VEHICLE 2	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE
VEHICLE 3	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		MILEAGE

III. INCOME STATEMENT	
Do you, or anyone in the household, receive any form of earned or unearned income at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete IV Unearned Income and/or V Earned Income. If no, initial the following statement.	
I attest that no one in the household receives any form of earned or unearned income at this time.	
Head of Household Initials:	Spouse/Significant Other Initials:

IV. TANF BENEFITS

Have you, or anyone for which you are applying, received TANF Benefits (monthly cash assistance) from a Federal, State or Tribal Agency in the last 30 days? Yes No | If yes, complete the information below.

WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY

Have you, or anyone for which you are applying, ever received TANF Benefits (monthly cash assistance) from a Federal, State or Tribal Agency? Yes No | If yes, complete the information below.

WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY

I attest that the above information regarding the receipt of TANF Benefits is true.

Head of Household Initials:

Spouse/Significant Other Initials:

V. EARNED INCOME

Do you or anyone in the household currently have income from work or expect to have income from work in the next 30 days? Yes No | If yes, complete the following information:

Income Earned By

Employer Name	Phone Number
Start Date	Gross Income (Before taxes) \$
Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Income Earned By

Employer Name	Phone Number
Start Date	Gross Income (Before taxes) \$
Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Has anyone in the household stopped working in the last 30 days? Yes No | If yes, complete the following information:

Who stopped working?

Employer Name	Phone Number
Last Day Worked	Date of Last Paycheck
	Gross Income (Before taxes) \$

Who stopped working?

Employer Name	Phone Number
Last Day Worked	Date of Last Paycheck
	Gross Income (Before taxes) \$

VI. CHILD SUPPORT INCOME STATEMENT <input type="checkbox"/> Not Applicable (Pregnancy and Reunification Cases)			
Have you or your spouse/significant other received child support payments directly from a non-custodial parent in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the date and amount of the payment that you have received below. If no, initial the statement below.			
Amount Received \$	Date Received	Amount Received \$	Date Received
I attest that I have not received any child support payments directly from a non-custodial parent in the last 30 days.			
Head of Household Initials:		Spouse/Significant Other Initials:	
Failure to report child support payments that you receive directly from a non-custodial parent will result in an overpayment which you will be required to pay back to QIN TANF.			

VII. UNEARNED INCOME				
Examples of unearned income are:				
Alimony	Medical Assistance	Social Security Dependent Benefit		
Annuity	Military Allotment	Social Security Survivor Benefit		
Casino Winnings	Out of State TANF	Subsidized Housing		
Child Support	Per Capita	Supplemental Security Income (SSI)		
Dividend	Railroad Retirement	Tribal Lease Payment		
Food Stamps	Rental/Lease Income	Unemployment Benefit		
Foster Care Payment	Sale of Property or Timber	Veterans Benefit		
General Assistance (GA)	Settlement	Worker Compensation Benefit		
Gift or Prize	Social Security Disability			
Inheritance	Social Security Retirement			
Do you or anyone in the household have any unearned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information:				
WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY	DATE RECEIVED
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

VIII. RESIDENCY STATEMENT

I, _____ and (if applicable) _____
Head of Household Spouse/Significant Other

Live at: _____
Street Address City State Zip Code

I have resided at this address for _____ Weeks, _____ Months, _____ Years.

I make rent/lease/mortgage payments to _____
in the amount of \$ _____

I do not make rent/lease/mortgage payments but live with someone that provides for my shelter costs.
*If this statement is checked, initials are required below.

I do not make rent/lease/mortgage payments as I own my own home.
*If this statement is checked, initials are required below.

I do not make rent/lease/mortgage payments as I am currently homeless. I do live within Grays Harbor or lower Jefferson Counties. *If this statement is checked, initials are required below.

Head of Household Initials:

Spouse/Significant Other Initials:

IX. CUSTODY STATEMENT | Not Applicable (Pregnancy and Reunification Cases)

A child is considered a member of the household if they spend 51% of their time during the calendar month in the household.

Do all of the children listed in this application current live with you at least 51% of time? Yes No

Do you have a court ordered Custody Order, Parenting Plan or a notarized statement from the non-custodial parent of the children listed in this application? Yes No

If no, you cannot apply with the children that do not meet this requirement.

I attest that all of the children listed in this application currently live with me/us at least 51% of the time.

Head of Household Initials:

Spouse/Significant Other Initials:

I have read (or had explained to me) and understand the information in this application. I declare under penalty of perjury, that information that I gave in this application is true, correct and complete to the best of my knowledge. I understand that if I incorrectly receive QIN TANF funds for TANF Services because I have made a willful false statement or because I have willfully failed to report information required by the QIN TANF Program, I will be required to repay the amount received.

Head of Household Signature

Date

Spouse/Significant Other Signature

Date

CHILD SUPPORT REFERRAL INFORMATION

Please complete the Child Support Referral and Assignment on the following, Pages 10-14. Please know that incomplete referrals and assignments will delay the processing time for a determination of eligibility. Information is required on the custodial parent(s), non-custodial parent(s) and children. If children do not have the same mother and father, a separate referral must be completed. If you have questions or need assistance in completing the *Child Support Referral*, please

CHILD SUPPORT REFERRAL

The Quinault Indian Nation Child Support Program will use your Social Security Number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. NON-CUSTODIAL PARENT(S) INFORMATION

MOTHER'S INFORMATION, IF NOT CUSTODIAN					FATHER'S INFORMATION, IF NOT CUSTODIAN				
Is the mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the mother been deported? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the father been deported? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name (First, Middle, Last)					Name (First, Middle, Last)				
Alternate Name(s)					Alternate Name(s)				
Street Address					Street Address				
City		State	Zip Code		City		State	Zip Code	
Mailing Address					Mailing Address				
City		State	Zip Code		City		State	Zip Code	
Phone Number		Message Number			Phone Number		Message Number		
Social Security Number		Date of Birth			Social Security Number		Date of Birth		
Place of Birth (City, County, State, Country)					Place of Birth (City, County, State, Country)				
Race	Height	Weight	Hair Color	Eye Color	Race	Height	Weight	Hair Color	Eye Color
Native Language		Identifying Marks			Native Language		Identifying Marks		
Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:					Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:				
Lives on an Indian reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom:			Lives on an Indian reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom:		
Employer's Name					Employer's Name				
Employer's Address					Employer's Address				
Employer's Phone Number					Employer's Phone Number				
Income <input type="checkbox"/> \$ Per Hour <input type="checkbox"/> \$ Per Month					Income <input type="checkbox"/> \$ Per Hour <input type="checkbox"/> \$ Per Month				
Has a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?					Has a second job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?				
Ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?					Ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?				
Vehicle Information					Vehicle Information				
Year	Make		Model		Year	Make		Model	
In Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch and Dates of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy					In Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch and Dates of Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy				
From:		To:			From:		To:		

INFORMATION ON MOTHER'S PARENTS IF DECEASED, LEAVE BLANK.			INFORMATION ON FATHER'S PARENTS IF DECEASED, LEAVE BLANK.		
Name (First, Middle, Last)			Name (First, Middle, Last)		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone Number	Message Number		Phone Number	Message Number	

B. HEAD OF HOUSEHOLD INFORMATION			
Head of Household Name (First, Middle, Last)		Alternate Name(s)	
Social Security Number		Date of Birth	
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:	
Relationship to Child	Do you have legal custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who has legal custody?		
Is private attorney currently working on your child support case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and phone number of attorney:			

C. DOMESTIC VIOLENCE INFORMATION	
Have you or the child/ren in the household ever experienced any type of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a protective order against you or the non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what court issued the order?
Do you believe that you or the child/ren may be at risk of emotional and/or physical harm if the non-custodial parent knows where to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, do you want to complete a Family Violence Non-Disclosure Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE NOTE: IF YOU CHOOSE NOT TO COMPLETE THE STATEMENT AT THIS TIME, YOU MAY CHOOSE TO DO SO LATER.	

D. CHILD INFORMATION			
<i>Please note that if children have a different mother and father then a separate referral must be completed.</i>			
Child's Name (First, Middle, Last)			
Social Security Number	Date of Birth	Place of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:	Enrollment Number
Legal Status <input type="checkbox"/> A support order has been issued for this child <input type="checkbox"/> Paternity has been established for this child, but no order has been issued <input type="checkbox"/> Paternity for this child needs to be established <input type="checkbox"/> Parent are living apart and there is no support order			

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:	Enrollment Number
Legal Status <input type="checkbox"/> A support order has been issued for this child <input type="checkbox"/> Paternity has been established for this child, but no order has been issued <input type="checkbox"/> Paternity for this child needs to be established <input type="checkbox"/> Parent are living apart and there is no support order			

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:	Enrollment Number
Legal Status <input type="checkbox"/> A support order has been issued for this child <input type="checkbox"/> Paternity has been established for this child, but no order has been issued <input type="checkbox"/> Paternity for this child needs to be established <input type="checkbox"/> Parent are living apart and there is no support order			

Child's Name (First, Middle, Last)			
Social Security Number		Date of Birth	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Enrolled member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of tribe:	Enrollment Number
Legal Status <input type="checkbox"/> A support order has been issued for this child <input type="checkbox"/> Paternity has been established for this child, but no order has been issued <input type="checkbox"/> Paternity for this child needs to be established <input type="checkbox"/> Parent are living apart and there is no support order			

E. CHILD SUPPORT OBLIGATION	
What is the relationship between the mother and father of the child/ren? <input type="checkbox"/> Never Married <input type="checkbox"/> Married/Living Together <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced If separated or divorced complete the following information.	
Date of Separation	Date of Divorce
Have you ever appeared in court for any of the following reasons? <input type="checkbox"/> Child Support <input type="checkbox"/> Child Custody <input type="checkbox"/> Legal Paternity <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Violence	

F. COURT ORDERS			
Date of Order	Court Case Number		What court issued the order?
City	County	State	If Tribal Court, which Tribe?
Was child support ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much and how often? \$ _____ <input type="checkbox"/> Every Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Every Month		
Was a private attorney consulted on this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and phone number of attorney:		

G. PENDING COURT ORDERS

Are there any legal action(s) that may affect the child/ren? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the child/ren in Indian Child Welfare (ICW) or Child Welfare custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following information.		
Date child/ren were placed in ICW/CW custody		If child/ren are in ICW care, with what Tribe?		
Date Filed	Court Case Number	County	State	What court was the paperwork filed at?
If Tribal Court, which Tribe?	Was a private attorney consulted on this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and phone number of attorney:		

H. MODIFICATION OF CHILD SUPPORT

Date of Order	Court Case Number	What court issued the order?		
City	County	State	If Tribal Court, which Tribe?	
Were modifications made to the Child Support Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	If modified, indicate how much and how often? \$ <input type="checkbox"/> Every Week <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Every Month			
Was a private attorney consulted on this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and phone number of attorney:			



QUINAULT INDIAN NATION
Temporary Assistance for Needy Families
CHILD SUPPORT ASSIGNMENT
Agreement, Consent and Limited Power of Attorney



Head of Household Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number
Child's Name (First, Middle, Last)	Social Security Number

PLEASE READ THIS FORM IN ITS ENTIRETY BEFORE SIGNING IT

When you accept a QIN TANF cash grant, you are assigning your child support and medical support rights to the Quinault Indian Nation. When you agree to assign your support rights, you are agreeing that the Quinault Indian Nation may keep your support payments to repay the Quinault Indian Nation and the federal government for assistance that is paid to your family.

When you accept a QIN TANF cash grant, you are agreeing to cooperate with the Quinault Indian Nation and the Washington State Division of Child Support by:

1. Helping to establish paternity, if applicable.
2. Helping to establish or modify your support order.
3. Sending all support payments that you directly receive from the non-custodial parent to:

QIN Child Support Services
 PO Box 689
 Taholah, WA 98587

Washington State Support Registry
 PO Box 45868
 Olympia, WA 98504-5868

4. Appointing DCS and/or the Quinault Indian Nation to accept and endorse all child support, spousal support and medial support payments.
5. Informing QIN TANF in writing when you no longer want child support enforcement services. When you stop receiving a QIN TANF cash grant, child support will continue to be enforced unless you request that services be stopped.

I have read and understand the rules and requirements list above and have had my rights and responsibilities explained to me. I understand that I can be terminated from this program for fraud, falsifying information or intentionally omitting information. I understand that if it is determined that I have committed fraud, falsified information or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

Signature: _____ Date: _____

QIN TANF Case #	CSS Case #	DCS Case # (IV-D#)



QUINAULT INDIAN NATION

Temporary Assistance for Needy Families



RELEASE OF INFORMATION

I authorize the Quinault Indian Nation TANF Program to provide/obtain information to/from other agencies, employers, schools or institutions for the intention of verifying and coordinating services.

Adults: _____

Children: _____

This release is valid for one year from the date that it is signed.

Head of Household Signature

Social Security Number

Date

Spouse/Significant Other Signature

Social Security Number

Date



**QIN FINANCE
PAYMENT FORM**

Please select one payment option. Provide the information that is necessary for the payment option selected.

Check: Checks will be mailed to the address provided on a W-9.

Direct Deposit (ACH): Payments will be directly deposited into a bank account.

Attach a completed Authorization Agreement for Direct Deposit Form. (First few payment may be by check, until direct deposit can be activated)

Debit Card: Payments will be deposited directly on a Key2Benefits VISA Debit Card.

Attach a completed Key2Benefits Cardholder Form. (First few payment may be by check, until debit card is received and can be activated)

I understand that the payment option selected above will be in effect for all QIN payments made on my behalf. I further understand that I may change the payment option, at any time, by submitting an updated Payment Form and necessary paperwork to the TANF Office or to the QIN Finance Office.

Date: _____

Printed Name: _____

Signature: _____

Phone Number: _____

Staff Printed Name: _____



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize the Quinault Indian Nation to initiate Automated Clearing House (ACH) credit entries to transfer funds for deposit to the bank account indicated below at the depository financial institution named below (Depository Name). I understand that the ACH transactions authorized herein shall comply with all applicable U.S. law. I further understand that this authorization shall remain in effect for all payments to be received from QIN, until QIN Finance has received notification from me of its termination. Notification of termination must be received by QIN Finance, in writing, at least five (5) business days prior to the proposed effective date of the termination of authorization.

Depository Name (Bank): _____

Full Name on Account: _____

Depository Routing Number: _____

Checking Account Number: _____

Or

Savings Account Number: _____

Signature: _____

Email (Required): _____

Phone Number: _____

Remittance advice will be given to the person listed on the account above. An email will be sent to the email address given below to include the invoice number and amount of each invoice that is included in the total payment.

Printed Staff Name: _____

KEY2BENEFITS CARDHOLDER INFORMATION

First Name _____

Last Name _____

Date of Birth ____/____/____

Social Security Number _____-_____-_____

Mailing Address _____

Telephone Number (_____) _____

Email Address (required) _____

Please Note: New KeyBank Debit Cards will be mailed to the QIN TANF Office that the participant is served out of. Caseworkers will meet with participants to activate the cards and set up online banking. Once online banking is set up, the mailing address will need to be changed to the one listed above.

Date Ordered ____/____/____

Ordered By _____

Cardholder ID Number _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**REQUEST YOUR OWN RECORDS -
INDIVIDUAL**

Request for Confidential Unemployment Insurance Program Information and Records

WANT A FASTER RESPONSE THAN 5 TO 10 BUSINESS DAYS – Go on-line to immediately get your reported wage information as far back as 2005 and unemployment claim information at least as far back as 2016 OR upload and submit this signed request form on-line to receive a response within 1 business day. Go to esd.wa.gov/newsroom/public-records for more information.

1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number (Needed to Process Request):

2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

I am requesting a copy of my Wages Reported by employers in the State of Washington from

_____ through Present Date
(start date – far back as 1987) (end date)

I am requesting a copy of my Unemployment Payment History from:

_____ through Present Date
(start date) (end date)

If you are seeking records other than the above (identify here):

Any letters denying or approving benefits.

3. AUTHORIZATION AND SIGNATURE:

a) Send records/information to:

FIRST NAME	LAST NAME	TELEPHONE NUMBER
ORGANIZATION NAME (IF APPLICABLE) <u>Quinault Indian Nation TANF Program</u>		
ADDRESS	CITY	STATE ZIP CODE
FAX NUMBER	EMAIL ADDRESS	

MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN **5 TO 10 BUSINESS DAYS**. SEND REQUEST TO:

ESD Records Disclosure Unit P.O. Box 9046 Olympia WA 98507-9046 Fax: 1-866-610-9225

This form should not be emailed as it may contain personal sensitive information.

b) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose confidential unemployment insurance program information and records is being requested and I authorize the records be sent to the individual/organization identified in Section 3a.

Signature (Required – Electronic Signature Not Accepted)

Date

**REQUEST YOUR OWN RECORDS -
INDIVIDUAL**

Request for Confidential Unemployment Insurance Program Information and Records

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	through	Present Date
(start date)		(end date)

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Any letters denying or approving benefits.

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FIRST NAME	LAST NAME	TELEPHONE NUMBER
ORGANIZATION NAME (IF APPLICABLE) Quinault Indian Nation TANF Program		
ADDRESS	CITY	STATE ZIP CODE
FAX NUMBER	EMAIL ADDRESS	

MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN **5 TO 10 BUSINESS DAYS**. SEND REQUEST TO:

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Signature (Required – Electronic Signature Not Accepted)

Date