



QUINAUT INDIAN NATION

Temporary Assistance for Needy Families

APPLICATION FOR SERVICES

Diversion Services



Diversion Services provide a one-time payment of up to \$2,000.00 to family units that are otherwise eligible for TANF. (Excluding child only and minor parent cases) The purpose is to help avoid dependency on assistance by addressing short-term financial needs due to a crisis. Applicants can apply for Diversion services one year from the date the last Diversion closed. A family unit may receive 10 Diversions per lifetime.

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. 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.
2. Total income for the family must not exceed the income limitations based on the size of the family unit. Income limitations are 300% of the Federal Poverty Guidelines for the year in which the application is received.

2025 Federal Poverty Guidelines

Family Unit Size	Income Limit
1	\$46,950.00
2	\$63,450.00
3	\$79,950.00
4	\$96,450.00
5	\$112,950.00
6	\$129,450.00
7	\$145,950.00
8	\$162,450.00
9	\$178,950.00
10	\$195,450.00

The application cannot be processed without the following documents:

1. Certificate of Indian Blood (CIB)
2. Last 60 days of income
3. Social Security Cards
4. Certified Birth Certificate - Program can assist in ordering if unable to provide.
5. Proof of school enrollment for each child aged 6 years and older. Proof is not required if applying when school is not in session. (Summer)
6. Proof of pregnancy
7. Custody order or parenting plan that shows the children are in the home at least 51% of the time. Or a notarized statement from the non-custodial parent acknowledging the custodial parent has the children at least 51% and is applying for Diversion services with the child included in the family unit. This is only required if a parent is out of the home.

Taholah Office

701 Cuitan Street
Phone: (360) 276-8211 Ext 4101
Fax: (360) 276-0008

Queets Office

323 Queets Avenue
Phone: (360) 962-2150
Fax: (360) 962-2460

Hoquiam Office

400 8th Street Suite B
Phone: (360) 537-1324
Fax: (360) 537-1265

Applications may be submitted in person, by email to tanf@quinalt.org or fax to (360) 537-1265. A letter of notification will be sent no later than two business days after an application is received, indicating the status as approved, denied, or pending. Applications may pend for 15 business days from the date of application and if not complete it will be denied.

Once approved, a monthly cash grant will be processed.

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 tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's 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 tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> Other Credentials (Ex Vocational Certifications, CDL, etc.)			

CHILD			
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 tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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			
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 tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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			
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 tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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, attach another sheet.

RESOURCES				
A resource is anything owned or bought that can be sold, traded or converted into cash.				
Cash, Checking/Savings Acct.	Mutual Funds/Stocks	House/Condominium/Land	Business Equipment	
CD/Saving Bonds/Money Market	Trust/Life Estate	Building/Timeshare	Fishing Equipment	
Retirement/Annuity	IRA/401k/Life Insurance	College Fund	Other	
Does anyone in the household have any resources? <input type="checkbox"/> Yes If yes, complete below. <input type="checkbox"/> No				
RESOURCE	WHO	LOCATION	VALUE	
			\$	
			\$	
			\$	
			\$	
VEHICLES				
Does anyone in the household own a vehicle? (car, truck, motorcycle, boat, recreational, other) <input type="checkbox"/> Yes If yes, complete below. <input type="checkbox"/> No				
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
INCOME				
Has anyone in the household received any form of earned or unearned income in the last 60 days? <input type="checkbox"/> Yes If yes, complete below. <input type="checkbox"/> No				
STATE, FEDERAL OR TRIBAL INCOME				
Has anyone received cash assistance from a Federal, State or Tribal agency in the last 60 days? <input type="checkbox"/> Yes If yes, complete below. <input type="checkbox"/> No				
WHO RECEIVED?	WHEN LAST RECEIVED?	FEDERAL/STATE/TRIBAL AGENCY		
EARNED INCOME				
Has anyone in the household had employment income the past 60 days? <input type="checkbox"/> Yes If yes, complete below and provide verification. <input type="checkbox"/> No				
Head of Household Income				
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	
Significant Other Income				
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	

UNEARNED INCOME	
1	Dividend income
2	Interest income
3	Rental income
4	Other income
5	Total

Examples include but are not limited to: Alimony/Child Support, Annuity/Dividend, Foster Care Payment, General Assistance, Social Security (all types), Military/Veterans, TANF, Per Capita, Rental/Lease, Sale of Property or Timber, Unemployment Benefits, Worker Compensation, Gift/Prize/Casino Winning, Settlement/Inheritance

Does anyone in the household have any unearned income? ☐ Yes | If yes, complete below. ☐ No

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:	

RESIDENCY

We live at: _____

Zip Code

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.
☐ I do not make rent/lease/mortgage payments as I own my own home.
☐ I am currently homeless. I do live within Grays Harbor or lower Jefferson County.

CUSTODY

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

Do the children live with you at least 51% of time? ☐ Yes ☐ No

Do you have a custody order or parenting plan for the children? ☐ Yes | If yes, provide a copy. ☐ No | If no, a notarized statement is required.

CRISIS STATEMENT	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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75	76
77	78
79	80
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91	92
93	94
95	96
97	98
99	100

Explain your current crisis that details the incident or issue that shows a need for Diversion services.

[illegible]

Explain how receiving Diversion services will assist you with resolving the crisis and prevent you from needing to receive a monthly cash grant.

Explain how you plan to use the funds from Diversion services. Items listed are what is allowable. The items must total \$2,000.00.

Item	Amount	Item	Amount
Housing	\$	Food	\$
Utilities	\$	Fuel	\$
Training	\$	Auto Repairs	\$
Education	\$	Transportation	\$
Child Care	\$	Auto Insurance	\$
Mental Health	\$	Chemical Dependency	\$
Domestic Violence	\$	Higher Education	\$
Work Related Expenses	\$	Disability Services	\$

I understand the information in this application and declare under penalty of perjury, the information is true, correct, and complete. I understand if I receive funds for TANF services because of a willful false statement or a failure to report information, the fraud section of the TANF Manual applies.

Head of Household Signature

Date

Spouse/Significant Other Signature

Date



QIN FINANCE PAYMENT FORM



Select one payment option.

- ☐ Check: Checks will be mailed to the address provided on a W-9. **No further information is needed.**
- ☐ Direct Deposit (ACH): Payments will be directly deposited into a bank account. (first two payments may be a check)
Complete Authorization for Direct Deposit/ACH below.

AUTHORIZATION FOR DIRECT DEPOSIT/ACH

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 above to include the invoice number and amount of each invoice that is included in the total payment.

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: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
				-				

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 on page 3.

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. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.