

Quinault Indian Nation TANF MONTHLY ELIGIBILITY REPORT

Due By:		Received By: (Staff use only)					
Address:		Name:			Month/Year:		
Phone:		CIF number:					
<ul style="list-style-type: none"> • Complete, sign and return this report by the due date. Cash grants cannot be processed without this form. • Answer for everyone in the family unit receiving services. For child only cases in which the biological parent is receiving a form of Social Security benefits are required to disclose all income received for self and child. • Report any and all changes within five business days that may affect eligibility and amount of the cash grant. Complete a Change of Circumstance form to report changes at any time throughout the month. Failure to do so may result in fraud and the fraud section of the manual will apply. • Changes reported may result in services provided to include: the increase or decrease of the cash grant, removal from the family unit, or case closure. 							
1) Has your physical or mailing address changed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter the new address.							
Address:							
<i>Child only cases do not need to fill out this section, unless the adult is a biological or adoptive parent that receives Social Security benefits.</i>							
2) Did any adult or minor parent earn income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week. <u>Attach pay stubs or other proof of earnings.</u> If self-employed, <u>complete the Reporting Self-Employment Income form and attach proof of income and receipts for business expenses.</u>							
Who received Income?	Employer's Name:	Date:					
		Gross Amount	\$	\$	\$	\$	\$
		Hours Worked:					
Who received Income?	Employer's Name:	Date:					
		Gross Amount	\$	\$	\$	\$	\$
		Hours Worked:					
3) Are there any children six years of age or older not attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, complete below.							
Name:		Reason:					
Name:		Reason:					
4) Has anyone in the family unit left the household or has anyone moved into the household and not been added to the family unit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete below.							
Name:		<input type="checkbox"/> Left <input type="checkbox"/> Added			Date Entered or Left:		
Name:		<input type="checkbox"/> Left <input type="checkbox"/> Added			Date Entered or Left:		

5) Has a child in your family unit been placed into another person's care or custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.					
Name:		Date Moved:	Placement Agency:		New Placement:
Name:		Date Moved:	Placement Agency:		New Placement:
6) Has anyone in the family unit disenrolled from a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No Or, has anyone enrolled into another tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.					
Name:		<input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled Tribe:		Date:	
Name:		<input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled Tribe:		Date:	
7) Did anyone receive money or benefits from any other source, to include in-kind contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below. Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like social security, SSI, SSP, unemployment, worker's compensation, retirement; rental income and rental assistance, free housing/utilities/clothing/food, per capita, foster care, adoption support; or anything else.					
Name:		Source of Income:		Date Received:	Date Received:
				Date Received:	Date Received:
Name:		Source of Income:		Gross Amount \$	Gross Amount \$
				Gross Amount \$	Gross Amount \$
Name:		Source of Income:		Date Received:	Date Received:
				Date Received:	Date Received:
Name:		Source of Income:		Gross Amount \$	Gross Amount \$
				Gross Amount \$	Gross Amount \$
8) Have you bought, sold, traded or converted any resources into cash? Or money held by others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.					
<input type="checkbox"/> Bought <input type="checkbox"/> Sold		Date:	Resource:		Amount \$
9) Has anyone in the household received food benefits? (Tribal, DSHS or Commodities) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.					
Name:				Date received:	
Agency:				Amount \$	
10) Is there any person that is a fugitive felon or who is not in compliance with any court ordered parole or probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below.					
Name:				Date:	
CERTIFICATION					
I understand if I receive funds for services because of a willful false statement or a failure to report information, the fraud section of the TANF Manual applies. I declare under penalty of perjury under the laws of the United States and the State of Washington that the facts contained in this report are true and correct and complete for the entire report month.					
Head of Household Signature: _____				Spouse Signature: _____	
Date Signed: _____				Date Signed: _____	