QUINAULT INDIAN NATION

Temporary Assistance for Needy Families

APPLICATION FOR SERVICES

Family | Minor Parent | Pregnancy

Child Only Case with Biological Parent

The program provides assistance to families with children and eligible adults and youth with job preparation, work experience, educational opportunities, and support services. The program is intended to assist families in becoming economically self- sufficient and not dependent upon the program for assistance. Additionally, the program is intended to provide assistance and supportive services for youth residing with non-needy caretaker/relatives.

Eligibility Criteria

1. Living within the boundaries of the Quinault Indian Reservation, there must be an enrolled member of a federally recognized tribe in the family unit. 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 must not exceed the monthly income limitations based on the size of the family unit.

Payment Standards and Income Limits

Family Unit Size	Payment Standard	Income Limit
1	$550.00	$1,100.00
2	$650.00	$1,300.00
3	$750.00	$1,500.00
4	$850.00	$1,700.00
5	$950.00	$1,900.00
6	$1,050.00	$2,100.00
7	$1,150.00	$2,300.00
8	$1,250.00	$2,500.00
9	$1,350.00	$2,700.00
10	$1,450.00	$2,900.00

Submit the following documents in order for your application to be considered complete.

1. Certificate of Indian Blood (CIB)
2. Last 30 days of income
3. Social Security Cards - Must be provided within 30 days. Program can assist in ordering if unable to provide.
4. Certified Birth Certificate - Must be provided within 30 days. Program can assist in ordering if unable to provide.
5. Proof of school enrollment and two weeks of consecutive attendance 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 - Required for a pregnancy case.

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, 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.

☐ Family Case ☐ Minor Parent Case ☐ Pregnancy Case ☐ Child Only Case with Biological Parent

HEAD OF HOUSEHOLD					
Full Legal Name | First, Middle, Last, Suffix (Jr, Sr, II…)					
Alternate Names		Date of Birth		Social Security Number	
Gender ☐ Male ☐ Female	US Citizen ☐ Yes ☐ No	Disabled ☐ Yes ☐ No	Pregnant ☐ Yes ☐ No | If yes, estimated due date:		
Tribal Affiliation	Enrollment #	In the last year were any payments received from the tribe? ☐ Yes | If yes, must be reported as unearned income. ☐ No			
Street Address		City	State	Zip Code	
Mailing Address | ☐ Same as Above		City	State	Zip Code	
Phone		Email			
Marital Status ☐ Single, Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		Highest Education Level Completed ☐ Less than High School Diploma or GED | Highest Grade Completed ☐ High School Diploma or GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Graduate/Master's Degree ☐ 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 ☐ Male ☐ Female	US Citizen ☐ Yes ☐ No	Disabled ☐ Yes ☐ No	Pregnant ☐ Yes ☐ No | If yes, estimated due date:		
Tribal Affiliation	Enrollment #	In the last year were any payments received from the tribe? ☐ Yes | If yes, must be reported as unearned income. ☐ No			
Phone		Email			
Marital Status ☐ Single, Never Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed		Highest Education Level Completed ☐ Less than High School Diploma or GED | Highest Grade Completed ☐ High School Diploma or GED ☐ Associate's Degree ☐ Bachelor's Degree ☐ Graduate/Master's Degree ☐ 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 ☐ Male ☐ Female	US Citizen ☐ Yes ☐ No	Disabled ☐ Yes ☐ No	Teen Parent ☐ Yes ☐ No
Relationship to Head of Household		Pregnant ☐ Yes ☐ No | If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year were any payments received from the tribe? ☐ Yes | If yes, must be reported as unearned income. ☐ No	
Mother's Name		Mother's Status ☐ In home ☐ Absent from home ☐ Deceased	
Father's Name		Father's Status ☐ In home ☐ Absent from home ☐ Deceased	
Current Grade Level | ☐ 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 ☐ Male ☐ Female	US Citizen ☐ Yes ☐ No	Disabled ☐ Yes ☐ No	Teen Parent ☐ Yes ☐ No
Relationship to Head of Household		Pregnant ☐ Yes ☐ No | If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year were any payments received from the tribe? ☐ Yes | If yes, must be reported as unearned income. ☐ No	
Mother's Name		Mother's Status ☐ In home ☐ Absent from home ☐ Deceased	
Father's Name		Father's Status ☐ In home ☐ Absent from home ☐ Deceased	
Current Grade Level | ☐ 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 ☐ Male ☐ Female	US Citizen ☐ Yes ☐ No	Disabled ☐ Yes ☐ No	Teen Parent ☐ Yes ☐ No
Relationship to Head of Household		Pregnant ☐ Yes ☐ No | If yes, estimated due date:	
Tribal Affiliation	Enrollment #	In the last year were any payments received from the tribe? ☐ Yes | If yes, must be reported as unearned income. ☐ No	
Mother's Name		Mother's Status ☐ In home ☐ Absent from home ☐ Deceased	
Father's Name		Father's Status ☐ In home ☐ Absent from home ☐ Deceased	
Current Grade Level | ☐ Not in school		School Attending	

To add additional children to the application, attach another sheet.

RESOURCES

A resource is anything owned or buying 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? ☐ Yes | If yes, complete below. ☐ No

RESOURCE	WHO	LOCATION	VALUE
			$
			$
			$
			$

VEHICLES

Does anyone in the household own a vehicle? (car, truck, motorcycle, boat, recreational, other) ☐ Yes | If yes, complete below. ☐ No

PRIMARY	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor	MILEAGE	
VEHICLE 2	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor	MILEAGE	
VEHICLE 3	YEAR	MAKE (Ex. Ford)	MODEL (Ex. Escort)	OWED
PAYMENT	VALUE	CONDITION ☐ Excellent ☐ Good ☐ Fair ☐ Poor	MILEAGE	

INCOME

Does anyone in the household receive any form of income? ☐ Yes | If yes, complete below. ☐ No

STATE, FEDERAL OR TRIBAL INCOME

Has anyone received cash assistance from a Federal, State or Tribal agency in the last 30 days? ☐ Yes | If yes, complete below. ☐ No

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

EARNED INCOME

Will anyone in the household receive income from employment in the next 30 days? ☐ Yes | If yes, complete the below sections. ☐ No

Head of Household Income	
Employer Name	Phone Number
Start Date	Gross Income (Before taxes) $
Pay Frequency ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other:	Is this job self-employment? ☐ Yes ☐ No
Significant Other Income	
Employer Name	Phone Number
Start Date	Gross Income (Before taxes) $
Pay Frequency ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other:	Is this job self-employment? ☐ Yes ☐ No

Has anyone in the household stopped working in the last 30 days? ☐ Yes | If yes, complete the below sections. ☐ No

Head of Household

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

Significant Other

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

UNEARNED INCOME

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 the below sections. ☐ No

WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY	DATE RECEIVED
		$	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other:	
		$	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other:	
		$	☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other:	

CHILD SUPPORT INCOME

Have you or your spouse/significant other received child support payments from a non-custodial parent in the last 30 days?
☐ Yes | If yes, complete below. ☐ No

Amount Received $	Date Received	Amount Received $	Date Received

RESIDENCY

We live at: _____
Street Address City State 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

DOMESTIC VIOLENCE

Has anyone in the household ever experienced any type of abuse?	Is there a current protective order against anyone?
☐ Yes ☐ No	☐ Yes | If yes, what court? ☐ No

Do you believe that you or child/ren may be at risk of emotional and/or physical harm if the non-custodial parent knows where to find you? ☐ Yes ☐ No

If yes, do you want to complete a Family Violence Non-Disclosure Statement? ☐ Yes ☐ No

IF YOU CHOOSE NOT TO ANSWER THESE QUESTIONS AT THIS TIME, YOU CAN DO SO LATER BY SPEAKING TO A CASEWORKER.

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

CHILD SUPPORT REFERRAL AND ASSIGNMENT

A Child Support Referral and Assignment must be completed if there are not two biological or adopted parents in the home.

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name	Do you have legal custody? ☐ Yes ☐ No | If no, who has custody?
Relationship to Child	Address

COURT ORDERS

Is an attorney currently working on child support case? ■ Yes | If yes, what is name and phone number of attorney? ☐ No

Date of Order or Filed	Court Case Number	What court?	
City	County	State	Was child support ordered? ☐ Yes | If yes, provide a copy. ☐ No

PLACEMENT AGENCY

Is the child/ren in Indian Child Welfare or Child Welfare custody? ■ Yes | If yes, what agency? ☐ No

NON-CUSTODIAL PARENT(S) INFORMATION

Relationship between mother and father of children? ☐ Never Married ☐ Married/Living Together ☐ Married/Separated ☐ Divorced

MOTHER'S INFORMATION, IF NOT CUSTODIAN			FATHER'S INFORMATION, IF NOT CUSTODIAN		
Is mother deceased? ☐ Yes ☐ No	Deported? ☐ Yes ☐ No		Is father deceased? ☐ Yes ☐ No	Deported? ☐ Yes ☐ No	
Name (First, Middle, Last)			Name (First, Middle, Last)		
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	
Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No | If yes, name of tribe:			Enrolled member of a federally recognized Indian tribe? ☐ Yes ☐ No | If yes, name of tribe:		
Lives on an Indian reservation? ☐ Yes ☐ No	Currently Married? ☐ Yes ☐ No | If yes, to whom:		Lives on an Indian reservation? ☐ Yes ☐ No	Currently Married? ☐ Yes ☐ No | If yes, to whom:	
Employer's Name and Phone Number			Employer's Name and Phone Number		
Income : $ Per Hour $ Per Month			Income : $ Per Hour $ Per Month		
Second job? ☐ Yes ☐ No | If yes, where?			Second job? ☐ Yes ☐ No | If yes, where?		
In jail or prison? ☐ Yes ☐ No | If yes, where?			In jail or prison? ☐ Yes ☐ No | If yes, where?		
Vehicle Year	Vehicle Make	Model	Vehicle Year	Vehicle Make	Model
Military? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy From: To:			Military? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy From: To:		

CHILD

Child's Name (First, Middle, Last)

Social Security Number	Date of Birth	Place of Birth

Gender	Race	Enrolled member of a federally recognized Indian tribe?	Enrollment Number
☐ Male ☐ Female		☐ Yes ☐ No | If yes, name of tribe:	

CHILD

Child's Name (First, Middle, Last)

Social Security Number	Date of Birth	Place of Birth

Gender	Race	Enrolled member of a federally recognized Indian tribe?	Enrollment Number
☐ Male ☐ Female		☐ Yes ☐ No | If yes, name of tribe:	

CHILD

Child's Name (First, Middle, Last)

Social Security Number	Date of Birth	Place of Birth

Gender	Race	Enrolled member of a federally recognized Indian tribe?	Enrollment Number
☐ Male ☐ Female		☐ Yes ☐ No | If yes, name of tribe:	

CHILD

Child's Name (First, Middle, Last)

Social Security Number	Date of Birth	Place of Birth

Gender	Race	Enrolled member of a federally recognized Indian tribe?	Enrollment Number
☐ Male ☐ Female		☐ Yes ☐ No | If yes, name of tribe:	

Agreement, Consent and Limited Power of Attorney

Child Support Services Program use Social Security numbers for child support enforcement as defined in Title IV-D of the Social Security Act.

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

When you accept a QIN TANF monthly 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 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 monthly 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, spousal and medical support payments.
5. Informing QIN TANF in writing when you no longer want child support enforcement services. When you stop receiving a QIN TANF monthly cash grant, child support will continue to be enforced unless you request services be stopped.

I have read and understand the rules and requirements above and have had my rights and responsibilities explained to me. I understand that I can be terminated from this program for fraud, falsifying 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 FINANCE
PAYMENT FORM

Please 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: _____

Staff Printed Name: _____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

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:
☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▸ _____

☐ 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** ▸

General Instructions

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

Future developments. The IRS has created a page on IRS.gov 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.