



Nooksack Tribal TANF
5061 Deming Road
PO Box 157
Deming, WA 98244
360.592.3219
360.306.5099 Fax

Skagit TANF Satellite Office
2021 East College Way
Suite 210
Mount Vernon, WA 98273
877.848.1758
360.848.1756 Fax

Name: _____ Date: _____

Required Documents

- _____ Tribal verification for all in household requesting assistance
- _____ Copy of Driver's License or State I.D. & Copy of vehicle registration(s)
- _____ Birth Certificates for all children requesting assistance
- _____ Immunization Record for all children requesting assistance
- _____ Proof of household income (paycheck stubs, employer statements, award letter, etc.)
- _____ Other sources of income: All unearned income such as Social Security, SSI, VA, Child Support, Unemployment Benefits, etc. must be verified by receipts or award letters. (if applicable)
- _____ Assets (checking, savings, stocks, bonds, etc.) (if applicable)
- _____ Proof of Residency: Rental Agreement, Utility Verification, or Copy of Mortgage
- _____ Marriage License and/or Divorce Decree (if applicable)
- _____ Guardianship or custody papers for non-parent care givers
- _____ Student- Children on TANF must be attending school (registration or report card)

Required TANF Forms

- _____ Application filled out completely, signed & dated by each adult in household
- _____ Completed Release of Information Form, signed & dated by each adult in household
- _____ Completed Explanation of Rights & Responsibilities, signed & dated by each adult in household
- _____ Completed Orientation Agreement , signed and dated by each adult in household
- _____ Work Participation Agreement, signed and dated by each adult in household

Upon Approval

- _____ Completed Agreement to cooperate with the Child Support Agency (if applicable)
- _____ Complete a Substance Abuse Assessment at Genesis II
- _____ Attend Orientation Workshop

YOU MUST PROVIDE ALL THE INFORMATION REQUESTED ABOVE WITHIN 10 (TEN) DAYS OF MAKING APPLICATION OR YOU WILL HAVE TO RE-APPLY



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Your Rights & Responsibilities

YOU HAVE THE RIGHT TO:

- A) Be served efficiently, courteously and with respect as an applicant or client of the Nooksack Indian Tribal TANF Program by all staff members.
- B) An interpreter if one is needed.
- C) Discuss any action taken on your application or case with your case worker or the Case Manager if you do not agree with decisions made regarding your services.
- D) **10 Days** notice of any action taken by the Nooksack Indian Tribal TANF Program that effects any change to your services.
- E) Complete and total confidentiality of any and all information provided to the Nooksack Indian Tribal TANF Program for determining initial and ongoing eligibility.

RESPONSIBILITIES

Clients are responsible for providing complete, accurate and truthful information to Nooksack Indian Tribal TANF Program staff. All information given for the purpose of determining eligibility for any and all Nooksack Indian Tribal TANF Programs will be subject to verification.

For new applications, the required information and verification must be returned to Nooksack Indian Tribal TANF offices within **10 days** of receipt of the application package or it will be deemed ineligible and the application will have to submit a new application for services.

Changes in circumstances are required to be reported within **10 days** of the date of any changes that occurs in the household including, but not limited to, household members, income and expenses.

If you receive assistance from any other sources (i.e. food stamps, SSI, Child Support, VA benefits, Unemployment benefits, etc.) the amounts must be reported within **10 days** of the date of changes.

Clients are responsible for completing their Mandatory Monthly Eligibility Reports (MERF) at their Monthly Review appointments. This appointment and MERF must be completed by the **20th** of each month in order to avoid a delay in benefits for the following month.

GRIEVANCE & FAIR HEARING PROCESS:

An opportunity for a fair hearing is available to any applicant/client of the Nooksack Tribal TANF Program who is dissatisfied with actions taken by program staff, provided it is requested within **10 days** of receiving a Notice of Adverse Action. The TANF Director shall attempt to resolve disputes or issues informally. If such resolution is not practical, the TANF Director shall issue a decision on the matter within **20 days** of its presentation to him/her, in writing, and supply a copy of the same to the appellant.

Within **20 days** after issuance of a decision, any affected person may file a written appeal to the Nooksack Tribal Court, which shall review and hear the matter, and if no appeal to the Nooksack Tribal Court, which shall review and hear the matter, and if no appeal to the Nooksack Tribal Court is made within the time allowed, the decision of the TANF Director shall be final and shall not be subject to appeal.

Client Signature: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Caseworker Signature _____ Date: _____



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Confidentiality Policy Statement

I, _____ agree that due to the nature of my position and for the protection of the Nooksack Indian Tribe and client(s), _____ that all information is to remain in a confidential nature at all times and will not be mentioned by me or any form released to others.

The confidential information on all documentation shall not be transferred, written, copied, loaned, and/or removed without the written consent of the Nooksack Indian Tribe and affected clientele, or for other than purpose(s) required within my normal job duties and responsibilities.

All confidential information shall be processed only during normal working hours and will not be removed without supervision and the appropriate approval of the Supervisor.

In the course of employee job duties or their presence at a Tribal Government organization many employees will learn information, which should be kept confidential and not discussed or disclosed. Employees whose job requires them to learn the confidences or secrets of others must treat that information with the utmost secrecy. Other information, which may include confidential or sensitive information about individuals, specific information about the operations of the Tribal Government departments, organizations/entities, or other sensitive or potentially controversial information, also must remain confidential.

Employees should consult their supervisor before enclosing any information if there is any question about whether that information is confidential.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES REGARDING CONFIDENTIALITY.

Client Signature: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Caseworker Signature _____ Date: _____

Form will be maintained in the clients file.



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AUTHORIZATION FOR RELEASE INFORMATION

I authorize the release of information requested by the NOOKSACK TRIBAL TANF AGENCY or its agents. The requested information will only be used in the administration of the Nooksack Tribal TANF Programs, and will not be released to any other person or agency outside of the Nooksack Tribal TANF Program. This release of information will be in effect while I am an applicant or recipient of Nooksack Tribal TANF, and for any later investigations of my eligibility and other receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Nooksack Tribal & Bellingham Housing Authority, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, Public School Districts, Private Schools, Nooksack Education Department, Genesis II, Youth and Family Services, Indian Child Welfare, Social Services Departments, Elders Programs, State and Tribal Division of Child Support, State and Tribal TANF Programs and the Nooksack Legal Department.

I further understand that I may have to sign consent for Release of Information with any agency to which I have been referred.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Client Signature: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Caseworker Signature _____ Date: _____



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Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Nooksack Tribal & Bellingham Housing Authority, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, Public School Districts, Private Schools, Nooksack Education Department, Genesis II, Youth and Family Services, Indian Child Welfare, Social Services Departments, Elders Programs, State and Tribal Division of Child Support, State and Tribal TANF Programs and the Nooksack Legal Department.

I further understand that I may have to sign consent for Release of Information with any agency to which I have been referred.

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 Parent/Guardian Signature

 Student Name(s)

 Printed Name

 School

 Phone Number

 Grade

 Date



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Work Participation Agreement

I understand that the Nooksack Tribal TANF places the emphasis on the child in its Temporary Assistance to Needy Families (TANF) Program. As an adult, I understand and agree that I must become employable and seek to be employed so that my child(ren) and family can grow up in a world that is not dependent on welfare and for my family to become self-sufficient.

I understand and agree that as a single parent family, I will fulfill the Nooksack Tribal TANF requirement of 20 hours per week of approved Work Participation activities. A two-parent family must complete 30 hours per week of approved Work Participation activities, in order to receive TANF assistance.

I understand and agree that my (our) 20/30 hours per week will include a Nooksack TANF Orientation, Family Service and Child Development Plan, Work Preparation and Assessment and other options that will be explained at orientation and available during my progress to self-sufficiency.

I understand that failure to fulfill my Work Participation Hours weekly; my case can be placed in sanction, which will reduce my grant amount and continued noncompliance my case may be close.

By signing below, I understand all requirements and procedures expected of me for work participation while receiving TANF services.

Client Signature: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Caseworker Signature _____ Date: _____



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Orientation Attendance Agreement

I understand and agree that I am responsible for the well-being of my family and myself. I understand that Nooksack Tribal TANF requires 20 hours of participation for a single parent household and 30 hours of participation for a two parent household, in keeping with federal regulations. I understand working is the best way to provide for my family. Nooksack Tribal TANF may help me find and keep a job to meet my responsibilities.

I agree to attend Nooksack Tribal TANF's Orientation Workshop that explains my rights and responsibilities and the requirements to remain compliant with the Nooksack Tribal TANF Program.

In preparing myself for job readiness and self-sufficiency, I agree to attend all Life Skills classes, GED classes, Fatherhood Program classes and classes or Programs I am referred to.

Orientation will include the explanation of my participation requirements. I will develop my Family Service Plan and Child Development Plan (FSP/CDP).

Based upon my Family Service Plan, (FSP) I will be referred to the Employment and Training Coordinator to work on my strengths and interests that will assist me in declaring my goals.

I understand if I fail to attend the Orientation Workshop my case can be placed in Sanction, which will reduce my grant.

By signing below, I understand all requirements and procedures expected of me while receiving Nooksack Tribal TANF.

Client Signature: _____ Date: _____

2nd Adult Signature: _____ Date: _____

Caseworker Signature _____ Date: _____

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Landlord Statement

<p>Property Owner or Authorized Manager: Complete all sections below with only the information you know to be true. Write "unknown" to questions you cannot answer. Do not leave any box blank.</p>	<p>The Nooksack Tribal TANF is in the process of determining this client's eligibility. Please provide the information requested below.</p> <p>_____</p> <p>Case Worker's Signature:</p>																								
<p><u>Rental or leased unit tenant information:</u></p> <p>Street Address: _____</p> <p>City, State and Zip Code: _____</p> <p>Tenants Name: _____</p> <p>Date Moved in: _____</p>	<p>Names of all Adults and Children living at this address</p> <p>Adults: _____</p> <p>_____</p> <p>Children: _____</p> <p>_____</p> <p style="text-align: center;">Attach more pages if needed.</p>																								
<p><u>Rent Information:</u></p> <p>Renter's Name: _____ Current rent amount \$: _____ Date This amount started: _____</p> <table style="width:100%; border: none;"> <tr> <td style="width:40%;"></td> <td style="text-align: center; width:10%;">Yes</td> <td style="text-align: center; width:10%;">No</td> <td style="width:40%;"></td> </tr> <tr> <td>Do they pay by check?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>If yes, name of bank: _____</td> </tr> <tr> <td>Does the tenant pay only by a portion of the rent?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>If yes, how much is their portion? \$ _____</td> </tr> <tr> <td>Is this subsidized housing?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Agency _____ \$ _____</td> </tr> <tr> <td>Is someone else paying part or all of the rent?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>Name: _____ \$ _____</td> </tr> <tr> <td>Does the tenant work for a portion of the rent?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td>How much? \$ _____</td> </tr> </table>			Yes	No		Do they pay by check?	___	___	If yes, name of bank: _____	Does the tenant pay only by a portion of the rent?	___	___	If yes, how much is their portion? \$ _____	Is this subsidized housing?	___	___	Agency _____ \$ _____	Is someone else paying part or all of the rent?	___	___	Name: _____ \$ _____	Does the tenant work for a portion of the rent?	___	___	How much? \$ _____
	Yes	No																							
Do they pay by check?	___	___	If yes, name of bank: _____																						
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Is someone else paying part or all of the rent?	___	___	Name: _____ \$ _____																						
Does the tenant work for a portion of the rent?	___	___	How much? \$ _____																						
<p style="text-align: center;"><u>Utilities Information:</u> Mark the box (es) that apply.</p> <p>The main source of heating for residence is:</p> <p>___ Electric ___ Wood ___ Gas ___ Propane _____ Other(specify)</p> <table style="width:100%; border: none;"> <tr> <td style="width:40%;"></td> <td style="text-align: center; width:10%;">Yes</td> <td style="text-align: center; width:10%;">No</td> <td style="width:40%;"></td> </tr> <tr> <td>Is there a separate meter for gas and electric?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> </tr> <tr> <td>Does the tenant pay for air conditioning?</td> <td style="text-align: center;">___</td> <td style="text-align: center;">___</td> <td></td> </tr> </table>		Yes	No		Is there a separate meter for gas and electric?	___	___		Does the tenant pay for air conditioning?	___	___		<p>Are utilities included in the rent? ___ Yes ___ No</p> <p>If NO, mark the box(es) the tenant pays for:</p> <p>___ Electric ___ Water/Sewer ___ Gas</p> <p>___ Telephone ___ Propane ___ Garbage</p> <p>___ Wood _____ Other (specify)</p>												
	Yes	No																							
Is there a separate meter for gas and electric?	___	___																							
Does the tenant pay for air conditioning?	___	___																							
<p>Landlord's name: _____</p> <p>Street/address or PO box number: _____</p> <p>City, State & ZIP Code: _____</p> <p>Work telephone number: _____</p> <p>Home telephone number: _____</p> <p>Landlord signature: _____ Date: _____</p>	<p>Property owner's name: (if different from landlord)</p> <p>_____</p> <p>Contact number: _____</p>																								



Tribal TANF Child Support Assignment (Agreement, Consent and Limited Power of Attorney)

Applicant: _____ SSN: _____ Birthdate: _____

Please list all children in your legal custody.

Name	Social Security Number	Birthdate

When you accept a cash grant from the Nooksack Tribal TANF program, you agree to assign your child, spousal and medical support rights to the Nooksack Tribal TANF Program. This means that Nooksack Tribal TANF Program can keep the support payments to reimburse the assistance paid to your family. If and when the support payments exceed the amount of TANF assistance paid to you, your TANF cash benefits will be closed and you will receive the support payments.

By assigning your support payments, you agree to cooperate with the Nooksack Tribal TANF Program and/or the Nooksack Child Support Program and/or the Washington State Division of Child Support (unless you provide an acceptable reason not to) by:

1. Helping establish paternity (if necessary). This may include participating in a tribal or state court paternity action.
2. Helping to establish or modify your support order.
3. Sending all support payments you receive to the Nooksack Child Support Registry, PO Box 645, Deming, WA 98244. You may also submit payments directly to the Nooksack Tribal TANF Program.
4. Appointing the Nooksack Child Support Program and/or the Nooksack Tribal TANF Program to accept and endorse all child, spousal and medical support payments received for you.
5. Telling the Nooksack Tribal TANF Program in writing when you no longer want child support enforcement services. When you stop receiving a TANF grant, child support will continue to be enforced, unless you notify us in writing.

I have read and understand the requirements above and have had my rights and responsibilities explained to me. I also understand that fraud, falsifying information, or intentionally hiding information may result in me being terminated from receiving TANF benefits and/or lead to criminal prosecution under applicable federal, state and/or tribal laws.

Signature: _____ Date: _____

Program Use Only

Nooksack TANF Case#	CSO AU#	DCS IV-D#	NCSP Case #
Effective Date:			

CHILD SUPPORT REFERRAL- Nooksack

The Nooksack Child Support Program and/or Division of Child Support will use your social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN				
Name: <i>(First/Middle/Last)</i> :					Name: <i>(First/Middle/Last)</i> :				
Other Names Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:			State:	Zip Code:	City:			State:	Zip Code:
Home Telephone Number: ()			Message Telephone Number: ()		Home Telephone Number: ()			Message Telephone Number: ()	
Social Security Number:			D.O.B: <i>(Month, Day, Year)</i> :		Social Security Number:			D.O.B: <i>(Month/Day, Year)</i> :	
Place of Birth: <i>(City/County/State/Country)</i> :					Place of Birth: <i>(City/County, State/Country)</i> :				
Race:	Height:	Weight:	Hair Color:	Eye Color:	Race:	Height:	Weight:	Hair Color:	Eye Color:
Native Language: <i>(If correspondence needed in other than English)</i> :					Native Language: <i>(If correspondence needed in other than English)</i> :				
If enrolled in an Indian Tribe, name of the Tribe:					If enrolled in an Indian Tribe, name of the Tribe:				
Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes					Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address:					Employer's P.O. Box or Street Address:				
Employer's City:			State:	Zip Code:	Employer's City:			State:	Zip Code:
Employer's Telephone Number: ()					Employer's Telephone Number: ()				
Mother's Father's Name:			Mother's Mother's Maiden Name:		Father's Father's Name:			Father's Mother's Maiden Name:	

B. THE CHILDREN'S RESIDENCE

The Children listed on page 2 live with: Mother Father Other (specify):

C. IF THE CHILDREN DO NOT LIVE WITH THE MOTHER OR FATHER COMPLETE THIS SECTION

Your Name:		Your P.O. Box or Street Address:		
Your Social Security Number:		Your City:	Your State:	Your Zip Code:
Your Telephone Number: ()		Your Relationship to the Children:		

D. INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT

List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.

Child's Name: (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth: (Month/Day/Year):	Place of Birth: (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where: (Country/State):	
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order: (month/Day/Year):	If yes, place order entered: (county/state/Tribe):	
Child's Name: (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth: (Month/Day/Year):	Place of Birth: (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where: (Country/State):	
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order: (Month/Day/Year):	If yes, place order entered: (County/State/Tribe):	
Child's Name: (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth: (Month/Day/Year):	Place of Birth: (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where: (Country/State):	
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order: (Month/Day/Year):	If yes, place order entered: (County/State/Tribe):	

E. MARRIAGE INFORMATION FOR THE PARENTS OF THE CHILDREN LISTED ABOVE:

Date Married: (Month/Day/Year):	Place Married: (County/State):
Date Divorced: (Month/Day/Year):	Place Divorced: (County/State):
Date Separated: (Month/Day/Year):	Place Separated: (County/State):

F. PUBLIC ASSISTANCE AND CHILD SUPPORT PAYMENT INFORMATION

Have you or the children listed above ever received public assistance from another State or Tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where: (Counties/States/Tribe):	If yes, when: (Months/Years):
If there is a child support order(s) for the children listed above and you ever received child support payments for the children, what is the total amount you received? \$_____. Please attach copies of all support orders.	

G. DECLARATION

I agree to tell Division of Child Support immediately, in writing, of any new or changed information that relates to collecting child support from the parent responsible for paying support.
I certify or declare under penalty of perjury that the forgoing is true and correct.

Signed at: _____, Washington.

Signature:	Date:
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No person because of race, color, national origin, creed, religion, sex, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.



Nooksack Indian Tribe

Tribal TANF Program Application

If you are eligible, Temporary Assistance, Benefits will start the day your file is complete. Your application will be denied if we do not receive a completed application and if you do not have an interview within 30 days.

Please Print:

Name:	Last	First	MI	Other Names Used	
Home Address:				State	Zip
Mailing Address:				State	Zip
Sign Here:		Date	Home/message phone #	# of months residing in country	

CIF Site: _____	For Office Use Only
	Case # _____
Date Received: _____	Initials: _____
Prior TANF Months: _____	
Verification Source: _____	

Information About You And The People Who Live With You (Please Print)

Name			Relation To You If not related write NR.	Birth Date	Sex M/F	Social Security Number	U.S. Citizen Or National	
Last	First	MI					Yes	No
			Self				Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

***Fill out both forms.**

Information About You And The People Who Live With You Continued (Please Print)

<p>Name</p> <p>Last First MI</p>	<p>Marital Status</p> <p>S- single M- Married D- Divorced Sp- Separated W- Widowed</p>	<p>Race:</p> <p>Select one or more: AN- Alaskan Native AI- American Indian CA- Canadian AS- Asian BL- Black/African American PI- Native Hawaiian/ Pacific Islander WH- White</p>	<p>Enrollment Number</p>	<p>Education Level</p> <p>Write in highest grade completed in school</p>	<p>Name of School Attending or Attended</p>

*Fill out both forms.

Note: If more space is needed, please write information on page 6 in "notes" section or attach another piece of paper.

1. Are you or anyone in your household working and/or self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the information below.</i>					
Person Employed	Employer	# Of hours worked	Hourly wage	How often Paid?	
				/week	
				/week	
				/week	
				/week	
				/week	
2. List any other money or income you or anyone in your household receives (not including income listed above).					
Example: SSI, VA, UIB, Child Support, etc.	Owner	Source	Amount		
3. List how much money your household has in cash or bank/credit union accounts.					
Cash	Bank/Credit Union	Account Holder	Bank/Credit Union Name	Account Number	Account Type
\$	\$				
\$	\$				
4. List any land or buildings, fishing permits, stocks, bonds, or other items of value owned by you or anyone in your household.					
Owner	type of property/asset	value	Owner	type of property/asset	value
		\$			\$
		\$			\$
5. List all vehicles owned by you or anyone in your household (cars, trucks, motorcycles, boats, RVs, snowmobiles, etc.)					
Owner	Type of vehicle/model	Year	How is vehicle used?	Value	Amount Owed
				\$	\$

Note: If more space is needed, please write information on page 6 in "notes" section or attach another piece of paper.

6. List how much your family pays each month for rent/mortgage and utilities. Rent/mortgage amount utilities amount
Do you pay for your home heating costs? Yes / No \$ \$

Are you A HUD Housing Participant? NIHA BHA
Do You live on the reservation or trust lands? Yes / No If so, how long? _____

7. Does anyone in your household pay for child care or dependent care expenses? Yes / No Amount \$

8. Does anyone in your household pay child support? Yes / No Amount \$
If yes, who? _____

9. Are you requesting assistance for anyone in your household who is pregnant? Yes / No
If yes, who? _____ When is the baby due? _____

10. Has or is anyone in your household received or receiving public assistance (Temporary Assistance, cash, food stamps Medicaid) in Washington or any other state? Yes / No If yes, who, when and where? _____

11. Is anyone in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? Yes / No
If yes, who? _____

12. Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? If yes, who? Yes / No

13. Does anyone in your household have medical problems or medical costs due to an accident? Yes / No
If yes, who? _____ Date of the accident: _____

Authorized Representative
I have asked this person to help with my public assistance case.

Name of person: _____ Phone/Message Number: _____

Statement of Truth
Under the penalty of perjury or unsworn falsification, I certify that the statements made on the application and during my interview for assistance regarding the persons in my home, income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge. I have read (or had read to me) and understand my rights and responsibilities as described in the "Your Rights and Responsibilities" page that is included in this application. I must report any changes in my household regarding income, expenses, and number of people residing in my home within **10 days** of any change.

Signature of Applicant _____ Date _____ Signature of Other Adult Applicant _____ Date _____

Signature of Helper or Representative _____ Date _____ Signature of Witness _____ Date _____

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NOTES: If you are reporting zero income, please explain how you are meeting your monthly living costs.