



Received by MTTP:

Revised 03.01.2020

Application for Morongo Tribal TANF Program Services: Non-Needy Caretaker Relative

The Temporary Assistance for Needy Families (TANF) program administered by the Morongo Band of Mission Indians, referred to as the Morongo Tribal TANF Program (MTTP), provides time-limited assistance and services to low income Native American families, including **caretaker relatives caring for eligible children**. MTTP may provide a one-time or on-going cash aid and support services, depending on the need of the eligible family. In addition, a qualified family may receive Prevention and Family Formation services designed to strengthen life skills and preserve Native American culture. MTTP uses facts stated on this application and required documents to determine what type of assistance and how much assistance your family qualifies to receive. We keep all information private and secure, as required by law.

Contact MTTP toll free at 1 (844) TANF- 411 or 1 (844) 826-3411 or visit:

Serving Riverside County: MTTP Banning Office
940 East Williams Street, Suite A / P.O. Box 1268
Banning, CA 92220

Serving San Bernardino County: MTTP San Bernardino Office
720 East Carnegie Drive, Suite 150
San Bernardino, CA 92408

MTTP eligibility checklist:	<input type="checkbox"/> Proof of residency in Riverside County (if Morongo Tribal Member/Descendant), Morongo Reservation, OR San Bernardino County (off reservation) <input type="checkbox"/> Maintain custody of at least one minor child related to you by blood or kinship (marriage/adoption, etc.) in the Family Assistance Unit under the age of 18 (up to age 19, if attending high school or up to age 22, if enrolled in public high school receiving special education services through an Individualized Education Plan) <input type="checkbox"/> Verification that at least one minor child is a member or descendant of a federally recognized tribe or identified on the California Judgement Roll <input type="checkbox"/> Child(ren) determined needy based on income, resources, and federal guidelines <input type="checkbox"/> Adult(s) must submit to alcohol and drug screening
Checklist of required documents for Caretaker Relative:	<input type="checkbox"/> Residency verification (<i>rental agreement/mortgage statement and current utility bill</i>) <input type="checkbox"/> Identity verification for caretaker relative(s): Valid photo identification (e.g. Driver's License/ID, etc.)
Checklist of required documents for the child(ren):	<input type="checkbox"/> Tribal certification (<i>Tribal ID, Certificate of Degree of Indian Blood (CDIB), Letter of Tribal Descendancy</i>) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Guardianship/custody documentation <input type="checkbox"/> Social Security card <input type="checkbox"/> Child support (<i>proof of application required</i>) <input type="checkbox"/> Immunization records for all children under age 6 <input type="checkbox"/> School enrollment and attendance verification for all school-age children <input type="checkbox"/> Income verification for child(ren) for last 6 months (<i>i.e. wages/paystubs, per capita payments, revenue sharing, loans, gifts, etc., if applicable.</i>) <input type="checkbox"/> Employment or training verification for child(ren) for last 18 months (<i>i.e. jobs, paid internships, vocational allowances, if applicable</i>) <input type="checkbox"/> Verification of potentially available income for child (<i>i.e. VA benefits, Railroad benefits, SSDI, SDI, SSP, private disability or retirement benefits, SSI, child support, foster care benefits, Survivor's or other Social Security benefits, etc.</i>) <input type="checkbox"/> Aid verification for child(ren) (<i>i.e. County Passport to Services, Tribal Commodities, financial aid, etc.</i>) <input type="checkbox"/> Child(ren)'s resource and asset verification from last 30 days (<i>i.e. current bank statement(s), property deeds, life insurance or annuity statements, statements for stocks/bonds/money market accounts, etc.</i>) <input type="checkbox"/> Child(ren)'s vehicle information (<i>i.e. registration, insurance, payment verification, if applicable</i>)
What happens next?	Please call the Morongo Tribal TANF Program office in your county to schedule an appointment to submit a completed and signed application with appropriate documents. All applicants are required to participate in a face-to-face interview. Applications are subject to approval through an eligibility process.
What happens if I do not have all the required documents?	If you lack a required document, you will have 30 days from the date you submit your application to provide the missing document. Should your application and/or documents remain incomplete after 30 days from submitting your application, MTTP will deny the application. You may re-apply at any time.

APPLICATION INSTRUCTIONS

- Print clearly in BLUE OR BLACK INK ONLY
- Please answer all questions: DO NOT leave any questions blank; answer "N/A" if not applicable
- Documentation such as bills, receipts, and official records are required to support your answers

SECTION I: FAMILY COMPOSITION

Part A: Please tell us about the adults in your family.

Primary Applicant	FOR MTTP OFFICIAL USE ONLY Type(s) of assistance this adult is eligible for:			
	<input type="checkbox"/> Assistance <input type="checkbox"/> Non-Assistance/Family Formation (P 3/4) <input type="checkbox"/> Diversion Assistance <input type="checkbox"/> Transitional Services <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None			
1. First Name		Middle Name	Last Name	2. Former Names (i.e. maiden name, etc.)
3. Physical Address			City	State Zip
4. Mailing Address (<input type="checkbox"/> Mailing Address same as Physical Address)			City	State Zip
5. Daytime Phone		5a. Phone Type (please choose one)		6. Alternative/Message Phone
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		6a. Phone Type (please choose one)
7. You may give a trusted friend or third-party representative permission as an "authorized representative" to talk to the Morongo Tribal TANF Program, see your information, and act on your behalf for all matters related to your case. Would you like to name someone as your authorized representative?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete the "MTTP Authorized Representative Designation Form" on page 8)				
8. Email Address:		9. Sex		10. Marital Status
		<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
11. Social Security Number	12. Date of Birth	13. Age	14. Birth Place (City/State/Country)	
15. Are you a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 16) <input type="checkbox"/> No (if no, answer 15a)				
15a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 16)				
a. Immigration document type: _____		b. Document ID number: _____		
c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes		d. Veteran/active-duty member of the U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes		
16. Are you pregnant?		16a. If yes, what is your due date		16b. If yes, expected number of children
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 16a-16b)				
17. Are you blind, deaf or disabled?		17a. If yes, please specify		17b. Are you receiving SSI?
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 17a-17c)				<input type="checkbox"/> No <input type="checkbox"/> Yes
18. Are you a resident of a Native American Reservation?		18a. If yes, which Reservation		18b. If yes, for how long
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 18a-18b)				Years _____
19. Which county do you currently live in?		20. Have you ever lived in another state/county?		21. What is your employment status?
<input type="checkbox"/> Riverside County: How long (Years): _____ <input type="checkbox"/> San Bernardino County: How long (Years): _____		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, list where and when)		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, seeking job <input type="checkbox"/> Not in labor force (e.g. retired, etc.)
22. What is your ethnicity?				
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____				
22a. If you are American Indian/Alaska Native, please answer below:				
<input type="checkbox"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of a federally recognized tribe, including California Judgement Roll; Tribe name: _____				
23. What is the highest grade you completed?				
<input type="checkbox"/> Grade K-11; Grade: _____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Other Credential Program (i.e. Vocational Training) _____ <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____				
24. Were you or anyone in your family ever disqualified from public assistance (CalFresh, CalWORKS/TANF, Tribal TANF, etc.) due to an intentional program violation or welfare fraud? (include assistance being stopped for a short period of time or forever)				
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete a-c)				
a. If yes, name of individual(s): _____		b. Date of disqualification _____		c. Explain: _____
25. Have you or other adults in your household/immediate family been convicted of a sexual offense or required to register as a sex offender in any State or Tribal lands?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete a-c)				
a. If yes, name of individual(s): _____		b. Date of conviction: _____		c. Explain: _____
26. Are you or the child(ren) in your care planning to move or temporarily leave the county/California?				
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete a-c)				
a. If yes, name of individual(s): _____		b. Departure/return date: _____		c. Explain: _____

Second Adult (Spouse or Partner)					
<input type="checkbox"/> Not Applicable	1. First Name		Middle Name	Last Name	2. Former Names (i.e. maiden name, etc.)
3. Social Security Number		4. Date of Birth		5. Age	6. Relationship to Applicant
7. Daytime Phone		7a. Phone Type (please choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Is this adult pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes
10. Is this adult blind, deaf, or disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 10a-10c)		10a. If yes, please specify		10b. Is this adult receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	10c. If yes, are accommodations needed <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is this adult a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 12) <input type="checkbox"/> No (if no, answer 11a)					
11a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 12)					
a. Immigration document type: _____			b. Document ID number: _____		
c. Lived in the U.S. since 1996: <input type="checkbox"/> Yes <input type="checkbox"/> No			d. Veteran/active-duty U.S. Military member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Has this adult lived in another county/state? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please list where and when)					
13. What is the adult's ethnicity? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____					
13a. If this adult is American Indian/Alaska Native, please answer below: <input type="checkbox"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of a federally recognized tribe, including California Judgement Roll; Tribe name: _____					
14. What is the highest grade the adult completed? <input type="checkbox"/> Grade K-11; Grade: _____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Other Credential (e.g. Vocational) _____ <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____					15. Adult's employment status is: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Not in Labor Force (e.g. retired)

Part B: Please tell us about the child(ren) in your family (List all children for whom you are requesting assistance. If you need to provide more information than this space allows, please request additional copies of this section.)

Child 1	FOR MTTP OFFICIAL USE ONLY – Child eligible for: <input type="checkbox"/> Assistance <input type="checkbox"/> Non-Assistance/Family Formation (P3/4) <input type="checkbox"/> Not Applicable				
1. First Name		Middle Name	Last Name		2. Former Names (if any)
3. Relationship to Applicant					
4. Social Security Number	5. Date of Birth	6. Age	7. Birth Place (city/state/country)		8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
9. Is this child pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 9a-9b)		9a. If yes, due date		9b. If yes, expected number of children	
10. Is this child blind, deaf or disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 10a-10c)		10a. If yes, please specify		10b. Is this child receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	10c. If yes, are accommodations needed <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Child's immunizations up-to-date <input type="checkbox"/> No <input type="checkbox"/> Yes		12. Child currently living full time in your home <input type="checkbox"/> No (if no, answer 12a) <input type="checkbox"/> Yes		12a. If no, please explain	
13. What is the child's ethnicity? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____					
13a. If child is American Indian/Alaska Native, please answer below: <input type="checkbox"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of a federally recognized tribe, including California Judgement Roll; Tribe name: _____					
14. Child's current grade level		15. Name of child's school and city			
16. Is this child a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 17) <input type="checkbox"/> No (if no, answer 16a)					
16a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 17)					
a. Immigration document type: _____			b. Document ID number: _____		
c. Lived in the U.S. since 1996: <input type="checkbox"/> Yes <input type="checkbox"/> No			d. Veteran/active-duty member of the U.S. Military: <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Mother's Full Name		18. Child is in need of aid because mother is: <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent		21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed	
19. Father's Full Name		20. Child is in need of aid because father is: <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent			

Child 2	FOR MTTP OFFICIAL USE ONLY – Child eligible for: <input type="checkbox"/> Assistance <input type="checkbox"/> Non-Assistance/Family Formation (P3/4) <input type="checkbox"/> Not Applicable					
<input type="checkbox"/> Not Applicable	1. First Name		Middle Name		Last Name	2. Former Names (if any)
3. Relationship to Applicant		4. Social Security Number		5. Date of Birth	6. Age	7. Birth Place (city/state/country)
8. Sex		9. Is this child pregnant?		9a. If yes, due date		9b. If yes, expected number of children
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 9a-9b)				
10. Is this child blind, deaf or disabled?		10a. If yes, please specify		10b. Is this child receiving SSI?		10c. If yes, are accommodations needed?
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 10a-10c)				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Child's immunizations up-to-date		12. Child currently living full time in your home		12a. If no, please explain		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No (if no, answer 12a) <input type="checkbox"/> Yes				
13. What is the child's ethnicity?						
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____						
13a. If child is American Indian/Alaska Native, please answer below:						
<input type="checkbox"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll						
<input type="checkbox"/> Descendant of a federally recognized tribe, including California Judgement Roll; Tribe name: _____						
14. Child's current grade level		15. Name of child's school and city				
16. Is this child a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 17) <input type="checkbox"/> No (if no, answer 16a)						
16a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 17)						
a. Immigration document type: _____			b. Document ID number: _____			
c. Lived in the U.S. since 1996: <input type="checkbox"/> Yes <input type="checkbox"/> No			d. Veteran/active-duty member of the U.S. Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Mother's Full Name			18. Child is in need of aid because mother is:		21. What is the child's employment status?	
			<input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent		<input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed	
19. Father's Full Name			20. Child is in need of aid because father is:			
			<input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent			

Child 3	FOR MTTP OFFICIAL USE ONLY – Child eligible for: <input type="checkbox"/> Assistance <input type="checkbox"/> Non-Assistance/Family Formation (P3/4) <input type="checkbox"/> Not Applicable					
<input type="checkbox"/> Not Applicable	1. First Name		Middle Name		Last Name	2. Former Names (if any)
3. Relationship to Applicant		4. Social Security Number		5. Date of Birth	6. Age	7. Birth Place (city/state/country)
8. Sex		9. Is this child pregnant?		9a. If yes, due date		9b. If yes, expected number of children
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 9a-9b)				
10. Is this child blind, deaf or disabled?		10a. If yes, please specify		10b. Is this child receiving SSI?		10c. If yes, are accommodations needed?
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 10a-10c)				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Child's immunizations up-to-date		12. Child currently living full time in your home		12a. If no, please explain		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No (if no, answer 12a) <input type="checkbox"/> Yes				
13. What is the child's ethnicity?						
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other: _____						
13a. If child is American Indian/Alaska Native, please answer below:						
<input type="checkbox"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll						
<input type="checkbox"/> Descendant of a federally recognized tribe, including California Judgement Roll; Tribe name: _____						
14. Child's current grade level		15. Name of child's school and city				
16. Is this child a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 17) <input type="checkbox"/> No (if no, answer 16a)						
16a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 17)						
a. Immigration document type: _____			b. Document ID number: _____			
c. Lived in the U.S. since 1996: <input type="checkbox"/> Yes <input type="checkbox"/> No			d. Veteran/active-duty member of the U.S. Military: <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Mother's Full Name			18. Child is in need of aid because mother is:		21. What is the child's employment status?	
			<input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent		<input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed	
19. Father's Full Name			20. Child is in need of aid because father is:			
			<input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent			

PART C: Tell us about any additional individuals living with you, but not requesting assistance

1	<input type="checkbox"/> Not Applicable	First Name, Middle Initial, Last Name	Relationship to applicant	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age
2	<input type="checkbox"/> Not Applicable	First Name, Middle Initial, Last Name	Relationship to applicant	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age
3	<input type="checkbox"/> Not Applicable	First Name, Middle Initial, Last Name	Relationship to applicant	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age
4	<input type="checkbox"/> Not Applicable	First Name, Middle Initial, Last Name	Relationship to applicant	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Age

SECTION II: INCOME

Part A: Please tell us about the child(ren) who has ever received, is currently receiving, or for whom you receive assistance on behalf of, from any sources below. (Please check “No” or “Yes” for each item.)

Resource	Received	Resource	Received
Assistance with Child Care costs (<i>vouchers, reimbursements, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other non-governmental disability or benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes
Assistance from any other Tribe or State	<input type="checkbox"/> No <input type="checkbox"/> Yes	Per capita payments	<input type="checkbox"/> No <input type="checkbox"/> Yes
CalWORKs	<input type="checkbox"/> No <input type="checkbox"/> Yes	Social Security Disability (SSDI) (<i>include any pending applications within past 12 months</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Social Security Retirement or Survivor’s Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes
Disability or retirement income from a Federal, State, or local government agency (<i>i.e. SDI, SSP, Railroad, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Financial Aid (<i>grants/loans/scholarships work-study, scholarships for educational/vocational training</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	TANF Assistance or Services from another State(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Food Stamps, CalFresh, SNAP, Tribal Commodities	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tribal TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes
Foster Care, Adoption Assistance or KIN GAP	<input type="checkbox"/> No <input type="checkbox"/> Yes	Unemployment Benefits (<i>if child has employment history during last 18 months, include application for benefits</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Legal/insurance settlements, or pending court actions	<input type="checkbox"/> No <input type="checkbox"/> Yes	Veteran Affairs (VA) Survivor’s or Disability compensation or benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes
Money for medical bills or premiums	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other (<i>explain</i>):	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medical, Medi-cal, or Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other (<i>explain</i>):	<input type="checkbox"/> No <input type="checkbox"/> Yes

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

Resource	Child’s Name	Name of Financial Institution	Account Number	Current Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Part B: Please tell us about income the child(ren) earned from employment or training within the last 18 months.

Income is money earned (wages or salary) from a job, including self-employment (or work paid “under the table”), paid apprenticeships/internships, part time and/or occasional work. Please request additional copies of this section, if more space needed. **Please start with the current job/employment/training.**

Income Source 1	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
	3. Employer/Program Name, City, and Phone		
4. Wages/Tips (<i>gross income</i>) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Contract <input type="checkbox"/> Per Service	5. Average hours worked each week
6. Frequency Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		7. Income expected to change (<i>i.e. raise, hours change, job ending</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (<i>include date of change</i>):	
8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes		8a. If not current, dates employed (<i>month/year</i>) From: To:	

Income Source 2	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
3. Employer/Program Name, City, and Phone			
4. Wages/Tips (<i>gross income</i>) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<input type="checkbox"/> Contract <input type="checkbox"/> Per Service	5. Average hours worked each week
		6. Frequency Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
7. Income expected to change (<i>i.e. raise, hours change, job ending</i>) If yes, why (<i>include date of change</i>):		<input type="checkbox"/> No <input type="checkbox"/> Yes	8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes
		8a. If not current, dates employed (<i>month/year</i>) From: _____ To: _____	

SECTION III: RESOURCES

Part A: Please tell us about the child(ren)’s additional resources owned, used, controlled or held jointly with any persons, even for convenience only. (Please check “No” or “Yes” for each item)

Resource	Received	Resource	Received
Cash and/or Uncashed Checks	<input type="checkbox"/> No <input type="checkbox"/> Yes	Employer Pay Card	<input type="checkbox"/> No <input type="checkbox"/> Yes
Checking and/or Savings Accounts	<input type="checkbox"/> No <input type="checkbox"/> Yes	Inherited Oil, Mining, or Mineral Rights	<input type="checkbox"/> No <input type="checkbox"/> Yes
Life Insurance or Annuity	<input type="checkbox"/> No <input type="checkbox"/> Yes	Life Estate Interest In Any Property or Business	<input type="checkbox"/> No <input type="checkbox"/> Yes
Stocks, Bonds, Certificates of Deposit, Money Market Accounts, IRA, Education Plans (e.g. 529), etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes	Funds or property held in trust for the benefit of the minor child (<i>whether or not available</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Burial Insurance, Trusts, or Designated Burial Funds/Money For Cemetery, Plots or other Burial Items	<input type="checkbox"/> No <input type="checkbox"/> Yes	Apple Cash, PayPal, Venmo, Prepaid Card, or any other cash app	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (<i>explain</i>):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other (<i>Explain</i>):	<input type="checkbox"/> No <input type="checkbox"/> Yes

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

Resource	Child’s Name	Name of Financial Institution	Account Number	Current Value	Receive or Expect Interest, Dividends, etc.
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____
				\$	<input type="checkbox"/> No <input type="checkbox"/> Yes; \$_____

Part B: Please tell us about the child(ren)’s vehicle resources

Does the child(ren) own any vehicles, including cars, trucks, motorcycles, trailers, boats, snowmobiles, and other recreational vehicles, even if they are not running? No Yes (*If yes, explain below*)

Required Information	Vehicle #1	Vehicle #2	Vehicle #3
Owner of vehicle			
Person using vehicle			
Year/Make/Model/Color			
Mileage			
License Plate Number			
Registration Current	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____
Insurance Current	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes/Exp. Date: _____
Insurance Provider			
Vehicle Financing	<input type="checkbox"/> Leased <input type="checkbox"/> Financed/Owe \$_____	<input type="checkbox"/> Leased <input type="checkbox"/> Financed/Owe \$_____	<input type="checkbox"/> Leased <input type="checkbox"/> Financed/Owe \$_____

SECTION IV: RIGHTS & RESPONSIBILITIES FOR THE "APPLICATION FOR MTTP SERVICES"

I understand that: (please initial each statement below, including second adult, if applicable)

Applicant/Adult 2

_____/_____
My signature certifies that the information on this application is true and accurate. I will undergo a sanction and be required to return any benefit received, if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

_____/_____
The facts provided in this application, including benefit and income facts, will be matched with local, state, federal, and Tribal records, such as employers, the Social Security Administration, tax, welfare, unemployment agencies, school attendance, etc.

_____/_____
I consent to the gathering, use, and disclosure of my information by the Morongo Tribal TANF Program (MTTP) or its designees. I understand the information needed is for providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of MTTP.

_____/_____
I am required to report in writing all changes in my circumstances, including income, assets, and living situation within 5 days of the change.

_____/_____
I may be required to cooperate with MTTP, State or Federal reviewers to ensure that my eligibility benefits are correct. I may not be eligible to receive benefits if I do not cooperate.

_____/_____
I may not use TANF cash aid nor benefits in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment, or any retail establishment that provides adult-orientation entertainment in which performers disrobe or perform in an unclothed state for entertainment per Federal Policy 81 FR 2092

Applicant/Adult 2

_____/_____
I have the right to revoke this consent, in writing, at any time except to the extent MTTP has already used and disclosed information in reliance on this consent. If I revoke this consent, MTTP may not provide further benefits or services.

_____/_____
I have the right to appeal any adverse action that may deny, reduce, suspend, or terminate assistance services by submitting a written appeal to my Case Advocate within 10 days of the Notice of Action. I can contact MTTP for information on the appeal process.

_____/_____
If I currently have an open case with the San Bernardino County Temporary Assistance Department (TAD) or Riverside County Department of Public Social Services (DPSS), MTTP will request case closure upon application approval so benefits do not overlap, avoiding issues of overpayment and fraud.

FOR CASH ASSISTANCE APPLICANTS ONLY

MTTP takes fraud, intentional program violations (IPV), and non-compliance very seriously. Should an investigation reveal wrongdoing, applicants/participants are subject to one or more of the following: recoupment of overpayment, discontinuance/disqualification of services, court ordered restitution, and/or criminal prosecution.

In addition, MTTP will deny TANF cash aid and support services for a maximum of 3 years for any of the following:

- Conviction of felony fraud in Tribal, state, or federal court for \$5,000 or more
- Misrepresenting residence or getting duplicate aid from two or more states, counties, or tribes
- Submitting false documents for nonexistent or ineligible children
- Fraudulently receiving cash benefits exceeding \$10,000

Acknowledgement (must be completed)

Under penalty of perjury, under the laws of the United States of America and the State of California, I swear or affirm that the information I have provided is true, correct, and complete. My signature confirms that I have read and understand the Rights and Responsibilities listed on this page and that the completion of this application is not a guarantee of services. I received clarification from MTTP staff on all of my questions pertaining to this application and MTTP eligibility.

Signature of Applicant/Authorized Representative

Date

Signature of Applicant/Authorized Rep (Adult 2, if applicable)

Date

MTTP OFFICIAL USE ONLY

Application is: Approved Denied If denied, reason: _____

Number of Separate Cases Approved: _____ Certified Eligible for: Assistance Non-Assistance/Family Formation (P3/4) Diversion None

Notes: _____

MTTP Site Manager/Director Name

MTTP Site Manager/Director Signature

Date

Morongo Band of Mission Indians - Morongo Tribal TANF Program



Received by MTTP:

MTTP Authorized Representative Designation Form

You may name someone to be an Authorized Representative on your case. An Authorized Representative is a trusted person that is not a part of the Family Assistance Unit such as a relative, friend, or 3rd party representative with permission to see your confidential information and act for you on all matters related to this application/case with the Morongo Tribal TANF Program (MTTP), or its designees. This includes, but is not limited to, receiving information about your application/case and signing your application/case documents on your behalf.

Any legally appointed representative for anyone on this application/case must submit appropriate documentation with this application, confirming the validity of the arrangement.

The applicant has the right to revoke this privilege at any time, except to the extent MTTP has already accepted and disclosed information in reliance on this consent. Please complete any changes in writing and submit to MTTP. Should you require any assistance in this matter, please contact MTTP.

Part A: Applicant Information

First Name	Middle Name	Last Name	Date effective
Reason for designating an Authorized Representative (i.e. court appointed, disabled, need help with paperwork, etc.)			

Part B: Designated Authorized Representative Information

First Name	Middle Name	Last Name	Relationship to Applicant
Address	City	State	Zip County
Daytime Phone	Phone Type (please choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternative/Message Phone	Phone Type (please choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Email Address:			
Organization Name (if 3 rd party representative)		Organization ID/Federal Tax ID (if applicable)	

Acknowledgement

Under penalties of perjury, by my signature below, I declare I have read and understand the designation of an Authorized Representative as described above. The Authorized Representative has permission to sign MTTP application/documents, receive official information about this application/case, and act on behalf of the applicant on all future matters with MTTP. I understand MTTP will complete a sexual offender background check to confirm my designee is an eligible Authorized Representative.

Signature of Applicant

Date



MTTP Received: _____

Authorization for Release of Information

The Morongo Band of Mission Indians (MBMI) operates a Tribal Temporary Assistance for Needy Families (TANF) program, referred to as "MTTP", operating in San Bernardino and Riverside counties. In order to determine eligibility of low-income Native American families, we must verify and document all information provided by the applicant/participant.

Applicant/Participant Information:

Applicant/Participant Name (*first, middle, last*): _____

Social Security Number: _____ Date of Birth: _____

Authorized Recipient of Information:

Morongo Band of Mission Indians
Morongo Tribal TANF Program (MTTP)

MTTP – Serving Riverside County
940 East Williams Street
P.O. Box 1268
Banning, CA 92220

MTTP – Servicing San Bernardino County
720 East Carnegie Drive, Suite 150
San Bernardino, CA 92408

Authorization for Release of Information:

I give consent to MTTP to request, gather, and verify all information reported on my application and other MTTP documents for eligibility purposes. Therefore, I hereby authorize any local, state, and Federal agency, institute, organization, employers, or private individuals to release any and all information requested by Morongo Tribal TANF Program (MTTP) representative(s). In addition, my authorization as a parent and/or guardian extends to the child(ren) in my care.

Acknowledgement:

I certify I have read this form or had this form read and explained to me. I understand that MTTP is required to match any information that I have given, including benefits and income information, with local, state, and Federal records, such as employers, school records, the Social Security Administration, Tribal enrollment as well as tax, welfare, utility, employment agencies, family members, landlords and any other applicable private individuals or agencies as needed.

In addition, I understand MTTP may use this authorization for up to one (1) year to verify my eligibility as well as the eligibility of the child(ren) in my care, for MTTP cash aid and/or additional services. MTTP keeps all information confidential, maintaining my information in a safeguarded case file for program usage. I know I can obtain a copy of this form upon my written request.

Applicant/Participant Print Name: _____

Applicant/Participant Signature: _____ Date: _____