



Received by MTTP:

Revised 03.01.2020

Application for Morongo Tribal TANF Program Services

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 with children. MTTP emphasizes self-sufficiency through job preparation, work, and education, enabling participants to become self-sufficient. 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

<p>MTTP eligibility checklist:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> U.S. Citizen or eligible alien status <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); expectant Native parent(s) may be eligible in the 3rd month of pregnancy <input type="checkbox"/> Riverside County - Verification that at least one minor child is a member or descendant of Morongo, OR is a member/descendant of a federally recognized tribe or identified on the California Judgement Roll <u>and</u> living on the Morongo Reservation <input type="checkbox"/> San Bernardino County - 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"/> Determined needy based on income, resources, and federal guidelines <input type="checkbox"/> Adult(s) must submit to alcohol and drug screening
<p>Required documents checklist:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tribal certification (<i>Tribal ID, Certificate of Degree of Indian Blood (CDIB), Letter of Tribal Descendancy</i>) <input type="checkbox"/> Residency verification (<i>current utility bill and rental agreement/mortgage statement</i>) <input type="checkbox"/> Identity verification for all members of the Family Assistance Unit: <ul style="list-style-type: none"> <input type="checkbox"/> Valid photo identification cards (adults only) <input type="checkbox"/> Birth certificates <input type="checkbox"/> Social Security cards <input type="checkbox"/> Child(ren)'s Information: <ul style="list-style-type: none"> <input type="checkbox"/> Guardianship/custody documentation (<i>if applicable</i>) <input type="checkbox"/> Child support information (<i>paid, received or proof of application for child support required</i>) <input type="checkbox"/> Updated immunization records for all children under age 6 <input type="checkbox"/> School enrollment and attendance verification for all school-aged children <input type="checkbox"/> Proof of pregnancy with unborn child(ren)'s expected date of birth (<i>if applicable</i>) <input type="checkbox"/> Income verification for last 6 months (<i>i.e. wages/pay stubs, per capita payments, revenue sharing, worker's compensation, SSI, SSDI, SDI, SSP, VA, income tax refund, loans, gifts, spousal support, etc.</i>) <input type="checkbox"/> Unemployment Insurance Benefits (EDD) or proof of application, if applicable, for last 18 months <input type="checkbox"/> Verification of potentially available income if applicable (<i>i.e. Railroad benefits, VA, SSDI, etc.</i>) <input type="checkbox"/> Aid verification (<i>i.e. County Passport to Services, Tribal Commodities, housing subsidy, financial aid</i>) <input type="checkbox"/> Resource and asset verification from last 30 days (<i>i.e. bank statement(s), property deeds, life insurance, annuity statements, statements for stocks/bonds/money market accounts, etc.</i>) <input type="checkbox"/> Vehicle information (<i>registration, insurance information, payment verification</i>)
<p>What happens next?</p>	<p>Please call the Morongo Tribal TANF Program office in your county to schedule an appointment to submit a completed and signed application. All applicants are required to participate in a face-to-face interview. Applications are subject to approval through an eligibility process.</p>
<p>What happens if I do not have all the required documents?</p>	<p>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.</p>

APPLICATION INSTRUCTIONS

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

SECTION I: FAMILY CIRCUMSTANCES

PART A: Please tell us about the adults in your Family Assistance Unit (family members for whom you are requesting assistance)

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. Are you homeless? (I.e. living in a vehicle, shelter, hotel, etc.)		5a. If yes, please explain where you are staying		5b. If yes, date homelessness began	5c. If yes, was it due to a natural disaster/emergency situation?
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, answer 5a-5c)					<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Daytime Phone		6a. Phone Type (please choose one)		7. Alternative/Message Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		7a. Phone Type (please choose one)	
				<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
8. 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 11)					
9. Email Address:			10. Sex		11. 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
12. Social Security Number		13. Date of Birth		14. Age	15. Birth Place (City/State/Country)
16. Are you 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"/> No <input type="checkbox"/> Yes			d. Veteran/active-duty member of the U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes		
17. Are you pregnant?		17a. If yes, what is your due date		17b. If yes, expected number of children	
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 17a-17b)					
18. Are you blind, deaf or disabled?		18a. If yes, please specify		18b. Are you receiving SSI?	18c. If yes, are accommodations needed
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 18a-18c)				<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
19. Are you a resident of a Native American Reservation?			19a. If yes, which Reservation		19b. If yes, for how long
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 19a-19b)					Years _____
20. Which county do you currently live in?			21. Have you ever lived in another state/county? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, list where and when)		
<input type="checkbox"/> Riverside County: How long (Years): _____ <input type="checkbox"/> San Bernardino County: How long (Years): _____					
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. What is your employment status?					
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, seeking employment <input type="checkbox"/> Not in labor force (e.g. retired, etc.)					

Adult 2 <i>(Spouse/Partner)</i>	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				
<input type="checkbox"/> Not Applicable	1. First Name Middle Name Last Name		2. Former Names <i>(i.e. maiden name)</i>		3. Relationship to Applicant
4. Social Security Number	5. Date of Birth	6. Age	7. Birth Place <i>(City/State/Country)</i>		8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
9. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		10. Daytime Phone	10a. Phone Type <i>(please choose one)</i> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		11. Email Address:
12. Is this adult pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, answer 12a-12b)</i>		12a. If yes, what is the due date		12b. If yes, expected number of children	
13. Is this adult blind, deaf or disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, answer 13a-13c)</i>		13a. If yes, please specify		13b. Is this adult receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
13c. If yes, are accommodations needed <input type="checkbox"/> No <input type="checkbox"/> Yes					
14. Has this adult ever lived in another state/county? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, answer 14a)</i>		14a. If yes, list where and when (years):			
15. Is this adult a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes <i>(if yes, go to 16)</i> <input type="checkbox"/> No <i>(if no, answer 15a)</i>					
15a. If NOT a U.S. Citizen or U.S. National, does this adult have eligible immigration status? <input type="checkbox"/> Yes <i>(if yes, complete a-d)</i> <input type="checkbox"/> No <i>(if no, go to 15)</i>					
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. What is this 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: _____					
16a. If 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: _____					
17. What is the highest grade this adult completed? <input type="checkbox"/> Grade K-11; Grade: ____ <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Other Credential Program/Vocational <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____				18. What is your employment status? <input type="checkbox"/> Employed <input type="checkbox"/> Not in labor force <input type="checkbox"/> Unemployed, seeking employment	

PART B: Please tell us about the child(ren) in your Family Assistance Unit *(list 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				
<input type="checkbox"/> Unborn	1. First Name Middle Name Last Name		2. Former Names <i>(if any)</i>		3. Relationship to Applicant
4. Social Security Number	5. Date of Birth	6. Age	7. Birth Place <i>(city/state/country)</i>		8. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
9. Is this child pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, answer 9a-9b)</i>		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 <i>(if yes, answer 10a-10c)</i>		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 <i>(if no, answer 12a)</i> <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 <i>(if yes, go to 17)</i> <input type="checkbox"/> No <i>(if no, answer 16a)</i>					
16a. If you are NOT a U.S. Citizen or U.S. National, do you have eligible immigration status? <input type="checkbox"/> Yes <i>(if yes, complete a-d)</i> <input type="checkbox"/> No <i>(if no, go to 17)</i>					
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed					

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 <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) <input type="checkbox"/> Not Applicable	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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed					

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 <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) <input type="checkbox"/> Not Applicable	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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed					

Child 4	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 <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) <input type="checkbox"/> Not Applicable			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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
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 <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed						

Child 5	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 <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) <input type="checkbox"/> Not Applicable			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 (check all that apply) <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
19. Father's Full Name				20. Child is in need of aid because father is (check all that apply) <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed		
21. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Employed						

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

Table with 6 columns: ID, Not Applicable checkbox, Name, Relationship, Sex (Female/Male checkboxes), and Age. Rows 1-4.

PART D: Please tell us about your Family Assistance Unit's recurring living expenses

1. Regarding your housing, do you [] Rent [] Own [] Other arrangement (i.e. live with parents) 1a. If other arrangement, please explain
2. Owner/Landlord/Mortgage Company Name and Phone

3. Please tell us about your recurring expenses. Please indicate if the expense type is a current bill and the total amount paid (even if you receive help). Also tell us if you receive help from anyone NOT in your Family Assistance Unit (i.e. relative, HUD, etc.) with paying the expense type. Include Expense Types you receive in exchange for work or that you receive for free.

Table with 7 columns: Expense Type, Current Expense (No/Yes), Total Monthly Amount, Receive Help with Expense (No/Yes), Name/Source of Help, Amount of Help, How Often. Rows include Rent/Mortgage, Space Rent, Property Tax, HOA Fees, Homeowners/Renters Insurance, Heating (Gas), Cooling (Electricity), Water/Irrigation, Trash, Sewer, Telephone/Cellphone, Cable/Internet, Vehicle Payment, Vehicle Insurance, Gas for Vehicle, Clothing, Basic Needs/Hygiene, Medical Bills, Child Support/Spousal Support, Child or Elderly Care, Credit Cards, Student Loans, Court fines, Other, Other.

PART E: Please tell us about your Family Assistance Unit's additional circumstances

1. Are you or anyone in your Family Assistance Unit a veteran or active-duty member of the U.S. Military? Or is the child(ren)'s parent a veteran or active duty member of the U.S. Military? (including from an absent/deceased parent) [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Dates of service: c. Branch:
2. Were you or anyone in your Family Assistance Unit ever disqualified from public assistance (CalFresh/SNAP, 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) [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Date(s) of disqualification: c. State(s):
3. In the previous 5 years, have you or anyone in your Family Assistance Unit changed citizenship/immigration status? [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Date: c. What changed:
4. Are you or anyone in your Family Assistance Unit planning to move or temporarily leave the county/California? [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Departure/return date: c. Explain:
5. Have you or anyone in your Family Assistance Unit been convicted of a sexual offense or required to register as a sex offender in any State/Tribal lands? [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Date of Conviction: c. Explain:
6. Are you or anyone in your Family Assistance Unit fleeing to avoid felony prosecution/jail time, probation or parole? [] No [] Yes (if yes, complete a-c)
a. If yes, name: b. Date of conviction: c. Explain:

SECTION II: FAMILY INCOME

PART A: Please tell us about your Family Assistance Unit's earned income

Tell us about anyone in your Family Assistance Unit, including children, with **income 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, paid internships, part time and/or occasional work. Please include all work done inside and outside the U.S. If you need to provide more information than this space allows, please request additional copies of this section. **Please start with your 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 (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) 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 (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) From: To:
Income Source 3	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
3. Employer/Program Name, City, and Phone			
4. Wages/Tips (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) From: To:
Income Source 4	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
3. Employer/Program Name, City, and Phone			
4. Wages/Tips (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) From: To:
Income Source 5	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
3. Employer/Program Name, City, and Phone			
4. Wages/Tips (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) From: To:
Income Source 6	<input type="checkbox"/> Not Applicable	1. Name of person with income	2. Occupation/Title
3. Employer/Program Name, City, and Phone			
4. Wages/Tips (gross income) \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Contract <input type="checkbox"/> Salary <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.e. raise, hours change, job ending) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why (include date of change):		8. Current employer <input type="checkbox"/> No <input type="checkbox"/> Yes	8a. If not current, dates employed (month/year) From: To:

PART B: Please tell us about your Family Assistance Unit's additional income and benefits.

1. Tell us about anyone in your Family Assistance Unit who has ever received the following benefits. Check "No" or "Yes" for each. If yes, explain.				
Type of Income/Benefit	Received	Name of Recipients(s)	Name of Agency/Tribe	Dates of Service
CalWORKs	<input type="checkbox"/> No <input type="checkbox"/> Yes			
TANF Assistance or Services from another State(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Tribal TANF	<input type="checkbox"/> No <input type="checkbox"/> Yes			
Assistance from any other Tribe	<input type="checkbox"/> No <input type="checkbox"/> Yes			

PART B CONTINUED: Please tell us about your Family Assistance Unit’s additional income and benefits.

2. Tell us about anyone in your Family Assistance Unit, including children, who has ever received, expects to receive, or is currently receiving assistance or income from any of the sources below. Check “No” or “Yes” for each item.

Type of Income/Benefit	Received	Name of Recipient(s)	Amount(s) Received	When/How Often	Will Benefit End
Cash Assistance for Immigrants (CAPI) or Refugees (RCA)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Disability income from any agency/employer (SDI, SSP, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Financial Aid (grants/loans/scholarships work-study, scholarships for educational/vocational training)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Food Stamps, CalFresh, SNAP, Commodities	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Foster Care, Adoption Assistance or KIN GAP	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
General Assistance (GA) or General Relief (GR)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Housing Subsidy (rent subsidy, Public Housing Program, Section 8 Housing Choice Voucher, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Legal/insurance settlements, or pending court actions	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Loans, gifts, contributions	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Medical, Medi-cal, or Medicaid	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Per capita payments	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Retirement/Pension from any agency/employer	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Sales of Notes, Contracts, Trust Deeds, or Promissory Notes	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Social Security Disability (SSDI) (include any pending applications within past 12 months)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Social Security Retirement or Survivor’s Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Strike benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Unemployment Benefits (include application for benefits within the past 19 months)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Veteran Affairs (VA) income, aid, disability, military allotment or pension	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Winnings (gambling/lottery/bingo/prizes, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Worker’s Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes; When: _____

SECTION V: RIGHTS & RESPONSIBILITIES FOR THE “APPLICATION FOR MTTP SERVICES”

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

(Applicant) / *(Adult 2)*

(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.

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

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

_____/_____
I consent to the gathering and use of income data, including information from tax returns, for determining eligibility.

_____/_____
Certain members of my Family Assistance Unit and I will be required to test for alcohol and drugs. Failure to cooperate may result in the delay, denial or cancellation of my benefits.

_____/_____
If any member of my Family Assistance Unit is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or in violation of their parole or probation, he/she cannot receive assistance.

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.

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

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

_____/_____
I may be required to cooperate with MTTP to ensure that my eligibility benefits are correct. I must cooperate fully with MTTP in any investigation or review, including Quality Control Review.

_____/_____
I may be required to cooperate with state or federal reviewers who are making sure my benefits are correct. I may not be eligible to receive benefits if I do not cooperate.

FOR DIVERSION APPLICANTS ONLY

MTTP uses this application to determine eligibility for diversion services. Eligibility for diversion services will be determined after the application is completed and the appropriate plans of action are complete, which identifies how the action requested will prevent the family from becoming MTTP cash aid recipients.

_____/_____
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

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 representative (Adult 2, if applicable)

Date

MTTP OFFICIAL USE ONLY

Application is: Approved Denied If denied, reason: _____

Certified Eligible for: Assistance Non-Assistance/Family Formation (P3/4) Diversion Assistance Transitional Services Emergency Assistance None

MTTP Site Manager/Director Name

MTTP Site Manager/Director Signature

Date



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>i.e. court appointed, disabled, need help with paperwork, etc.</i>)			

Part B: Designated Authorized Representative Information

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

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: _____