



Received by MTTP:

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 eligible needy Native American families with children and caretakers/relatives caring for Native American 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 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:	<ul style="list-style-type: none"> <input type="checkbox"/> U.S. Citizen or eligible alien status <input type="checkbox"/> Proof of residency in either Riverside County (if Morongo Tribal Member/Descendant), Morongo Reservation, or San Bernardino County (off reservation). <input type="checkbox"/> Have at least one minor child (<i>under the age of 18 or a full-time student in secondary school under age 19</i>) in the Family Assistance Unit; 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 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 (<i>including by marriage</i>) 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"/> Submit to alcohol and drug screening <input type="checkbox"/> Needy or non-needy caretakers/relatives with eligible child(ren) who meet the above criteria may apply
Required documents checklist:	<ul style="list-style-type: none"> <input type="checkbox"/> Tribal certification (<i>Tribal ID, Certificate of Degree of Indian Blood (CDIB), Letter of Tribal descendency</i>) <input type="checkbox"/> Residency verification (<i>current utility bill and rental agreement or 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"/> Immunization records for all children under age 6 <input type="checkbox"/> Child support information (paid or received) <input type="checkbox"/> School enrollment and attendance verification for all school-age children <input type="checkbox"/> Guardianship/custody documentation (<i>if applicable</i>) <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, 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 24 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. CalWORKs, CalFresh, Tribal Commodities, Medi-Cal, housing subsidy, financial aid</i>) <input type="checkbox"/> Resource and asset verification (<i>i.e. bank statements, retirement account statements, property deeds, life insurance or annuity statements, statements for stocks/bonds/money market accounts, etc.</i>) <input type="checkbox"/> Vehicle information (<i>i.e. registration, insurance information, payment verification</i>) <input type="checkbox"/> Selective Service Registration (<i>if applicable</i>)
What happens if I do not have all the required documents?	<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>
What happens next?	<p>Please submit a completed and signed application, including required documents to the Morongo Tribal TANF Program office in your county. All applications are subject to approval through an eligibility process. We will inform you of your eligibility or provide you with further instructions for completing the application.</p>

APPLICATION INSTRUCTIONS

- | | |
|---|--|
| <ul style="list-style-type: none"> Print clearly with blue or black ink ONLY Please answer all questions Do not leave anything blank. If a question does not apply to you, please answer "No," "Not Applicable," or "N/A" Documentation such as bills, receipts, and official records are required to support your answers | <ul style="list-style-type: none"> Non-Needy Caretaker/Relative: must complete an application for each child Non-Needy Caretaker/Relative: carefully read instructions for each section; questions may only apply to the child(ren) Please contact MTTP with any questions or if you need assistance completing the application |
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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>i.e. maiden name, etc.</i>)
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>i.e. living in a vehicle, shelter, hotel, etc.</i>)		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 (<i>If yes, answer 5a-5b</i>)					<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Daytime Phone		6a. Phone Type (<i>please choose one</i>)		7. Alternative/Message Phone	7a. Phone Type (<i>please choose one</i>)
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			<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 (<i>if yes, complete the "MTTP Authorized Representative Designation Form" on page 12</i>)					
9. Social Security Number		10. Date of Birth	11. Age	12. Birth Place (<i>City/State/Country</i>)	
13. Sex		14. Marital Status			15. Are you a U.S. Citizen or U.S. National?
<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			<input type="checkbox"/> Yes (<i>if yes, go to 16</i>) <input type="checkbox"/> No (<i>if no, answer 15a</i>)
15a. 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 16</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. Are you a caretaker/relative?		17. Are you <u>non-needy</u> ?	If you answered YES to BOTH 16 & 17, you are a NON-NEEDY CARETAKER/RELATIVE. Please take note of special instructions throughout the application.		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes			
18. Are you pregnant?		18a. If yes, what is your due date		18b. If yes, expected number of children	
<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, answer 18a-18b</i>)					
19. Are you blind, deaf or disabled?		19a. If yes, please specify	19b. Are you receiving SSI?	19c. If yes, are accommodations needed	
<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, answer 19a-19b</i>)			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
20. Are you a resident of a Native American Reservation?		20a. If yes, which Reservation		20b. If yes, for how long	
<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, answer 20a-20b</i>)				_____ Years _____ Months	
21. Which county do you currently live in?					
<input type="checkbox"/> Riverside County: How long have you lived in Riverside County? _____ Years _____ Months					
<input type="checkbox"/> San Bernardino County: How long have you lived in San Bernardino County? _____ Years _____ Months					
22. Have you ever lived in another state/county?			22a. If yes, please list where and how long you lived there.		
<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>if yes, answer 22a</i>)			_____ Years _____ Months _____ Years _____ Months		
23. What is your ethnicity?					
<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: _____					
<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: _____					
24. What is the highest grade you completed?					
<input type="checkbox"/> Grade K-11, Grade completed: _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Certificate; GED <input type="checkbox"/> Vocational Training					
<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____					
25. What is your employment status?					26. Are you registered with the U.S. Selective Services?
<input type="checkbox"/> Unemployed, seeking employment <input type="checkbox"/> Employed, hours per week: _____; Monthly Net Income: \$_____					<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Not in the labor force <input type="checkbox"/> Not Applicable (<i>Non-needy caretakers/relatives ONLY</i>)					

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.e. maiden name)	3. Relationship to Adult 1
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. 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 (please choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
11. Is this adult pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 11a-11b)				11a. If yes, what is the due date		11b. If yes, expected number of children	
12. Is this adult blind, deaf or disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 12a-12b)				12a. If yes, please specify		12b. Is this adult receiving SSI? <input type="checkbox"/> No <input type="checkbox"/> Yes	
12c. If yes, are accommodations needed <input type="checkbox"/> No <input type="checkbox"/> Yes				13. Has this adult ever lived in another state/country? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 13a)		13a. If yes, list where and year(s)/month(s)	
14. Is this adult a U.S. Citizen or U.S. National? <input type="checkbox"/> Yes (if yes, go to 15) <input type="checkbox"/> No (if no, answer 14a)				14a. If NOT a U.S. Citizen or U.S. National, does this adult have eligible immigration status? <input type="checkbox"/> Yes (if yes, complete a-d) <input type="checkbox"/> No (if no, go to 15)		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	
15. What is this adult's ethnicity? <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: _____ <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: _____							
16. What is this adult's highest grade completed? <input type="checkbox"/> Grade K-11, Grade completed: _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency Certificate; GED <input type="checkbox"/> Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other: _____							
17. What is this adult's employment status? <input type="checkbox"/> Unemployed, seeking employment <input type="checkbox"/> Employed, hours per week: _____; Monthly Net Income: \$ _____ <input type="checkbox"/> Not in labor force <input type="checkbox"/> Not Applicable (Non-needy caretakers/relatives ONLY)						18. Is this adult registered with the U.S. Selective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	

PART B: Please tell us about the child(ren) in your Family Assistance Unit (family members 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 Type(s) of assistance this child 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"/> Unborn	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-10b)				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"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of any federally recognized tribe, including California Judgement Roll; Tribe name: _____ <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: _____			
14. Child's current grade level		15. Name and city/state of child's school			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 NOT a U.S. Citizen or U.S. National, does this child 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#: _____				c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes			
d. Veteran/active-duty member of U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes				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. Do you receive child support for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 21a-21c)			
21a. If yes, how much \$ _____		21b. If yes, when/how often		21c. If yes, is child support court ordered <input type="checkbox"/> No <input type="checkbox"/> Yes		22. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, hours per week: _____; monthly net income \$ _____	

Child 2	FOR MTTP OFFICIAL USE ONLY Type(s) of assistance this child 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 (if any)
4. Social Security Number		5. Date of Birth		6. Age	7. Birth Place (city/state/country)	3. Relationship to Applicant
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-10b)		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"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of any federally recognized tribe, including California Judgement Roll; Tribe name: _____ <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: _____						
14. Child's current grade level		15. Name and city/state of child's school			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 NOT a U.S. Citizen or U.S. National, does this child 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#: _____			
c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes			d. Veteran/active-duty member of U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes			
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. Do you receive child support for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 21a-21c)		21a. If yes, how much \$ _____		21b. If yes, when/how often	21c. If yes, is child support court ordered <input type="checkbox"/> No <input type="checkbox"/> Yes	
22. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, hours per week: _____; monthly net income \$ _____						

Child 3	FOR MTTP OFFICIAL USE ONLY Type(s) of assistance this child 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 (if any)
4. Social Security Number		5. Date of Birth		6. Age	7. Birth Place (city/state/country)	3. Relationship to Applicant
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-10b)		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"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of any federally recognized tribe, including California Judgement Roll; Tribe name: _____ <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: _____						
14. Child's current grade level		15. Name and city/state of child's school			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 NOT a U.S. Citizen or U.S. National, does this child 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#: _____			
c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes			d. Veteran/active-duty member of U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes			
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. Do you receive child support for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 21a-21c)		21a. If yes, how much \$ _____		21b. If yes, when/how often	21c. If yes, is child support court ordered <input type="checkbox"/> No <input type="checkbox"/> Yes	
22. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, hours per week: _____; monthly net income \$ _____						

Child 4		FOR MTTP OFFICIAL USE ONLY Type(s) of assistance this child 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 (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-10b)		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"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of any federally recognized tribe, including California Judgement Roll; Tribe name: _____ <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: _____							
14. Child's current grade level	15. Name and city/state of child's school			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 NOT a U.S. Citizen or U.S. National, does this child 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#: _____					
c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes		d. Veteran/active-duty member of U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes					
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. Do you receive child support for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 21a-21c)		21a. If yes, how much \$ _____		21b. If yes, when/how often		21c. If yes, is child support court ordered <input type="checkbox"/> No <input type="checkbox"/> Yes	
22. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, hours per week: _____; monthly net income \$ _____							

Child 5		FOR MTTP OFFICIAL USE ONLY Type(s) of assistance this child 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 (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-10b)		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"/> Enrolled Tribal Member; Tribe name: _____ <input type="checkbox"/> Native American identified on the California Judgement Roll <input type="checkbox"/> Descendant of any federally recognized tribe, including California Judgement Roll; Tribe name: _____ <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: _____							
14. Child's current grade level	15. Name and city/state of child's school			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 NOT a U.S. Citizen or U.S. National, does this child 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#: _____					
c. Lived in the U.S. since 1996: <input type="checkbox"/> No <input type="checkbox"/> Yes		d. Veteran/active-duty member of U.S. military: <input type="checkbox"/> No <input type="checkbox"/> Yes					
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. Do you receive child support for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, answer 21a-21c)		21a. If yes, how much \$ _____		21b. If yes, when/how often		21c. If yes, is child support court ordered <input type="checkbox"/> No <input type="checkbox"/> Yes	
22. What is the child's employment status? <input type="checkbox"/> Not in the labor force <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, hours per week: _____; monthly net income \$ _____							

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

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

PART D: Please tell us about your Family Assistance Unit’s recurring housing expenses

1. Regarding your housing, do you Rent Own Other arrangement 1a. If other arrangement, please explain

2. Owner/Landlord/Mortgage Company Name 2a. Owner/Landlord/Mortgage Company Phone

3. Please tell us about your recurring housing 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.

Expense Type	Current Expense	Total Monthly Amount	Receive Help with Expense	Name/Source of Help	Amount of Help	How Often
Rent	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Mortgage	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Second Mortgage	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Space Rent	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Irrigation	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Property Tax	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
HOA Fees	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Homeowners/Renters Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Heating (Gas)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Cooling (Electricity)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Water	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Trash	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Sewer	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Telephone	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	

PART E: Please tell us about your Family Assistance Unit’s individual expenses

Please use the space below to tell us about any other individual expenses your Family Assistance Unit has that are not listed above such as medical bills, credit cards, child support, spousal support, gas for your vehicle, clothing, basic needs, etc. When telling us the amount of each expense, include the amount you pay and the amount anyone else pays on your behalf.

Name of Person with Expense	Name of Person that Pays Expense	Expense Type	Amount	How Often Paid
			\$	
			\$	
			\$	
			\$	
			\$	

PART F: 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) of 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, 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. When: _____ 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. When: _____ 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-d)
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?
a. If yes, name: _____ b. Explain: _____ No Yes (if yes, complete a-b)

6. Are you or anyone in your Family Assistance Unit fleeing to avoid felony prosecution or jail time? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete a-b)				
a. If yes, name: _____		b. Explain: _____		
7. Are you or anyone in your Family Assistance Unit currently violating conditions of probation or parole? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete a-b)				
a. If yes, name: _____		b. Explain: _____		
8. Do you or anyone in your Family Assistance Unit have a disability or injury, which prevents him/her from working or taking care of his/her needs? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, explain below)				
Name of Adult/Child	Type of Disability/Injury	Date Disability/Injury Started	Expected Recovery Date	Requires Care From A Family Member
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Does anyone in your Family Assistance Unit pay for child care, adult disabled care, or elderly care? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, explain below)				
Dependent Name	Total charge for care	Amount you pay \$	How often do you pay	
Provider Name	Provider Address	Provider Phone		
Dependent Name	Total charge for care	Amount you pay \$	How often do you pay	
Provider Name	Provider Address	Provider Phone		

SECTION II: FAMILY INCOME

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

Tell us about anyone in your Family Assistance Unit, including children, with **income from employment or training within the last 24 months**. Income is money earned (wages or salary) from a job, including self-employment, 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. ***NON-NEEDY CARETAKERS/RELATIVES: Answer questions as it pertains to the child(ren) ONLY**

Income Source 1	<input type="checkbox"/> Not Applicable	1. Name of person with income		2. Occupation/Title	
3. Employer/Program Name		4. Employer/Program Address		5. Employer/Program Phone	
6. Wages/Tips (net income) \$		7. Income expected to change (i.e. raise, hours changed, disability, unemployment)			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Annually		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why: _____			
8. Average hours worked each week		9. Date next check is expected		10. Date 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		4. Employer/Program Address		5. Employer/Program Phone	
6. Wages/Tips (net income) \$		7. Income expected to change (i.e. raise, hours changed, disability, unemployment)			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Annually		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why: _____			
8. Average hours worked each week		9. Date next check is expected		10. Date 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		4. Employer/Program Address		5. Employer/Program Phone	
6. Wages/Tips (net income) \$		7. Income expected to change (i.e. raise, hours changed, disability, unemployment)			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Annually		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why: _____			
8. Average hours worked each week		9. Date next check is expected		10. Date 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		4. Employer/Program Address		5. Employer/Program Phone	
6. Wages/Tips (net income) \$		7. Income expected to change (i.e. raise, hours changed, disability, unemployment)			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Annually		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why: _____			
8. Average hours worked each week		9. Date next check is expected		10. Date 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		4. Employer/Program Address		5. Employer/Program Phone	
6. Wages/Tips (net income) \$		7. Income expected to change (i.e. raise, hours changed, disability, unemployment)			
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> 2 x Month <input type="checkbox"/> Annually		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, why: _____			
8. Average hours worked each week		9. Date next check is expected		10. Date 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, 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. **NON-NEEDY CARETAKERS/RELATIVES: Answer question as it pertains to child(ren) ONLY*

Assistance Source	Received	Assistance Source	Received
Tribal TANF Assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Foster Care, Adoption Assistance or KIN GAP	<input type="checkbox"/> No <input type="checkbox"/> Yes
CalWORKs/TANF Assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Food Stamps/CalFresh Assistance/SNAP	<input type="checkbox"/> No <input type="checkbox"/> Yes
Tribal Commodities	<input type="checkbox"/> No <input type="checkbox"/> Yes	Transportation Services (<i>help with bus passes, gas cards</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medical/Medi-Cal Assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Supplemental Security Income (SSI)	<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	Transitional Services (<i>help with employment, child care, transportation while transitioning off TANF</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Assistance with Child Care costs (<i>vouchers, reimbursements, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Diversion Assistance (<i>one time or limited benefits such as cash aid or help with rent to avoid TANF dependency</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Unemployment Benefits (<i>include application for benefits within the past 19 months</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Housing Subsidy (<i>rent subsidy, Public Housing Program, Section 8, Housing Choice Voucher Program, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any other assistance from another State or Tribe	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any other assistance from a community organization	<input type="checkbox"/> No <input type="checkbox"/> Yes
Work Study, JTPA, Welfare-to-Work	<input type="checkbox"/> No <input type="checkbox"/> Yes	Military Allotment or Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other training allowance	<input type="checkbox"/> No <input type="checkbox"/> Yes	Veterans Affairs (VA) Education Related Income	<input type="checkbox"/> No <input type="checkbox"/> Yes
Financial Aid (<i>grants, loans, work-study, scholarships for education or vocational training</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Veterans Affairs (VA) Aid & Attendance Records	<input type="checkbox"/> No <input type="checkbox"/> Yes
Refugee Cash Assistance (RCA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Veterans Affairs (VA) Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cash Assistance Program for Immigrants (CAPI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other non-government disability or sick leave	<input type="checkbox"/> No <input type="checkbox"/> Yes
Railroad Retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes	Railroad Disability	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other retirement income from a Federal, State or local government agency	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other disability income from a Federal, State, or local government agency	<input type="checkbox"/> No <input type="checkbox"/> Yes
General Assistance (GA) or General Relief (GR)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Social Security Retirement or Survivor’s Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes
Worker’s Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Sales of Notes, Contracts, Trust Deeds, or Promissory Notes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Child or Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	Legal/insurance settlements, or pending court actions	<input type="checkbox"/> No <input type="checkbox"/> Yes
Money for medical bills or premiums	<input type="checkbox"/> No <input type="checkbox"/> Yes	Per Capita payments	<input type="checkbox"/> No <input type="checkbox"/> Yes
Strike benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes	Loans, gifts, contributions	<input type="checkbox"/> No <input type="checkbox"/> Yes
IHSS to care for a disabled dependent	<input type="checkbox"/> No <input type="checkbox"/> Yes	Winnings (<i>gambling/lottery/bingo/prizes, etc.</i>)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other non-governmental pensions/retirement	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other (explain):	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

Type of Assistance/Benefit Which Agency	Recipient	Amount Received (Before Deductions)	When	How Often	Will Benefit End
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes/End Date: _____
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes/End Date: _____
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes/End Date: _____
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes/End Date: _____
		\$			<input type="checkbox"/> No <input type="checkbox"/> Yes/End Date: _____

2. Does anyone in your Family Assistance Unit receive housing, rent, utilities, food, clothing, or other necessities for free or in exchange for work? No Yes (*if yes, explain below*)

Name of Receiver	Name of Provider	Value	Item Received	Assistance Obtained Is
		\$		<input type="checkbox"/> Free <input type="checkbox"/> For Work
		\$		<input type="checkbox"/> Free <input type="checkbox"/> For Work
		\$		<input type="checkbox"/> Free <input type="checkbox"/> For Work

SECTION III: FAMILY RESOURCES

PART A: Please tell us about your Family Assistance Unit’s property resources

1. Does anyone in your Family Assistance Unit have any business property, including tools, inventory, materials, business equipment, livestock, etc. (include property that is shared or held jointly with any other persons)? No Yes (*if yes, explain below*)

Owner	Item	Purchase Price/Current Value	Amount Owed	Listed for Sale
		\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Does anyone in your Family Assistance Unit own any personal or business property, including your home, property outside of the U.S. or is anyone in the process of buying real estate such as land and/or buildings? No Yes (If yes, explain below)

Owner of Property	Property Type	Property Address	Property Value	Primary Use of Property
			\$	<input type="checkbox"/> Home <input type="checkbox"/> Rental Income <input type="checkbox"/> Business/Self-Employment <input type="checkbox"/> Other: _____
			\$	<input type="checkbox"/> Home <input type="checkbox"/> Rental Income <input type="checkbox"/> Business/Self-Employment <input type="checkbox"/> Other: _____

PART C: Please tell us about your Family Assistance Unit’s vehicle resources

Does anyone in your Family Assistance Unit own or have use of 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			
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			
Currently Leased	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Balance Owed	\$	\$	\$

PART D: Please tell us about your Family Assistance Unit’s additional resources.

1. Please tell us about all additional resources your Family Assistance Unit owns. Include all resources owned, used, controlled or held jointly with any persons, even for convenience only. MTTP will determine whether these resources count. Check “Yes” or “No” for each item. ***NON-NEEDY CARETAKERS/RELATIVES: Answer questions as it pertains to the child(ren) ONLY

Resource	Received	Resource	Received
Cash or uncashed checks (on-hand or elsewhere)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Trust Funds (whether or not available)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Savings Accounts (children’s & adult’s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Notes, Mortgages, Deeds of Trust, Contracts of Sale, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Checking Accounts (children’s & adult’s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	IRA or KEOGH Plans, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Stocks, bonds, Certificates of Deposit, Money Market Accounts, etc. (children’s & adult’s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Retirement funds, which are available if you stop working like PERS, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Oil, mining, or mineral rights	<input type="checkbox"/> No <input type="checkbox"/> Yes	Long Term Care Insurance (LTD, Aflac, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Burial Trusts or contracts, insurance, designated burial funds/money for cemetery, plots or other burial items	<input type="checkbox"/> No <input type="checkbox"/> Yes	Employee Deferred Compensation Plans such as 401(k), 403(b), 501(c), 457(b)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Income Tax Refund	<input type="checkbox"/> No <input type="checkbox"/> Yes	Life insurance or annuity	<input type="checkbox"/> No <input type="checkbox"/> Yes
EBT Cash balance from previous month	<input type="checkbox"/> No <input type="checkbox"/> Yes	Life estate interest in any property	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (explain):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other (explain):	<input type="checkbox"/> No <input type="checkbox"/> Yes

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

Resource	Owner	Business Related	Account Number	Name of Financial Institution	Current Value
		<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			\$

2. Does anyone in your Family Assistance Unit receive or expect to receive money from any of the above resources, such as interest, dividends, etc.? No Yes (if yes, explain below)

Owner	Source of Money	Amount	How Often	Business Related
		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes

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 withdraw MTTP cash benefits or use MTTP cash benefit funds to purchase products and services in gambling establishments, liquor and tobacco stores, adult entertainment venues, or other establishments prohibiting persons under the age of 18, or tattoo, body piercing or other branding parlors.

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 Certifier Name

MTTP Certifier 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
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.

Signature of Applicant

Date