



Application for Morongo Tribal TANF Program Emergency Services

MTTP Received:

Revised 05.19.2020

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 limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren). MTTP uses this application and required documents to determine the eligibility of your family for emergency services. We keep all information private and secure, as required by law.

<p><u>MTTP Eligibility Emergency Service Checklist:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing an emergency or crisis situation that requires one-time or time-limited assistance to resolve (i.e. displacement due to natural disaster or condemned property, State/Federal declared emergency, etc.) <input type="checkbox"/> U.S Citizen or eligible alien status <input type="checkbox"/> Riverside County - Morongo Tribal Member/Descendant residing in Riverside County, or resident of Morongo Reservation and verification that at least one minor child is a member or descendant of a federally recognized tribe or identified on the California Judgment Roll <input type="checkbox"/> San Bernardino County – residency in San Bernardino County (off reservation) and verification that at least one minor child is a member or descendant (including by marriage) of a federally recognized tribe or identified on the California Judgment Roll <input type="checkbox"/> Legal/physical custody of a minor child(ren) (under the age of 18 or age 19 and a full-time student in high school) included in the FAU and residing in the home; expectant Native parent(s) may be eligible in the 3rd month of pregnancy <input type="checkbox"/> Determined needy based on income, resources, and federal guidelines <input type="checkbox"/> Needy or Non-Needy Caretakers/Relatives with certifiable physical/legal custody of eligible child(ren) who meet the above criteria may apply 	<p><u>Required Documents Checklist:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid Photo Identification <input type="checkbox"/> Residency Declaration <input type="checkbox"/> Tribal Certification <p><u>Directions:</u> *Please use blue or black ink only *Please do not leave spaces blank, write in N/A if not applicable *Please use additional application pages if more room is needed</p>
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I Family Composition & Circumstances

1. Please tell us about your Family Assistance Unit for whom you are requesting assistance (if you need additional space, please request additional copies of this section)

	First & Last Name	Date of Birth	Social Security No.	Address	City/State	County	Phone No.	Alternative Phone No.	US Citizen
Self									<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Adult									<input type="checkbox"/> Yes <input type="checkbox"/> No
	First & Last Name	Date of Birth	Social Security No.	Relationship to Applicant	Tribal Affiliation		Attends School Regularly		
Child 1:							<input type="checkbox"/> No <input type="checkbox"/> Yes – School name:		
Child 2:							<input type="checkbox"/> No <input type="checkbox"/> Yes – School name:		
Child 3:							<input type="checkbox"/> No <input type="checkbox"/> Yes – School name:		
Child 4:							<input type="checkbox"/> No <input type="checkbox"/> Yes – School name:		
Child 5:							<input type="checkbox"/> No <input type="checkbox"/> Yes – School name:		

2. Do you certify that you have legal/physical custody of the child(ren) listed above? Yes No

3. Are the child(ren) aged 6 or younger listed above current on their immunizations: Yes No If no, please explain: _____
4. 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 violations or welfare fraud? (include assistance being stopped for a short period of time or forever) Yes No
 If yes, name: _____ When: _____ State(s): _____
5. Have you or anyone in your Family Assistance Unit been convicted of a sexual offense or been required to register as a sex offender in any State or Tribal lands? Yes No
 If yes, name: _____ Explain: _____

II Income & Resources

1. Are you a Non-Needy Caretaker/Relative with certifiable physical/legal custody of the child(ren)? Yes No If yes, complete the income & resource sections as it pertains to the child(ren) only.
2. Have you had a recent change in income or resources due to a crisis? Yes No If yes, please explain: _____
3. Please tell us about your current income and employment situation, including paid internships, paid work experience programs, etc. Write “unemployed” or “N/A” if no income or employment within the last 30 days; include income/employment of children.

Name of Person with Income	Occupation/Title	Employer Name/Address	Employer Phone No.	Wages/Tips (Monthly Net Income)	Currently Employed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Please tell us about other sources of income you are currently receiving, including financial aid, TANF, CalFresh, CalWORKs, SSDI, EDD, SSI, EDD, Per Capita Payments, Child Support, Social Security, Retirement, Survivor’s Benefits etc.; include resources of children.

Type of Assistance/Benefit (i.e. CalWORKs)	Provider (i.e. Riverside County)	Recipient Name	Amount Received	Date Last Received	Will this end in the next 30 days?	If Recurring, How Often (i.e. Monthly)
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Please tell us about your resources, including owned property (personal residence, business property, equipment, etc.), vehicles, checking/savings accounts, cash on hand, retirement plans, life insurance, income tax refund, trust funds, stocks, bonds, certificates of deposit, money market accounts, oil/mining/mineral rights, burial trusts or contracts, or other.

Type of Resource	Name of Person with Resource	Business Related	Account Number (if applicable)	Name of Financial Institution	Current Value	Accrue Interest, Dividends	If Accrues, How Often
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III Emergency Services Declaration & Request

1. What is your certifiable emergency or crisis: Natural Disaster (i.e. fire, flood) State/National Emergency (i.e. pandemic) Other (specify) _____
Please explain the emergency or crisis and how it has directly impacted your family (i.e. lost home, job loss): _____

2. What emergency services are you requesting to help you through this temporary crisis? (please mark all that apply, explain need, and provide required documents)

Emergency Shelter (specify need): _____

Required documentation: Notice of building condemnation, police report, county notice, letter from shelter or other document showing the need for emergency shelter

Housing Expenses (specify need, include dollar amount requesting): _____

Required documentation; Notice to Pay or Quit, mortgage invoice/bill or other document showing the need for assistance with housing expenses

Utility Assistance: Gas \$_____ Water \$_____ Phone \$_____ Electricity \$_____ Other (specify): _____

Is the utility bill(s) past due/delinquent? Yes No Did you request an extension? Yes No If yes, date extension expires: _____

Required documentation: Current invoice/bill for each utility assistance requested

Essential Household Item(s) (specify items needed; include dollar amount requesting): _____

Required documentation: Print-outs of types of household items requested (i.e. a print-out of a store's website shopping cart with items you need)

Food (specify need; include dollar amount requesting): _____

Are you currently receiving CalFresh/Commodities: Yes No If yes, what is the monthly amount you currently received: \$_____

Required documentation: If receiving CalFresh/Commodities, provide your latest notice

Clothing: Child Adult (specify need; include dollar amount requesting): _____

Required documentation: Print-outs of types of clothing requested (i.e. a print-out of a store's website shopping cart with clothing you need)

Family Counseling (specify need; include dollar amount requesting): _____

IV Acknowledgement

Under penalty of perjury, under the laws of the United State of America and the State of California, I swear and affirm that the information provided on this application is true, correct, and complete. I will undergo a sanction and be required to return any benefits received, if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution. Furthermore, I consent to the gathering, use, and disclosure of my information by the Morongo Tribal TANF Program (MTTP) or its designees, for determining eligibility. In addition, I have the right to revoke 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. My signature confirms the completion of this application and is not a guarantee of services. I received clarification from MTTP staff on all of my questions pertaining to this application and MTTP eligibility for emergency services.

Applicant Signature

Date

Second Adult Signature (if applicable)

Date

MTTP ONLY

Applicant is: Approved Denied If denied, reason: _____

MTTP Site Manager/Director Name: _____ MTTP Site Manager/Director Signature: _____ 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 – Serving 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: _____