

Please list all additional members living in your home	Male or Female	Social Security Number	Date of birth	Age	Relationship to applicant	Are you applying for TANF
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this application, I certify that all information is true and correct to the best of my knowledge. I also understand that this Eligibility Screening form not a guarantee of Cash Assistance.

Signature _____

Date _____

How did you hear about our Program?

- County Worker Pow-Wow Web Site Native Publication News Paper Radio Television Friend Relative Other _____

Note: The following information must be provided at the time of your intake appointment:

- 1.
- Residency verification (Lease or rental agreement; WNTTP residency verification form with current utility bill)
 - Marriage license/divorce decree (if applicable)
 - Alien status (if applicable)
 - Unborn child (3rd trimester doctor's letter), (if applicable)
 - Parental consent to transfer custody/court order custody agreement or documentation of temporary custody
 - Current school enrollment records (for school age children)
 - Immunization records
 - (ADULT) School enrollment /semester class schedule and financial aid verification

- 1-A.
- Income verification for the last 30 calendar days
 - Food Stamp Verification (SNAP or CalFresh)
 - Social Security benefits (SSI/Survivor's/Disability)
 - Unemployment Insurance Benefits (UIB) – verification of application, approval or denial
 - Employment Verification (check stubs)
 - Per Capita verification (money received from Tribe)
 - Child support verification (paid out or received)
 - Child care paid and/or subsidy received
 - Checking, savings, trust account statements (adults and children)
 - Car registrations (running or not)
 - Car payment verification
 - Proof of auto insurance (required for supportive service requests)

- 1-B.
- Photo ID for all adults
 - Tribal affiliation verification
 - Birth certificates (for all household members)
 - Social Security cards (for all household members)
 - Selective Service verification (if applicable)

- 2-A.
- County/State Aid case closure letter (if applicable)

Eligibility cannot be determined until an intake interview has been completed and all eligibility documents have been received. You will be notified within 30 calendar days from the date of this form whether you are eligible.

Processed by: _____
Staff

Date: _____

Outcome: _____

NOA Date: _____