



**Washoe Native TANF Program**  
**Temporary Assistance for Needy Families**  
 Administered by the Washoe Tribe of Nevada & California

Received by WNTF

Date \_\_\_\_\_

by \_\_\_\_\_

## Application

- If an answer does not apply to you, mark "N/A" or draw a line through the box. DO NOT LEAVE BLANK.
- Print clearly in ink. If you make a mistake, draw a single line through the original, rewrite the answer (and initial).
- Provide verification to support each answer. Examples are as shown in the yellow shaded areas below.

<b>1</b> Applicant: (Parent or Caretaker of relative child(ren)) Name: _____  Phone: (     ) _____  Daytime Phone: (     ) _____	<b>(1a)</b> Family Size ____ <b>(1b)</b> Family income \$ _____ per _____ <i>The Washoe Native TANF Program (WNTF) family income limits for 2019:</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Family</th> <th style="text-align: left;">Annual Income</th> <th style="text-align: left;">per Month</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1</td> <td>\$ 24,992</td> <td>\$ 2,083</td> </tr> <tr> <td><input type="checkbox"/> 2</td> <td>\$ 33,832</td> <td>\$ 2,819</td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td>\$ 42,672</td> <td>\$ 3,556</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td>\$ 51,512</td> <td>\$ 4,293</td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td>\$ 60,352</td> <td>\$ 5,029</td> </tr> <tr> <td><input type="checkbox"/> 6</td> <td>\$ 69,192</td> <td>\$ 5,766</td> </tr> </tbody> </table> <small>* The WNTF will exclude certain types of income and resources as required under federal law.</small>	Family	Annual Income	per Month	<input type="checkbox"/> 1	\$ 24,992	\$ 2,083	<input type="checkbox"/> 2	\$ 33,832	\$ 2,819	<input type="checkbox"/> 3	\$ 42,672	\$ 3,556	<input type="checkbox"/> 4	\$ 51,512	\$ 4,293	<input type="checkbox"/> 5	\$ 60,352	\$ 5,029	<input type="checkbox"/> 6	\$ 69,192	\$ 5,766
Family	Annual Income	per Month																				
<input type="checkbox"/> 1	\$ 24,992	\$ 2,083																				
<input type="checkbox"/> 2	\$ 33,832	\$ 2,819																				
<input type="checkbox"/> 3	\$ 42,672	\$ 3,556																				
<input type="checkbox"/> 4	\$ 51,512	\$ 4,293																				
<input type="checkbox"/> 5	\$ 60,352	\$ 5,029																				
<input type="checkbox"/> 6	\$ 69,192	\$ 5,766																				

**(1c)** e-mail address: \_\_\_\_\_ @ \_\_\_\_\_

<u>Statement of Facts</u>	Office Use Only Required Eligibility Documents <i>(Yellow Shaded Areas)</i>	Office Use Only Intake Review <i>(Blue Shaded Areas)</i>
<b>2</b> Address: (Number, Street) _____  City _____ State _____ Zip Code _____	<input type="checkbox"/> Rental / Lease Agreement / Trust Deed or (WNTF) Residency Form  <input type="checkbox"/> Current Utility Bill: _____	<input type="checkbox"/> Orig. Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS  <input type="checkbox"/> Date of Last Service: _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS
<b>(2a)</b> Mailing Address (If different) _____  City _____ State _____ Zip Code _____	<input type="checkbox"/> Housing Subsidy: _____	<input type="checkbox"/> Public Housing <input type="checkbox"/> Verified <input type="checkbox"/> Rental Subsidy <input type="checkbox"/> TAS

**3** Is there a crisis situation? (Such as domestic violence, homelessness, eviction, no transportation, or an interruption in utilities, food or other basic needs)  Yes  No

If yes, explain: \_\_\_\_\_

Referral Date \_\_\_\_\_  TAS  
 Notify CM / SM  
 Date: \_\_\_\_\_

<u>Family Composition</u>		
<b>4</b> Are you the parent, caretaker or expectant parent of a child who is: <ul style="list-style-type: none"> <li>• A Washoe Tribal member or descendant residing in Carson or Douglas County, Nevada? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>• An Ione Band of Miwok tribal member or descendant residing in the off-reservation areas of Amador County, California? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>• A descendant of an American Indian Tribe, a Federally Recognized Tribe, or identified on the California Judgment Rolls, residing in Alpine, San Francisco, San Mateo, San Joaquin, Santa Cruz, Santa Clara, Alameda, or Nevada County, California? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</li> </ul>	<input type="checkbox"/> Tribal Membership Enrollment Card; or <input type="checkbox"/> Certification of Tribal Membership; or <input type="checkbox"/> Certification of Tribal Descendant; or <input type="checkbox"/> Certificate of Degree of Indian Blood Quantum; or <input type="checkbox"/> Certification Letter or Card (showing census roll number)	<input type="checkbox"/> Tribal Affiliation:  <input type="checkbox"/> Verified  <input type="checkbox"/> TAS  Eligible? Comments: _____
<b>5</b> Do you have legal custody of a Native American child under the age of 19? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" (to questions 4 or 5), <b>stop</b> here – ask a staff for referral information	<input type="checkbox"/> Legal Custody Documentation (If you are not a child's parent)	<input type="checkbox"/> Eligible Child in AU Exp Date: _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS  <input type="checkbox"/> Partner Referral

**6 For each parent, step-parent, adoptive parent, relative caregiver, or person married to the parent of children in the home.**

<b>(6a) Parent or Caretaker Relative (living with the children)</b>		A#	CIF#	AU? <input type="checkbox"/>
Adult's Name: (First, Middle, Last)	<input type="checkbox"/> Valid Identification, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Name, DOB _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Relationship to child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Other (explain): ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE / HAWAIIAN NATIVE <b>NAME OF TRIBE(S):</b> <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> WHITE	<input type="checkbox"/> Birth Certificate (Issued by a government agency) <input type="checkbox"/> Tribal Verification	<input type="checkbox"/> U.S. Citizen?	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Marriage Certificate, Name Change, Separation Petition, Divorce Decree, Death Certificate	<input type="checkbox"/> Date _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Schooling: Last Year Attended _____ Highest Grade Completed _____				
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A	<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS

<b>(6b) Spouse or parent, step-parent, adoptive parent (living with the children)</b>		A#	CIF#	AU? <input type="checkbox"/>
Adult's Name: (First, Middle, Last)	<input type="checkbox"/> Valid Identification, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Name, DOB _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Relationship to Applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Other (explain): ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE / HAWAIIAN NATIVE <b>NAME OF TRIBE(S):</b> <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> WHITE	<input type="checkbox"/> Birth Certificate (Issued by a government agency) <input type="checkbox"/> Tribal Verification	<input type="checkbox"/> U.S. Citizen?	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Marriage Certificate, Name Change, Separation Petition, Divorce Decree, Death Certificate	<input type="checkbox"/> Date _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS
Schooling: Last Year Attended _____ Highest Grade Completed _____				
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A	<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Verified	<input type="checkbox"/> TAS

**7 Please list oldest to youngest: children, step-children, adopted children and relative children in your custody under the age of nineteen (19) years old living in your home, and children you claim as tax dependents. (If you are pregnant, list child as unborn and give due date.)**

<b>(7a) Child or unborn and child's due date (under 19 years of age living in the home)</b>		C#	CIF#	AU? <input type="checkbox"/>
Child's Name: (First, Middle, Last)	Age	<input type="checkbox"/> Pregnancy Verification, or <input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Expect Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):		<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Name, DOB _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School: _____		<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> SSN = TAS _____	<input type="checkbox"/> Verified
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:		<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A		<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> Per Capita \$ _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<b>Mother's Name:</b>		<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?				
<b>Father's Name:</b>		<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?				

<b>(7b) Child or unborn and child's due date</b> (under 19 years of age living in the home)			C# _____ CIF# _____ AU? <input type="checkbox"/>
Child's Name: (First, Middle, Last)	Age	<input type="checkbox"/> Pregnancy Verification, or <input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Expect Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> Name, DOB _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> SSN = TAS _____ <input type="checkbox"/> Verified
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):		<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School:		<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:		<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A		<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
<b>Mother's Name:</b> <b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>Father's Name:</b> <b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>(7c) Child or unborn and child's due date</b> (under 19 years of age living in the home)			C# _____ CIF# _____ AU? <input type="checkbox"/>
Child's Name: (First, Middle, Last)	Age	<input type="checkbox"/> Pregnancy Verification, or <input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Expect Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> Name, DOB _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> SSN = TAS _____ <input type="checkbox"/> Verified
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):		<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School:		<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:		<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A		<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
<b>Mother's Name:</b> <b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>Father's Name:</b> <b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>(7d) Child or unborn and child's due date</b> (under 19 years of age living in the home)			C# _____ CIF# _____ AU? <input type="checkbox"/>
Child's Name (First, Middle, Last), or expected delivery date:	Age	<input type="checkbox"/> Pregnancy Verification, or <input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card	<input type="checkbox"/> Expect Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> Name, DOB _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> SSN = TAS _____ <input type="checkbox"/> Verified
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):		<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School:		<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:		<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A		<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
<b>Mother's Name:</b> <b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		
<b>Father's Name:</b> <b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed		

<b>(7e) Child or unborn and child's due date</b> (under 19 years of age living in the home)		C# _____ CIF# _____ AU? <input type="checkbox"/>
Child's Name (First, Middle, Last), or expected delivery date:	Age	<input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Expect Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> Name, DOB _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> SSN = TAS _____ <input type="checkbox"/> Verified
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School:	<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:	<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A	<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
<b>Mother's Name:</b> <b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed	
<b>Father's Name:</b> <b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed	

<b>(7f) Child or unborn and child's due date</b> (under 19 years of age living in the home)		C# _____ CIF# _____ AU? <input type="checkbox"/>
Child's Name (First, Middle, Last), or expected delivery date:	Age	<input type="checkbox"/> Birth Certificate, and <input type="checkbox"/> Social Security Card
Relationship to applicant: <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Birth Certificate (Issued by a government agency)	<input type="checkbox"/> Expect Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> Name, DOB _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS <input type="checkbox"/> SSN = TAS _____ <input type="checkbox"/> Verified
Are immunizations up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No Are school aged children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: ____ Name of School:	<input type="checkbox"/> Immunization Records; or <input type="checkbox"/> School Enrollment	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
<input type="checkbox"/> Tribal Descendant - <input type="checkbox"/> Enrolled Member <input type="checkbox"/> N/A Tribal Affiliations:	<input type="checkbox"/> Tribal Descendant (At least one child)	<input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
Is this child living in your home now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Needs: <input type="checkbox"/> Pregnant <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Disabled <input type="checkbox"/> N/A	<input type="checkbox"/> SSI, SDI, SSDI Award Letter, Doctor, Provider Statement	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS
<b>Mother's Name:</b> <b>MOTHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's mother is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed	
<b>Father's Name:</b> <b>FATHER:</b> Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No, why?	<b>This child's father is:</b> <input type="checkbox"/> Absent <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Unemployed / Under-Employed	

<b>8</b> Has anyone ever used any other name (Maiden, Adoptive, Etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes, complete below:	
Name:	Other Name(s) Used:
	<input type="checkbox"/> Vital Records (Marriage Certificate, Amendment, Adoption)
	<input type="checkbox"/> Align? <input type="checkbox"/> Verified <input type="checkbox"/> TAS
Name:	Other Name(s) Used:
	<input type="checkbox"/> Vital Records (Marriage Certificate, Amendment, Adoption)
	<input type="checkbox"/> Align? <input type="checkbox"/> Verified <input type="checkbox"/> TAS

<b>9</b> Is a Foster Child Living in the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" who?
---

<b>10</b> Is anyone in your household planning to leave the residence for <u>more than 30 days</u> ? <input type="checkbox"/> Yes* <input type="checkbox"/> No If "Yes", explain:
--

\*Individuals who do not reside in the residence may not be included in the TANF assistance unit.

## Resources

**11** Does anyone (including children) own a vehicle; or have a vehicle registered in their name?  Yes  No  
Automobiles, motorcycles, snowmobiles, recreational vehicles, motorboats, etc. (Even if not running)

- Vehicle registration
- Blue book face value
- If balance owed, loan stmt.
- Client's Statement for "No"
- For Support Services:**
- Valid driver's license
- Vehicle title
- Certificate of insurance

- Expires: \_\_\_\_\_
- \$ \_\_\_\_\_
- \$ \_\_\_\_\_
- As of \_\_\_\_\_
- Verified
- Verified
- Expires: \_\_\_\_\_
- Name(s) Verified
- Ins Expires: \_\_\_\_\_
- TAS
- TAS
- TAS
- TAS

If "Yes", complete below:	Vehicle (1)	Vehicle (2)	Vehicle (3)					
Owner of the vehicle								
Person who uses the vehicle								
Year / make / model								
Balance owed	\$ _____	\$ _____	\$ _____					
Licensed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Title	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease	<input type="checkbox"/> Purchase <input type="checkbox"/> Lease					
How do you use the vehicle(s)? <b>Check (✓) each item "Yes" or "No."</b>			Vehicle (1)		Vehicle (2)		Vehicle (3)	
			Yes	No	Yes	No	Yes	No
As a Home			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To go to work or training or for job search			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For self-employment, self-support or business use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For disabled household member			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For recreational use only			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12 Personal or business related resources.** Does anyone (including children) have any of the following?  
(Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only).  
Check (✓) "Yes" or "No" for each item.

Check (✓) "Yes" or "No" for each item.		Check (✓) "Yes" or "No" for each item.	
Cash (on hand or elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust funds (whether or not available)	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Un-cashed Checks (on hand or elsewhere)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgages, deeds of trust, contracts of sale, Notes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Accounts – (children's and adult's)	<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA or Keogh plans, etc.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Checking Accounts – (whether or not they are used)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement funds	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Credit Union Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee deferred compensation plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks, Bonds, Certificates of Deposit, Money Market Accounts, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life insurance or annuity	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Oil, Mining or Mineral Rights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real estate interest in any property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burial Trusts or Contracts, Burial Insurance, Designated Burial Funds / money for Cemetery, Plots or other Burial Items	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Long term care insurance	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Individual Indian Money Account (IIMA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	EBT Card balance from a previous month	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TAX Refund within last 12 Months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	<input type="checkbox"/> Tax Statement (Tax refund exempt) <input type="checkbox"/> Form 4506-T for "No"	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
--	---	----------	---	--	---

**If any of the boxes above are checked "Yes", complete below:**  
\*Depending on the source and purpose served, resources may be disregarded according to applicable laws and WNTP policy.

Resource Business Related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ _____	<input type="checkbox"/> Statements of Account	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Resource Business Related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ _____	<input type="checkbox"/> Statements of Account	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Resource Business Related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Value: \$ _____	<input type="checkbox"/> Statements of Account	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS

<b>13</b> Does anyone own or is anyone buying Real Estate, such as land and/or buildings anywhere, including outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Trust Deed / Mortgage	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS	
If "YES", complete below. Include land and/or buildings in which the title is shared. (Attach additional sheets if necessary)					
Description: Land, Condo, Apartment, House...	How do you use this property? <input type="checkbox"/> Live In It <input type="checkbox"/> Other:	OWNER(s)	Address or Location	Amount Owed \$ _____ Listed for Sale <input type="checkbox"/> Yes <input type="checkbox"/> No	Rental Income \$ _____

**Income**

<b>15</b> Does anyone receive or expect to get money from resources? (Such as payments, interest, dividends etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Agreements	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
If "Yes", complete below:				
Name	Source of Money	Amount \$ _____	How Often	Business Related? <input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Sale, Exchange, or Change of Assets**

<b>16</b> Has anyone sold, spent, traded, transferred or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement or anything else in the last 30 days? <input type="checkbox"/> Yes* <input type="checkbox"/> No		<input type="checkbox"/> Verification of Market Value, Date and Sale Amount	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
if "Yes" complete below:				
Item(s)	Market Value	Date	Value Received	

\*Participants can sell, exchange, or change the form of their property holdings for fair market value of the property (asset). If they do not get fair market value for the asset, the family may have a period of ineligibility. The period of ineligibility is determined by subtracting the amount received, from the fair market value of the asset and then dividing that amount by the Maximum Aid Payment (MAP) for the Assistance Unit (AU) and rounded to the lowest whole number.

**Earned Income**

<b>17</b> Has anyone earned income – or – stopped working within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes", complete below:					
From who?	Date(s)	How much?	<input type="checkbox"/> Wage Stubs <input type="checkbox"/> Stop Work Verification	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
			<input type="checkbox"/> Wage stubs <input type="checkbox"/> Stop Work Verification	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Verified <input type="checkbox"/> TAS

**Child Support Paid**

<b>18</b> Does anyone <u>pay</u> child support or spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Child Support Order & Canceled Check or Garnished Wage Stub	<input type="checkbox"/> \$ _____/
If "Yes", complete below: (attach additional sheet if necessary)					
Who pays the Support?	Who Receives support?	How much?	How often?		
		\$ _____		<input type="checkbox"/> Verified	<input type="checkbox"/> TAS

**Child Support Income**

<b>19</b> Does anyone <u>receive</u> child or spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Child Support Statement	
If "Yes", complete below: (attach additional sheet if necessary)					
Who Receives Support?	Who Pays Support?	How much?	How often?		
		\$ _____	\$ _____	<input type="checkbox"/> \$ _____/ <input type="checkbox"/> Verified	<input type="checkbox"/> TAS
		\$ _____	\$ _____	<input type="checkbox"/> \$ _____/ <input type="checkbox"/> Verified	<input type="checkbox"/> TAS

**Unemployed**

**20** If unemployed, has anyone applied for or received unemployment or disability insurance benefits in the last 30 days - or - does anyone expect to receive benefits in the next 30 to 60 days?  Yes  No

If "Yes", explain and complete below:

Who?	When?	Result? / \$?	<input type="checkbox"/> Award / Denial Letter	<input type="checkbox"/> \$_____ Date <input type="checkbox"/> EDD Application	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
			<input type="checkbox"/> Award / Denial Letter	<input type="checkbox"/> \$_____ Date <input type="checkbox"/> EDD Application	<input type="checkbox"/> Verified <input type="checkbox"/> TAS

\*TANF participants must seek and accept any income or benefits to which they may be entitled.

**21** Does anyone have or expect to receive money from any source? (including children)

Include all resources owned, used, controlled, shared or held jointly with any person(s); even for convenience only purposes.

Check (√) "YES" or "NO" for each item.

Check (√) "YES" or "NO" for each item.

Per Capita Payments, <i>Distributions</i>	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Social Security Retirement or Survivor's Benefits SSI	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Educational Grants, Loans or Scholarships, Training Allowance, Stipends for Work Study, Job Training Partnership Act (JTPA) or Other	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Social Security Disability SDI or Supplemental Security Income SSI / SSDI State Supplementary Payment SSP	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Money for Medical Bills, Children's Needs or Premiums, Foster Care Benefits	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Disability Income from Federal, State, or Local Governmental Agency, or other	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Worker's Compensation, Strike Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	VA Education Related Income VA Aid or VA Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No
In Home Health Services (IHHS)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Military Allotment or Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO
Loans, Gifts, Contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Railroad Disability	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Winnings (Gambling/Lottery/Bingo, Prizes, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Railroad Retirement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Legal or Insurance Settlements / Court Actions Pending	<input type="checkbox"/> YES <input type="checkbox"/> NO	Retirement Income from a Federal, State or Local Governmental Agency	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sales of Notes, Contracts, Trust Deeds, Promissory Notes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Retirement Income (Non-Government)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Disability* or Sick Leave	<input type="checkbox"/> YES <input type="checkbox"/> NO	Refugee Cash Assistance (RCA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cash Assistance Program for Immigrants	<input type="checkbox"/> Yes* <input type="checkbox"/> No

If "Yes" to any of the above, complete below:

Source	Amount \$	How often	<input type="checkbox"/> Benefit Verification from the issuing agency(s)	<input type="checkbox"/> \$_____/	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Source	Amount \$	How often	<input type="checkbox"/> Benefit Verification from the issuing agency(s)	<input type="checkbox"/> \$_____/	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Source	Amount \$	How often	<input type="checkbox"/> Benefit Verification from the issuing agency(s)	<input type="checkbox"/> \$_____/	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Source	Amount \$	How often	<input type="checkbox"/> Benefit Verification from the issuing agency(s)	<input type="checkbox"/> \$_____/	<input type="checkbox"/> Verified <input type="checkbox"/> TAS
Source	Amount \$	How often	<input type="checkbox"/> Benefit Verification from the issuing agency(s)	<input type="checkbox"/> \$_____/	<input type="checkbox"/> Verified <input type="checkbox"/> TAS

\*Depending on the source and purpose of the income, certain types of income may be disregarded per program policy.

**22** Is anyone on strike, or unwilling to work?  Yes  No

If "Yes", complete below: Individuals who quit work, refuse to work, or are not allowed to work may not be included in a TANF AU. (Exemptions may apply for special circumstances)

Who is on strike?	Name of Union:	Employer Name and Address:

**23** Is anyone 18 to 21 years of age and claimed as a dependent for income tax purposes on someone else's return?  YES  NO

(Applicants claimed as a dependent for income tax purposes must provide claimant's tax returns and report any benefit or basic need received by the dependent (housing, food, shelter, etc.).

If "Yes", who?

Cash Assistance		
<b>24</b> Has any family member ever received State or County TANF Cash Assistance, Tribal TANF, Cal-works, or General Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete below:	<input type="checkbox"/> Time on Aid Verification; and  <input type="checkbox"/> (if "yes") Discontinuance verification	TANF Months: <input type="checkbox"/> A1 _____ <input type="checkbox"/> A2 _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS  End Date <input type="checkbox"/> A1 _____ <input type="checkbox"/> A2 _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS
What agency?	County / State / Tribe	Date Last Assistance Received
What agency?	County / State / Tribe	Date Last Assistance Received

\*TANF participants are required to notify WNTP if they are receiving cash assistance from another TANF program. Recipients who intentionally receive duplicate assistance or make false statements may be referred to appropriate jurisdictions for felony prosecution and assessing sanctions.

Food or Medical Assistance		
<b>25</b> Does anyone receive or expect to get SNAP or CalFresh? <input type="checkbox"/> Yes – Amount? \$ _____ When? _____ <input type="checkbox"/> No	<input type="checkbox"/> Award / Denial Letter	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS
Does anyone in the household receive medical assistance? <input type="checkbox"/> Yes – Who? _____ <input type="checkbox"/> No	<input type="checkbox"/> Award / Denial Letter	<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied <input type="checkbox"/> Date _____ <input type="checkbox"/> Verified <input type="checkbox"/> TAS

Childcare Subsidy			
<b>26</b> Does anyone receive or expect to receive assistance in paying all or a portion of child care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award / Denial Letter	<input type="checkbox"/> \$ _____ <input type="checkbox"/> Verified <input type="checkbox"/> Date _____ <input type="checkbox"/> TAS	
What Agency?	Federal or State?	Amount	Child Care Provider

Other TANF Eligibility Requirements			
Alien Status	<input type="checkbox"/> Status Verification	<input type="checkbox"/> SS / Status _____ <input type="checkbox"/> Verified <input type="checkbox"/> SS / Status _____ <input type="checkbox"/> TAS	
<b>27</b> Is everyone in your family either a citizen of the United States – or – a U.S. National, – or – an American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No* If "No", circle any statement that may apply and complete below:			
Name of each Non-Citizen	<b>A</b> Circle any that may apply: i. Lawfully Admitted for Permanent Residence (LPRs). ii. Admitted to the U.S. as a Refugee, or Granted Asylum or a Cuban/Haitian Entrant. iii. An abused spouse or child, parent of abused child, or child of abused spouse. iiiii. Granted parole into the U.S., granted withholding of deportation or removal, admitted to the U.S. as conditional entrant, born to U.S. citizen armed services members in Southeast Asia during the Vietnam War?	<b>B</b> Is this person a Victim of Human Trafficking; or A Hmong or Highland Lao?	<b>C</b> Did this person physically enter the U.S. before August 22, 1996?
1.			
2.			

\* A "qualified alien" who first physically entered the U.S. on or after August 22, 1996 cannot receive TANF, Medicaid, or CHIP for five years after obtaining status as a qualified alien unless the criteria in [WAC 388-424-0006](#) (4) or (5) are met.

<b>28</b> Has anyone changed citizenship / immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete below:			
Name:	What Changed?	Date:	Alien Number: (If Applicable)

<b>29</b> Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? <input type="checkbox"/> Yes* <input type="checkbox"/> No If "Yes", give name(s) of person(s):

\*Individuals who are avoiding felony prosecution, custody, or confinement after conviction, or are in violation of probation or parole may not be eligible for TANF.



## CERTIFICATION

**I UNDERSTAND THAT:**

All applicants/participants who are requesting or receiving aid from the Washoe Native TANF Program (WNTP) must seek and accept potentially available income or subsidies. This includes applying for and accepting any benefits to which they may be entitled, such as Unemployment Insurance Benefits, temporary or permanent disability benefits, SNAP or CalFresh, WIC, and MediCal or Medicaid. The first cash aid payment is based on the date eligibility is determined. Thereafter, eligibility is determined monthly. If I do not comply with reporting requirements, our cash aid can be reduced, suspended, or terminated.

*Initial* \_\_\_\_\_

**Verification of Information:**

If I refuse to authorize verification of any eligibility document, my family's cash aid and other services can be denied or stopped. As per the Release of Information form, WNTP may verify any information that I give, including household composition, income, resources and other information that I report. WNTP may ask other local, State, and Federal agencies for information about me and my household. Examples of who will be asked for information include but not limited to: employers, schools, Social Security Administration, Department of Motor Vehicles, Internal Revenue Service, Department of Social Services, and Employment Development Department. My case may be reviewed at any time to ensure that my eligibility was correctly determined. I further agree to cooperate fully with the WNTP, its assignees, and local, State, and Federal agencies in investigations, early fraud detection and quality control reviews.

*Initial* \_\_\_\_\_

**Repayment of Unentitled WNTP Funds:**

If any person in my household receives assistance for which they were not entitled, I may be responsible to repay those funds by grant reduction or direct repayment to the WNTP.

*Initial* \_\_\_\_\_

**Random Substance Abuse Screening:**

All applicants/participants, including non-needy caretakers are required to complete a substance abuse screening. Although a positive screening result may not affect eligibility, refusal to participate in the screening, evaluations, and/or treatment recommendations will result in progressive levels of sanction up to and including case closure.

*Initial* \_\_\_\_\_

**Intentional program violation (IPV):**

If I purposely do not follow the cash aid rules, withhold information, or report false information that affects my eligibility for TANF, I can be sanctioned or disqualified from receiving assistance from WNTP. (Section 14, Fraud in the Policy Manual)

*Initial* \_\_\_\_\_

**Welfare Fraud:**

If welfare fraud is established, the sanction periods are as follows:

- **12 months** for:
  - First IPV
- **3 years** for:
  - Second IPV or,
  - First violation for filing multiple applications to establish or maintain the family's eligibility for assistance, or
  - For conviction of felony fraud in tribal, state or federal court for less than \$5,000.
- **Permanent sanction** for:
  - Third IPV or,
  - Conviction of felony fraud in tribal, state or federal court for \$5,000 or more,
  - Misrepresenting residence to get duplicate aid from two or more states or counties,
  - Submitting false documents for nonexistent or ineligible children,
  - Receiving cash benefits exceeding \$10,000 fraudulently.

*Initial* \_\_\_\_\_

**Fleeing Felon:**

Any member of my household who 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 cannot get cash aid.

*Initial* \_\_\_\_\_

**This Application and Eligibility Determination:**

The completion of this application is not a guarantee of services. I further recognize that I must provide verification documentation for each of my answers to the WNTP office within **TEN (10) business days**. I have the right to receive an eligibility determination within thirty (30) days from the day that I signed the Eligibility Screening form.

*Initial* \_\_\_\_\_

**I declare under the penalty of perjury, under the laws of the United States of America and under the laws of the jurisdiction in which I now reside, that the information reported in this application is true, correct and complete.**

Signature (Applicant Parent or Caretaker Relative) <b>X</b>	Application Date:
Signature (Applicant spouse, Parent or Caretaker Relative) <b>X</b>	Application Date:

**TAS:**  HH/Family Members  Tribal Affiliation  Summary  Intake  Adult Info  Adult TOA  Child Info  Income  Resources  Eligibility  
\$ \_\_\_\_\_ Overpayment  Validated  Case Note

**CERTIFICATION:** HH NAME: \_\_\_\_\_ CIF#: \_\_\_\_\_ CASE#: \_\_\_\_\_ INTAKE#: \_\_\_\_\_

Intake Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application is complete. Supporting verifications for each fact demonstrate eligibility.

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend this case for eligibility certification based on my verification of the statements within this completed application.

**Certification**

On (Date) \_\_\_\_\_ I, (Signature) \_\_\_\_\_ certify that the documentation contained within this application has met WNTP program eligibility requirements for:  Cash Assistance  Diversion

**Effective Date:** \_\_\_\_\_

**Next Review Date:** \_\_\_\_\_

Denied Reason(s): \_\_\_\_\_