

YUOK TRIBE CLIENT SERVICES DEPARTMENT

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

Phone: 855-55-YUOK



Received by YTT:

MONTHLY ELIGIBILITY REPORT (MER)	THIS REPORT IS FOR THE MONTH OF: (Month/Year)	NAME: CIF NUMBER:
<ul style="list-style-type: none"> Complete, sign and return this report by 5th of the month, otherwise your cash grant may be late processing and your payment could be delayed. You must report within 5 days any change that may affect your eligibility for the amount of your cash aid. Answer for everyone on cash assistance, including children, parents, step-parents, your spouse. Facts you report may result in your benefits increasing, decreasing or being stopped. 		
WORKER NAME : _____ WORKER TELEPHONE NUMBER: _____ Extension _____ MAILING INFORMATION: _____		

1) Did anyone get money from a job or training program? ☐ YES ☐ NO

- If "YES" complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. **Attach pay stubs or other proof of earnings.**
- If self –employed: Attach proof of income.** If you claim actual expenses, list business expenses on a separate sheet of paper and **attach proof of expenses.**

2) If you are not paid for work activities, but need to document your approved work participation hours, please do so in this area. (attach proof)

Whose Income?	Employer's Name	Gross Amount	\$	\$	\$	\$	\$	
		Actual Date Received						
		<input type="checkbox"/> Job <input type="checkbox"/> Training	No. of Hours Worked					
Whose Income?	Employer's Name	Gross Amount	\$	\$	\$	\$	\$	
		Actual Date Received						
		<input type="checkbox"/> Job <input type="checkbox"/> Training	No. of Hours Worked					

3) If anyone above paid for care of a child, disabled person or other dependent while working, seeking work, or in training, list here and attach proof of payment.

Name of Person Who Received Care	Cost	Name of Person Who Received Care	Cost

4) Did anyone receive money or benefits from any other source? ☐ YES ☐ NO

Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like social security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. **Attach proof.**

Who received Income?	Source of income	Gross Amount	\$	\$	\$	\$	\$
		Date Received					
Who received Income?	Source of income	Gross Amount	\$	\$	\$	\$	\$
		Date Received					

5) If anyone paid court ordered child support this month? ☐ YES ☐ NO

If "Yes", complete below. Attach proof.

Name of Person Who Paid:	For whom:	Cost

6) Any participant receiving TANF benefits from YTTP convicted of a felony drug, sexual abuse, or domestic violence crime will be denied benefits for 2 years. Give facts only for crimes committed after October 2006. If "YES", complete below: ☐ YES ☐ NO

Full Name of Person	Date Drug Crime Committed	Date of Felony Conviction	Conviction Was For (check one)
			<input type="checkbox"/> Use <input type="checkbox"/> Possession <input type="checkbox"/> Distribution <input type="checkbox"/> Other (explain) _____

7) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; anyone who died, entered or left a hospital, etc. If "YES", complete below: ☐ YES ☐ NO

Full Name of Person	Relationship To You	Explain What Changed	Date of Change

8) Does anyone have anything else to report? Include expected changes. Attach proof, including any costs. If "YES", complete below: ☐ YES ☐ NO

- **Income:** Starts, changes or stops.
- **Insurance:** Start, stop or change life, dental or health.
- **Job/Training:** Starts, stops, quit, refuse a job or training, change in hours.
- **School-Age 16 or Older:** Start or stop school or college. Costs for tuition school transportation, etc.
- **School- Ages 6 through 17:** Stop or start attending school regularly.
- **Babies:** Became pregnant, had a baby, abort or miscarry.
- **Marital:** Marry, divorce, or separate.
- **Checking/Savings:** Open/close a checking or savings account.
- **Property:** Buy, sell, trade, or give away, or get a motor vehicle, home, land, etc. (personal or business)
- **Disability:** Become disabled or recover from a disability.

Full Name of Person	Relationship To You	Explain What Changed	Date of Change

*** MOVED? CHANGE YOUR ADDRESS NOW! CALL
707-465-8305 Crescent City
707-445-2422 Eureka**

ADDRESS CHANGE Fill in this section only if you have moved or have a new mailing address. Attach proof.

NEW HOME ADDRESS (NUMBER, STREET, AVENUE, BLVD. ETC.) APT. NO. CITY STATE ZIP			NEW PHONE NUMBER ()	
DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP

STATEMENT OF TRUTH

Under penalty of perjury or un-sworn falsification, I certify that the statements made on this application and during my interview for assistance regarding the persons in my home, the income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Termination Due to Fraud: In cases where there has been a termination for deliberate fraud, i.e., collecting TANF benefits from multiple sources, knowingly providing fraudulent information when participant was receiving SSI or was employed independently or deliberate withholding or misstating resource information, the TANF program, at the discretion of the Program Manager, may declare the participants ineligible for a period up to two years.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury that the facts contained in this report are true and correct and complete for the entire report month.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse or Other Parent of Cash Aided Child(ren)	Date Signed	Home Phone	Contact Phone

Verbal Authorization Given:

PI CIF#

Client Name:

Did you meet your required hours per week?
 __Yes __No
Reason hours not met _____

Date:

Signature: _____
 Phone #: _____
 Signature: _____
 Phone #: _____
 Signature: _____
 Phone #: _____
 Signature: _____
 Phone #: _____
 Signature: _____
 Phone #: _____
 Signature: _____
 Phone #: _____

YUROK TANF Accepted:

Weekending: Acceptable Work Activities	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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