

YUOK TRIBE CLIENT SERVICES DEPARTMENT

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

Phone: 855-55-YUOK



Yurok Tribe General Assistance

Monthly Eligibility Report (MER)

Report Month/Year: _____ Your Name: _____

Complete, sign, and return this report by the 5th of the month immediately following the Report Month listed above. **PLEASE WRITE LEGIBLY.**

Reports can be submitted to:

- PO Box 1027 Klamath, CA 95548 (mail)
- GeneralAssistance@yuroktribe.nsn.us (email)
- Any Yurok Tribal Office (in-person)
- Online at <https://www.yuroktribeclientservice.org> (online)

Questions? Please call us at 855-559-8765, Ext: 3080

1) Did you receive any money, income, or benefits from any source during the Report month?

YES NO

If "YES", list the gross amounts (before deductions) below and **ATTACH PROOF OF INCOME.**

Please include income; salary; tips; vacation/sick pay; 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, disability, veterans benefits, railroad retirement, other private or government disability or retirement; rental income; AND any in-kind income (e.g. free housing, utilities, clothing, food, etc).

Whose Income?	Income Type	Date Received	Gross Amount

2) Did anyone move in or out of your home during the Report month?

YES NO If "YES", list details and all household members below.

Please include anyone who moved in or out of your home, newborns, anyone who died, temporary absences, entered or left a hospital or jail, etc.

What Changed?: _____

Date Change Occurred: _____

Household Member Name	Relationship	Date of Birth

3) Did you have a change of address during the Report month?

YES NO If "YES", list details below and **ATTACH A NEW W9 FORM.**

New Physical Address, City, State, Zip: _____

New Mailing Address, City, State, Zip: _____

4) Did any other changes occur during the Report month?

YES NO If "YES", list details below.

Please include any of the following changes:

- **Income:** Started, changed, or stopped.
- **Insurance:** Life, health, or dental insurance started, changed, or stopped.
- **Marital Status:** Married, divorced, or separated.
- **Job/Training:** Started, stopped, hours changed, fired, quit, or refused a job or training.
- **School-Age 16 or Older:** Started or stopped school or college.
- **School-Ages 6 through 17:** Started or stopped attending school regularly
- **Babies:** Became pregnant, had a baby, abortion, or miscarriage.
- **Bank Accounts:** Opened or closed a checking, savings, CD, or money market account.
- **Property:** Bought, sold, traded, gave away, or received a motor vehicle, home, land, or other personal or business property.
- **Disability:** Became disabled or recovered from a disability.

What Changed?: _____

Date Change Occurred: _____

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 general assistance benefits from multiple sources, knowingly providing fraudulent information, the general assistance 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: _____ Date: _____

Home Phone: _____ Cell Phone: _____