



## Lower Elwha Tribal TANF MONTHLY REPORT (MR)

	<b>Required for ALL cases Including Child Only</b>	Received by: _____ <div style="text-align: right;"><i>(Staff Use Only)</i></div>
NAME:	THIS REPORT IS FOR (M/Y):	THIS REPORT IS DUE
CIF NUMBER:		The 5 <sup>th</sup> of each month

- Complete, sign and return this report by the due date. The next month's cash grant cannot be calculated without it.
- Answer for everyone in the home that is part of the family unit receiving assistance. For Child Only cases in which the biological parent is the legal guardian and is receiving a form of SSI, you are required to disclose all income received for self and child.
- You must report any and all changes within 10 working days that may affect your eligibility for the amount of your cash aid. Please contact your caseworker to report changes at any time throughout the month. Failure to do so may result in an overpayment of benefits and require a repayment to the program.
- Facts you report may result in your benefits increasing, decreasing or being stopped.

**1) Did any adult or minor parent earn money from employment?** **Yes**    **No**  
**Non Needy Caretaker Relatives, unless the biological parent of the child on TANF, do not need to fill out this section.** (If "Yes", complete below)

- Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week. Attach pay stubs or other proof of earnings.
- If self-employed: Attach proof of income. If you claim actual expenses, list and attach proof of business expenses.

Who received Income?	Employer's Name:	Gross Amount					
		Date Received					
		Hours Worked					
Who received Income?	Employer's Name:	Gross Amount					
		Date Received					
		Hours Worked					

**2) Did anyone receive money or benefits from any other source, to include in-kind contributions?** **Yes**    **No**  
(If "Yes", complete below)  
 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, SSI, SSP, unemployment, worker's compensation, retirement; rental income and rental assistance, free housing /utilities/clothing, per capita, foster care, adoption support; or anything else. If "YES", complete below. **Attach proof.**

Who received Income?	Employer's Name:	Gross Amount					
		Date Received					
Who received Income?	Employer's Name:	Gross Amount					
		Date Received					

**3) Has anyone in the household received Food Benefits this month?** **Yes**    **No**  
(If "Yes", complete below)

Name of Person Who Received:	Amount \$

<b>4) Is there any person that is a fugitive felon or who is not in compliance with any court ordered parole or probation?</b>			<b>Yes</b>	<b>No</b>
			(If "Yes", complete below)	
Name of Person:				
<b>5) Has any person moved into or out of your home and has not been added/removed from the grant?</b>			<b>Yes</b>	<b>No</b>
			(If "Yes", complete below)	
Name of Person	Date Entered or Left?	Name of Person	Date Entered or Left?	
<b>6) Has a child/ren in your family unit been placed into another person's care/custody?</b>			<b>Yes</b>	<b>No</b>
			(If "Yes", complete below)	
Name of Child/ren	Date Child/ren moved into new placement	Placing agency	Assigned Case Manager	
<b>7) Does anyone have anything else to report?</b>			<b>Yes</b>	<b>No</b>
Include documentation for changes: Income, Insurance, Job Training, School, Pregnancy, Marriage, Monetary Resources above \$500 Per Family Member, Property, Disabilities, and/or Legal Actions.			(If "Yes", complete below)	
Name of Person	Relationship to You?	Explain Change	Date of Change	
<b>8) ADDRESS CHANGE: complete only if you have a new address. Attached a landlord statement</b>			<b>Yes</b>	<b>No</b>
			(If "Yes", complete below)	
Address			Date Moved	
			Phone Number	
<b>CERTIFICATION</b>				
<b>I UNDERSTAND THAT:</b> If I do not report all facts to the best of my knowledge or purposefully give wrong facts in order to get or keep getting assistance from TANF, the fraud policy will be applied, and the case may be referred to the Prosecuting Attorney				
<b><u>You must sign and date this report or it will be considered incomplete.</u></b>				
<b>I declare under penalty of perjury under the laws of the United States and the State of Washington that the facts contained in this report are true and correct and complete for the entire report month.</b>				
<b>Head of Household Signature</b>			<b>Date Signed:</b>	
<b>Spouse Signature</b>			<b>Date Signed:</b>	