



Lower Elwha Klallam Tribe Temporary Assistance for Needy Families

3080 Lower Elwha Road
Port Angeles, WA 98363

(360) 565-7257
www.elwha.org

APPLICATION FOR DIVERSION SERVICES

DIVERSION SERVICES

Diversion services are designed to assist families so that children can be cared for in their own homes and to prevent a family from becoming dependent on TANF services. They are available to family assistance units who; are not current TANF clients and are at risk of becoming dependent on the TANF Program if they do not receive services. They are also available to otherwise eligible family assistance units who do not want to meet the work participation requirements of the program but are in need of services. Diversion services will be provided to family assistance units whose income is under 200% of the current federal poverty level. Diversion services are provided if funds are available. The availability of funds will be determined annually.

Diversion Services are available for eligible families who are otherwise eligible for TANF. Diversions consist of a one-time payment of \$2,000 and are limited to one per year and up to ten per lifetime. Those that receive Diversion Services cannot apply for a monthly cash grant until after the first day of the month, three months from the date that the Diversion Services closed.

ELIGIBILITY CRITERIA

You must meet the following requirements to be eligible for LEKT TANF Services:

1. If living within the boundaries of the Lower Elwha Reservation and/or Service area, there must be an enrolled member of a federally recognized tribe living in the family unit.
2. Child/Children's income must not exceed the income limitations based on size of family unit.
3. Must not exceed the income limitations based on size of family unit. Income limitations are based on 200% of the Federal Poverty Level for the year in which the application is received.
4. Must be a Citizen of the United States or a certified Legal Alien Resident

To avoid any delays in determining eligibility, the following items must be submitted:

1. Certificate of Indian Blood (CIB) for at least one person in the family unit.
2. Social Security Card for each adult and child in the family unit.
3. State Certified Birth Certificates for each adult and child in the family unit.
4. Verification of all household income, both earned and unearned, for the previous 60 days.
5. Proof of school enrollment for each child that is six years of age or older.
6. W-9 is required for all TANF Cases for the following finance reason;
 - a. All TANF applicants and for any address change;
 - b. All Vendors for supportive services (Landlords, insurance agencies, etc.)

For all required documentation, please ask if you need assistance in acquiring or do not understand what it is that you must provide. All applications and documentation can be submitted by emailing to lekt.tanf@elwha.org.



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HOUSEHOLD INFORMATION

*Must be completed for all adults and children in the family unit.
For additional children, please attach another sheet listing their information.*

Head of Household

CIF#

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
Alternate Names			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Date of Birth	Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone #	Alternative Phone #	Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> Other Credentials - (Ex. CDL, Vocational Certifications, etc.) Highest Grade Attended: _____		

Spouse/Significant Other

CIF#

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
Alternate Names			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Date of Birth	Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Phone #	Alternative Phone #	Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other Credentials - (Ex. CDL, Vocational Certifications, etc.) Highest Grade Attended: _____		

Child #1**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #2**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #3**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #4**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

FOR ADDITIONAL CHILDREN, PLEASE ATTACHED ANOTHER SHEET LISTING THEIR INFORMAITON

RESOURCES AND INCOME

I. RESOURCES

A resource is anything that is own or is being bought that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture or clothing. Examples of resources are:

Cash	Checking	Saving Accounts	Land	Sales Contracts	IMM Accounts
Bonds	Annuities	Trusts	Stocks	Mutual Funds	Buildings
Land	Time Shares	Houses	Condominium	Money Market Accounts	

Do you or anyone in the family unit have resources? Yes No If YES, complete the following information.

RESOURCE	WHO OWNS	LOCATION	VALUE \$

II. VEHICLES

Do you or anyone in the household own a licensed or unlicensed vehicle (car, truck, motorcycle, boat, recreational vehicle, or any other type of vehicle)? Yes No IF YES, complete the following information. Please list primary vehicle first.

YEAR	MAKE [EX. FORD]	MODEL [EX. ESCORT]	OWNED	PAYMENT	VALUE
YEAR	MAKE [EX. FORD]	MODEL [EX. ESCORT]	OWNED	PAYMENT	VALUE

III. INCOME STATEMENT

Does anyone in the household, received any form of earned or unearned income in the last 60 days? Yes No

If YES, complete the following **Section IV Earned Income and/or Section V Unearned Income**. If NO, please read the following statement and initial afterward. Both Head of Household and Significant Other must initial.

At this time, I/we attest that I/we receive no form of unearned income for the children in the family unit. Head of

Household Initials: _____ Significant Other Initials: _____

IV. EARNED INCOME

Do you or anyone in the household have income from work? Yes No If YES, please complete the following information.

Who has income?

Employer Name:

Contact Number:

Start date:

Gross Income (Before Taxes):

Pay Frequency: Weekly Every Two Weeks Every Month Other

Is this job self-employment? Yes No

Who has income?

Employer Name:

Start date:

Pay Frequency: Weekly Every Two Weeks Every Month Other

Is this job self-employment? Yes No

V. UNEARNED INCOME

Examples of unearned income are:

Adoption support	Foster Care Payments	Per Capita	Social Security Benefits
Alimony	General Assistance	Railroad Retirement	Social Security benefits for a child **
Annuities, Pensions, Dividends, Life Insurance	Gifts or prizes	Rent/Lease Income	Veteran's benefits/Military allotments – Survivor and dependents
Casino Winning	Inheritance	Sale of timber	Unemployment Insurance
Child Support	Interest Payments	Settlements	Worker's compensation

Do you or anyone in the household have any unearned income? Yes No

If YES, complete the following information.

WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY RECEIVED	DATE RECEIVED
		\$		
		\$		
		\$		
		\$		

VI. CHILD SUPPORT INCOME STATEMENT

Have you or your significant other received child support payment(s) directly from a non-custodial parent in the last 30 days?

- Yes No
- If YES, list the date and amount of the payments that you have received.
 - If NO, please read the following statement and initial afterwards.
 - Both Head of Household and Significant Other must initial.

Date Received: _____ Amount Received: _____

At this time, I/we attest that I/we have not received any child support payments directly from a non-custodial parent in the last 30 days. Head of Household Initials: _____ Significant Other Initials: _____

Failure to report child support payments that you receive directly from a non-custodial parent will result in an overpayment, which you will be required to pay back to LEKT TANF.

VII. STATEMENT OF CHILD CUSTODY

A dependent child is considered a member of the household if they spent 51% of their time during the calendar month in the household.

Do all of the children listed in this application currently live with you at least 51% of the time?

- Yes No
- If NO, please know that you cannot apply with children who do not meet this requirement.

Yes No Do you have a court-ordered parenting plan or custody order for the children listed in this application?

At this time, I/we attest that all the children listed in this application currently live with me/us at least 51% of the time.

Head of Household Initials: _____ Significant Other Initials: _____

FRAUD CERTIFICATION

Certification Regarding Fraud and Failure to Disclose Information

Title 18, Chapter 47, Sec 1001 of the U.S. Code States that:

- A. Except otherwise provided in this section, whoever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully –
 - 1. Falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
 - 2. Makes any materially false, fictitious, or fraudulent statement or representation; or
 - 3. Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be find under this title or imprisoned not more than 5 years, or both.

I have read or have had explained to me the above provision of the Federal Law and fully understand the requirements and penalties.

I agree to supply all information and consents to releases necessary to determine my eligibility and compliance status and further agree to notify the TANF Program when my situation changes.

I understand that failure to comply with this requirement may result in sanctions, suspension of services, immediate closure of my case, and/or necessary fraud investigation possibly resulting in mandatory repayment of any benefits I may have received and was not eligible for.

I understand that if it is determined that I have committed fraud, falsified information, or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

Signature of HOH

Date

Signature of Significant Other

Date



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DIVERSION CRISIS STATEMENT

Please provide a statement that details your specific crisis, which will be resolved with Diversion Services, and how the services will assist your family unit in not needing a monthly cash grant.

<input checked="" type="checkbox"/> ITEM	AMOUNT	<input checked="" type="checkbox"/> ITEM	AMOUNT
<input type="checkbox"/> Housing	\$	<input type="checkbox"/> Food	\$
<input type="checkbox"/> Utilities	\$	<input type="checkbox"/> Fuel	\$
<input type="checkbox"/> Training	\$	<input type="checkbox"/> Auto Repairs	\$
<input type="checkbox"/> Education	\$	<input type="checkbox"/> Transportation	\$
<input type="checkbox"/> Child Care	\$	<input type="checkbox"/> Auto Insurance	\$
<input type="checkbox"/> Mental Health, Chemical Dependency, or Domestic Violence Services		\$	
<input type="checkbox"/> Developmental or Learning Disability Services		\$	
<input type="checkbox"/> IDA Accounts		\$	
<input type="checkbox"/> Required Program Documentation (State Certified Birth Certificates)		\$	
Needed for the following number of family members			

Head of Household Signature

Date

Significant Other Signature (If Applicable)

Date



Lower Elwha Klallam Tribe Social Services Department LANDLORD STATEMENT FORM

Own
 Rent
 Homeless

THE FORM MUST BE SIGNED BY THE LANDLORD

Tenant Name (First Name Middle Last Name, Suffix)

Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone #	Alternative Phone #	Email	

HOUSEHOLD COMPOSITION: All household members whom you are applying for must be identified

Name	Date of Birth	Relationship to HOH

Date moved in _____ Monthly Rent _____ Client Rent Amount: _____

Rent includes the following:

Electricity
 Garbage
 Propane/Fuel
 Water
 Other:

Main Heating Source:
 Electric
 Wood
 Propane
 Other:

Landlord Names _____

Mailing Address	City	State	Zip Code
Phone #	Fax #	Email	

Signature of Landlord

Date