



Lower Elwha TANF Program – Monthly Report

3080 Lower Elwha Road, Port Angeles, WA 98363

Name:

Email

Report Month/Year

Case #/Youth Name:

- **Complete, sign and return this report by 5th of the month, otherwise no cash grant will be processed for payment.**
- You must report within **10 days** any change that may affect your eligibility for the amount of your cash grant.
- 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.
- If you answer “YES” to any of the following questions complete the information directly below the question.

1) Did anyone receive (earn) money from a job or training program? ___ YES ___ NO
Relatives/Non-Needy Cases, unless the biological Parent of the child, please mark No.

- If “YES” complete below. Include tips, vacation pay or income in kind, such as earned housing. List net amounts. **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 self-employment worksheet and **attach proof** of expenses.

Who received income?	Employer’s Name/Address/Phone No.	Supervisors Name			
Pay Period:	Hourly Rate	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Gross Amt	Net Amt	Check Date

2) Did anyone receive money or benefits from any other source (unearned)? ___ 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. **Attach proof.**

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

3) Resources-Did anyone in your TANF household receive Food Benefits for the month? ___ YES ___ NO

If “YES”, Name of Person Receiving	Amount of Resources/Benefits	Date Received

4) Is any member in 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? ___ YES ___ NO

If “YES”, Name of Person

5) Did anyone move into or out of your home, or did you move in with someone else? ___ YES ___ NO
 Include: newborns; temporary absences (15+ days); anyone who died, entered or left a hospital, etc. If “YES”, complete below:

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

6) Was a child/ren in your family unit place into another person’s care/custody? ___ YES ___ NO
 If “YES”, complete below

Name of child/ren	Date of Change	Case Manager/Social Worker	Contact Number

7) Does anyone have anything else to report?

___ YES ___ NO

Include expected changes. Attach proof, including any costs. If "YES", complete below:

- **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:** Become pregnant, have 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.
- **Any criminal Convictions/Arrests**

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

*** MOVED? CHANGE YOUR ADDRESS NOW!**

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

CERTIFICATION

I UNDERSTAND THAT:

- I must contact my caseworker within 10 days of any changes in my household that may affect my eligibility of the amount of my cash assistance.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false facts or do not report changes in order to continue receiving assistance or benefits my assistance or benefits will be terminated.
- Payments may be delayed or terminated because of an incomplete or late MR.
- 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. Conviction or proof of fraud will also result in the discontinuation of future aid from the LEKT Tribal TANF Program for a minimum of 12 months.

YOU MUST SIGN AND DATE THIS REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

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.

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

LEKT USE ONLY

Entered By: _____ Date: _____ Total WP Hours: _____ WP Code: _____