

# Quileute Tribal TANF Application

TODAY'S DATE: \_\_\_\_\_

Office use:	<input type="checkbox"/> <b>Diversion</b>
<input type="checkbox"/> <b>Initial App.</b>	<input type="checkbox"/> <b>90 day Re-eval</b>
<input type="checkbox"/> <b>Caretaker/Relative</b>	<input type="checkbox"/> <b>Change in Case type</b>

## Applicant Information

Applicant Name (First, Middle, Last)	DOB (copy ___)	Tribal Enrollment (copy _)	Driver's License (copy _)
Ethnicity	Gender	Social Security Number (copy _____)	
Physical Address (Landlord Statement ____)	City	Zip	Telephone #
Mailing Address	City	Zip	Message Telephone
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Guardian or Relative (Court documents needed ___)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Have you been on TANF before? <b>Y / N</b> Where? Months on TANF: _____	<b>OFFICE USE:</b> <small>(Please verify months on TANF with State/other programs, if applicable)</small>
EDUCATION LEVEL COMPLETED: (copies of diploma, certificate or transcripts needed) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical/Vocational school <input type="checkbox"/> Other _____			
Are you a U.S. Citizen? ___ Yes ___ No If no, please provide documentation of status.	Do any of these situations apply to you or your family?(check all that apply): <input type="checkbox"/> Pregnancy;due date _____ <input type="checkbox"/> Medical emergency <input type="checkbox"/> Domestic violence <input type="checkbox"/> Disability; list type _____ <input type="checkbox"/> Eviction notice <input type="checkbox"/> Utility shutoff notice		

## Co-Applicant Information

Co-Applicant Name (First, Middle, Last)	DOB (copy ___)	Tribal Enrollment (copy _)	Driver's License (copy _)
Ethnicity	Gender	Social Security Number (copy _____)	
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/Guardian or Relative (Court documents needed ___)	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Have you been on TANF before? <b>Y / N</b> Where? Months on TANF: _____	<b>OFFICE USE:</b> <small>(Please verify months on TANF with State/other programs, if applicable)</small>
EDUCATION LEVEL COMPLETED: (copies of diploma, certificate or transcripts needed) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Technical/Vocational school <input type="checkbox"/> Other _____			
Are you a U.S. Citizen? ___ Yes ___ No If no, please provide documentation of status.			
<input type="checkbox"/> Relatives other than immediate family in the household (grandparents, aunts, uncles) (Attach adult pages if necessary)			

## Child Information

**Please write the names of all children in the household. Check box if child in school (proof of school enrollment \_\_\_)**  
*(Birth certificates and Social Security cards required for all. Tribal enrollment, if applicable. Applications for cards need to be on file if no documentation available. School attendance is due monthly. Copies of report cards are due every quarter/semester)*

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>
Please list any special needs (medical, educational or otherwise):		What school does he/she attend?

<input type="checkbox"/> Name:	DOB: Gender:	Relationship to Head of Household:
SSN:	Tribal Enrollment I.D. #:	U.S. Citizen? <i>(If no, provide documentation of status)</i>

Please list any special needs (medical, educational or otherwise):	What school does he/she attend?
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<b>Income Information</b>
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Please check the types of assistance/income you or any member of your household are receiving. Include a monthly amount next to each (if applicable) *(Copies of paystubs, coupons, etc for the past three months are needed for the file)*

___ Employment      \$ _____ ___ Unemployment    \$ _____ ___ Social Security    \$ _____ ___ SSI                 \$ _____ ___ VA/Military benefits \$ _____ ___ Retirement         \$ _____	___ Food Stamps        \$ _____ ___ Child Support      \$ _____ ___ Per Capita         \$ _____ ___ Retirement         \$ _____ ___ Worker's Comp/L&I \$ _____ ___ _____ (Other) \$ _____	___ Child Care Assistance ___ Housing Subsidy ___ LIHEAP ___ Commodities ___ Medical Assistance ___ _____ (Other)
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<b>Assets/Resources</b>
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Please list the year, make and model of all vehicles (boats, trailers, etc.) you own, lease or are making payments on.  
*(Statements needed if a loan/lease)*

Make and Model of Vehicle	Year	Registration/Insurance <i>(copies for file)</i>	Approx. Value <i>(check Blue Book)</i>

Please list other types of resources you, or any member of your household may have, including cash, property, insurance, etc.  
*(Copy of bank statements, etc. can be brought for documentation of eligibility.)*

Type of Resource	Whose is it?	Where	Amount
Checking account			
Savings/Credit Union account			
Other accounts: _____			
Per Capitas			
Property			
Life Insurance			
Stocks/bonds			
Trusts			

Other funds: _____			
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**Employment Information**

Please list current employers, if applicable, for yourself and the co-applicant.  
Also, list employers you and the co-applicant have had within the past three years.

**Applicant**

Employer Name/Address	Position	Dates	Wages

**Co-Applicant**

Employer Name/Address	Position	Dates	Wages

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Date of FSP Appointment _____	Date of Initial Home Visit _____
Application Status: _____	
Comments: _____	
_____	
_____	