



TANF Diversion Application
Bring the following documents to your appointment:

Completed and signed Application Packet

Tribal enrollment card or CIB (Certificate of Indian Blood) for all enrolled family members

Birth certificates for each member of the family on the application

Social Security cards for each member of the family on the application

Picture identification or driver's license for each adult

Declaration of income

Please provide as many of these documents as possible. We can make copies here in our office, and we are sometimes able to help obtain copies from other sources if you are unable to provide them. Not having all documents may slow the intake process.

Please note that if you wish to apply for other forms of TANF (e.g Cash Assistance), you may be required to fill out a new application and submit additional documents.

Quileute Tribal TANF Application

TODAY'S DATE: _____

Office use:	Diversion
Initial App.	120 day Re-eval
Change in Case type	

Applicant Information

Applicant Name (First, Middle, Last)	DOB (copy ___)	Tribal Enrollment (copy _)	Driver's License (copy _)
Ethnicity or Tribe Enrolled	Gender	Social Security Number (copy _____)	
Physical Address	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? Y / N Where? Months on TANF: _____	OFFICE USE:
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 Other _____			
Are you a U.S. Citizen? ___ Yes ___ No	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 or Tribe Enrolled	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? Y / N Where? Months on TANF: _____	OFFICE USE:
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 Other _____			
Are you a U.S. Citizen? ___ Yes ___ No			

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.

(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.)

Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			
Name:		DOB:	Relationship to Head of Household:
		Gender:	
SSN:	Tribe Enrolled:		U.S. Citizen? (If no, provide documentation of status)
	Tribal Enrollment #:		
Name of School:		Please list any special needs (medical, educational or otherwise):	
Grade:			



**DEPARTMENT OF HUMAN SERVICES
QUILEUTE TRIBAL TANF**

P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-4306
Fax: (360) 374-4015



DECLARATION OF NO INCOME

The Quileute Tribal TANF Program is required to verify all income of anyone receiving assistance or services. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your family unit's eligibility.

CERTIFICATION

I, _____, do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, **but are not limited to**, the following:

Employment by Other(s)
Social Security
Child Support
Self-Employment
SSI
Alimony
Pensions
Disability
Family Support
Fishing Income

Unemployment Compensation
Workers Compensation
Education Grants/Work-Study
AFDC
Retirement Funds
Income from Assets
General Assistance
Union Benefits
Annuities
L&I

I certify that the foregoing is true, complete and correct. Inquiries to the above agencies may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of State and Tribal law.

Signature _____ Date _____

Witness Signature _____ Date _____

Income Information

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)

<input type="checkbox"/> Employment \$ _____ <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> SSI \$ _____ <input type="checkbox"/> VA/Military benefits \$ _____ <input type="checkbox"/> Retirement \$ _____	<input type="checkbox"/> Food Stamps \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Per Capita \$ _____ <input type="checkbox"/> Retirement \$ _____ <input type="checkbox"/> Worker's Comp/L&I \$ _____ <input type="checkbox"/> _____ (Other) \$ _____	<input type="checkbox"/> Child Care Assistance <input type="checkbox"/> Housing Subsidy <input type="checkbox"/> LIHEAP <input type="checkbox"/> Commodities <input type="checkbox"/> Medical Assistance <input type="checkbox"/> _____ (Other)
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Assets/Resources

Please list the year, make, and model of all vehicles (boats, trailers, etc.) you own, lease, or are making payments on.

Make, Model and Year of Vehicle	Payment Amount	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.

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: _____			

Employment Information

Please list current employers, if applicable, for yourself and the co-applicant.

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

OFFICE USE ONLY
Date of FSP Appointment _____
Application Status: _____
Comments: _____



Quileute Tribal TANF Program

Certification Regarding Fraud and Failure to Disclose Information

TITLE 18, CHAPTER 47, Sec 1001 of the US Code states that;

(a) Except as 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 fined 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 release 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.

Applicant Printed Name

Signature

Date

Co-Applicant Printed Name

Signature

Date