



Please call 374-5185 to schedule an appointment.

Bring the following documents to your intake appointment**

- Completed and signed Application Packet
- Signed Landlord Statement (included in packet) or documentation of homelessness
- 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
- Proof of income or signed Declaration of Means (provided)
- Registration and insurance for vehicle (s) if applicable
- Court order if parent regaining custody or a caregiver
- Proof of emancipation if a teen not living with parent or guardian
- Immunizations for all children
- Most recent well child for all children
- Proof of school enrollment for all children (if applicable)

** 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.

Quileute Tribal TANF Application

TODAY'S DATE: _____

Office use:	Diversion
<input type="checkbox"/> Initial App.	<input type="checkbox"/> 20 day Re-eval
<input type="checkbox"/> Caretaker/Relative	<input type="checkbox"/> 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 (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? Y / N Where? Months on TANF: _____	OFFICE USE: (Please verify months on TANF with State/other programs, if applicable)
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 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: (Please verify months on TANF with State/other programs, if applicable)
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.			

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)

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

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) *(Copies of paystubs, coupons, etc for the previous month 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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Assets/Resources

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, 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.
(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: _____			

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

OFFICE USE ONLY

Date of FSP Appointment _____ Date of Initial Home Visit _____

Application Status: _____

Comments: _____



**DEPARTMENT OF HUMAN SERVICES
QUILEUTE TRIBAL TANF**

P.O. Box 277
La Push, WA 98350-0277
Telephone: (360) 374-5185
Fax: (360) 374-6146
Email: heather.schumack@quileutenation.org



Statement from Landlord/Manager

Quileute TANF is in the process of determining this client's eligibility.
Please provide the information listed below.
Write "unknown" to questions you cannot answer. Do not leave any boxes blank.

A. Rental or leased unit and tenant information

Tenant's Name:		
Street Address (and Apt. #):		
City:	State:	Zip code:
Date Moved in:	Type of Residence:	

B. Names of ALL ADULTS AND CHILDREN living at this address, and relationship to tenant

Name:	Relationship:
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

C. Rent Information

Name of Person Paying the rent:	Current Rent Amount:	Date amount started:
Method of Payment:		
Does tenant pay only a portion of the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No How much: \$ _____		
Is someone else paying part of the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No What agency: _____ How much: \$ _____		
Is a portion or all of the payment automatically withdrawn from their paycheck? <input type="checkbox"/> Yes <input type="checkbox"/> No How much: \$ _____		
Is this tenant "renting-to-own"? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D. Utilities information

The main source of heating for this residence is:		Are all utilities included in the rent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> Electric	<input type="checkbox"/> Wood	If NO then mark the box(es) the tenant pays for:			
<input type="checkbox"/> Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric	<input type="checkbox"/> Water/sewer	<input type="checkbox"/> Gas	<input type="checkbox"/> Wood
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Telephone	<input type="checkbox"/> Propane	<input type="checkbox"/> Garbage	<input type="checkbox"/> Other:

E. Landlord Information

Landlord/Manager's Name:		
Street Address/PO Box:		
City:	State:	Zip code:
Work Phone Number:	Other Contact Info:	
Landlord Signature:		Date:

Property Owner's Information (if different from Landlord/Manager)

Owner's Name:		
Street Address/PO Box:		
City:	State:	Zip code:
Work Phone Number:	Other Contact Info:	
Property Owner Signature:		Date: