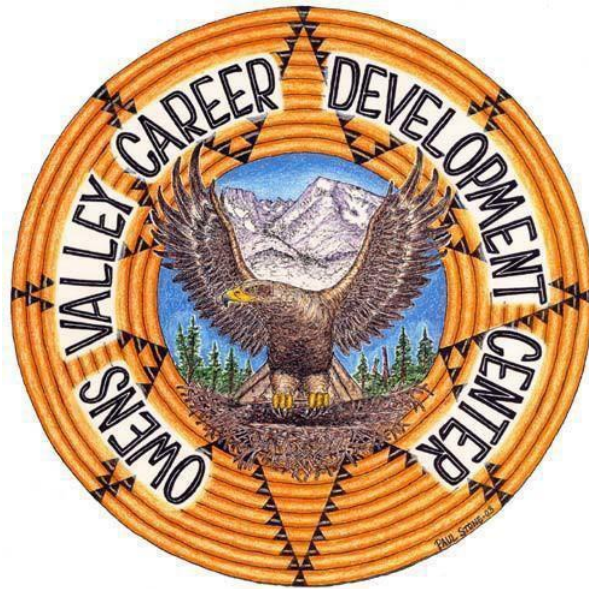


Tribal TANF Application



Mission Statement

We are a dedicated American Indian organization operating under a consortium of Sovereign Nations. OVCDC is providing the opportunity for improvement in the quality of life by focusing on education and self-sufficiency while protecting, preserving, and promoting our cultures in the spirit of positive nation building for Native people of today and tomorrow.



OWENS VALLEY CAREER DEVELOPMENT CENTER
Tribal TANF Program
TANF Application
In-Take Check List

For fast service, please make sure that all sections and forms of your Tribal TANF Application are complete. **DO NOT sign or date any forms until you meet with a Case Counselor at your intake interview appointment. All Vitals and Verifications** should be submitted with your Tribal TANF application.

Application and Forms

- _____ TANF-100-Application Cover w/Mission Statement-(page i)
- _____ TANF-100a-Application Intake Check list-(page ii)
- _____ TANF-101-TANF Application-(pages.1-4)
- _____ TANF-102-Proof of Residency (Rental Agreement or Mortgage Statement, and utility verification-(page.5)
- _____ TANF-103-Release of Information Form for each adult in household-(page. 6)
- _____ TANF-104-Explanation of Eligibility/Rights and Responsibilities (pages. 7-10)
- _____ TANF-105-Declaration of Applicant/Recipient (page.11)

Vitals and Verifications

- _____ Valid Picture I.D. for all adults applying (i.e., driver's license, state, Tribal ID, passport or resident alien card)
- _____ Tribal verification for at least one household member requesting assistance
- _____ Birth Certificates for all in household applying for assistance, including Caretaker Relatives (CTR)
- _____ Social Security cards for all in household applying for assistance, including Caretaker Relatives (CTR)
- _____ Guardianship or custody papers/letter from parent for non-parent care givers as applicable
- _____ Proof of current school enrollment for all school age children applying for assistance
- _____ Immunization Records for all children applying for assistance
- _____ Marriage License/Affidavit of Separation and/or Divorce Decree as applicable
- _____ Proof of earned income (paycheck stub, employer statements, award letters, etc.) as applicable
- _____ Proof of unearned income (SSI, SSD, VA, Child Support, Unemployment Benefits, etc. must be verified by receipts for award letters. Information you provide will be verified with applicable agencies)
- _____ Assets (bank statements for checking/savings, stocks, bonds, property, etc.) as applicable
- _____ Vehicle Registration and Insurance as applicable

Your In-take appointment is scheduled on _____ at _____ with

_____, Case Counselor/OV CDC assigned staff. Be sure to bring all necessary documents noted above.

Owens Valley Career Development Center

TRIBAL TANF PROGRAM

Section 1-Part1. Primary Individual (PI)

Name: _____ Telephone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Physical/Finding Address: _____

Section 1-Part 2.

Have you ever received TANF benefits from a state, county or Tribal TANF program? Yes No . If, yes explain: _____

Section 1-Part 3. Persons in Household, including yourself, spouse or significant other:

CIF#	First/MI/Last Name	SocialSecurity#	Relationship	Date of Birth	Age	Sex F/M	Marital Status	Veteran Y/N	Disabled Y/N	Last Grade Completed	Race	Enrollment or Alien #
			Self									

Other Members in Household NOT applying for Services

Section2. Student Status

Please list each student and the name of the school they are attending. If you have a school-aged child not attending, indicate **“Not in School”**.

Name of 1 st Student	Name of 2 nd Student	Name of 3 rd Student	Name of 4 th student	Name of 5 th Student
Name of School	Name of School	Name of School	Name of School	Name of School

Owens Valley Career Development Center

TRIBAL TANF PROGRAM

Section 3-Part 1. Earned Income

Please indicate anyone (including children under the age of 18) who are currently working, or has worked in the past six months, or receives money to care for another person or is self-employed. Please provide proof.

Name	Employer's Name/Address	Gross Earnings	Employee Start Date	Employee End Date

Section 3-Part2. Unearned Income

Please list any/all unearned income the household is currently receiving, expected to receive or applying for money from any source, such as:

*Unemployment Benefits * Welfare *Insurance Settlements * Worker's Compensation* Financial Aid * Veteran's Benefit's * Social Security/SSI

* Retirement Accounts * **Per Capita/gaming** * Child Support/Alimony *Food Stamps. **"None" if applicable**

Applied for or Receiving?	Name of person Receiving	Source of Money	Paid How Often?	Amount of Each Payment	Claim Number

Section 4. Assets/Resources

Please list any/all owned or co-owned vehicles or items of value such as: Cars, Trucks, Motorcycles, Recreational vehicles. **"None" if applicable**

Item	Year/Make/Model	In who is Name?	Estimated Value \$	Amount Owed \$	Difference \$	Monthly Payments

Please list any/all real estate, homes, land or buildings the current household owns or is buying. Indicate **"None" if applicable.**

Name of buyer/owner	Describe Property/Address/Co-owners	Value of Property	Do you live there Y/N	Income Producing Y/N

Owens Valley Career Development Center

TRIBAL TANF PROGRAM

Section 5. Expenses

This information is needed to fully evaluate your need for assistance. Please list any/all household expenses that you or someone else may pay for you, on a monthly basis. If it is other than monthly, please indicate that also. Expenses could be but are not limited to:

- *Rent/House Payment * Utilities: Phone/cell phone payment * Cable TV Payment * food* vehicle payment * rental payment
- * Credit Card Payment(s) * Insurance Premiums * Child Support * **“None” if applicable**

Type of Household Expense	Do you Pay: Y/N	If no, please indicate person or organization who pays this for you	Payment Amount	Due every month? Y/N	If this item is delinquent, indicate by how much

How much money has your household received this month? _____

How much money does your household expect to receive this month? _____

How much money do you have in checking/savings accounts? _____

Where are you currently staying? _____

Are you currently homeless? Y/N _____ (Note; you are not considered homeless if you live with someone)

This form needs to be completed by landlord and returned by client in person or mail.

This document needs to be updated every time a client has a change in residency.

**OWENS VALLEY CAREER DEVELOPMENT CENTER
Tribal TANF Program**

RESIDENCY VERIFICATION FORM

I verify that _____ has a Rental Agreement and
(Tenant's Name)

Resides at: _____
(Address; include city, state and zip code)

For a total monthly rate of: \$ _____.

If rent is subsidized, indicate the amount the tenant is responsible for: _____.

Indicate person/organization responsible for paying remainder: _____.

Tenant is responsible for the following utilities: **(Mark Yes or No)**

Heating _____

Electricity _____

Gas _____

Water _____

Garbage _____

Cooling _____

(Air Conditioning- Indicate only if an Air Conditioner is in the rental unit.)

Please return form to:

Effective date of Rental: _____

Amount of deposits required: _____.

Are all or part of these deposits refundable, if so how much? _____.

Landlord: _____
Print Signature Date

Business Address: _____

Phone #: _____ Fax #: _____

**Rental tenants must complete attached form or attach a copy of the rental agreement or utility bill to this form.
Applicants buying or owning a home must attach mortgage information and utility bill to this form.**

**OWENS VALLEY CAREER DEVELOPMENT CENTER
Tribal TANF Program**

RELEASE OF INFORMATION

I hereby authorize the Owens Valley Career Development Center Tribal TANF Program to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the OVCDC Tribal TANF Program necessary to determine my eligibility for assistance including: immunization records, time on aid, birth certificates, social security cards, tribal verification, ICWA, guardianship and or custody documents, income verification, school enrollment, and child support information.

I understand that OVCDC Tribal TANF Program has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release the OVCDC Tribal TANF Program and its agents and employees from all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

APPLICANT NAME (print): _____

APPLICANT SIGNATURE: _____

SOCIAL SECURITY# _____ BIRTHDATE: _____

CO-APPLICANT/GUARDIAN NAME (print) _____

CO-APPLICANT SIGNATURE: _____

SOCIAL SECURITY# _____ BIRTHDATE: _____

ADDRESS _____

CITY/STATE: _____

ZIP: _____

DATE: _____

This release expires 1 year from date listed above

OWENS VALLEY CAREER DEVELOPMENT CENTER

Tribal TANF Program

EXPLANATION OF ELIGIBILITY BENEFITS AND PENALTIES

After all signatures have been obtained
Original= File, Copy=Client

Eligibility Requirements (Criteria)

- Care for child(ren) under 18 years of age, or age 18 and full-time student in high school.
- Parent(s) and siblings living in home with the child(ren) for whom assistance is requested must be considered.
- Participants must be living on one of the OV CDC Tribal TANF consortium tribe's reservations, or living in Inyo, Kern, Tulare, Fresno, Kings, Ventura and Mono County.
- Adult applicants and parents who reside in a household are required to complete a Family Self-Sufficiency Plan in order to be eligible for TANF. Failure to comply with the provisions of the plan will result in loss of benefits and eligibility.
- Teen parents under 18 must live with their parent(s), relative, or legal guardian and must participate in certain educational activities.
- Resource limit is \$4,000.00 with some items not counted.
- Countable income must be less than the payment standard for the assistance unit.
- Participants must provide or make application for Social Security Numbers for all members of the assistance unit.
- Participants must declare and meet United States citizenship status.
- Time Limited Benefits – a household which includes a parent(s) may only receive a lifetime limit of 60 months. Once 60 months is reached, the household will no longer be eligible for TANF with our program or any other State/Tribal TANF Program.
- A teen head-of-household must maintain satisfactory school attendance (i.e. high school, GED, or college). School participation is an approved activity for work participation requirements.
- As explained in Rights and Responsibilities; all school age children are required to attend school regularly.

Basic TANF Budget (A monthly cash assistance grant is based on the following:

- The number of people in the TANF assistance unit.
- Countable unearned income.
- Countable earned income after deduction of \$500, followed by 50% of the remainder.

Other Eligibility Questions: (Please answer the following questions with Y/N. Refusal to complete the questions will result in loss of TANF benefits).

1. Have you or any member of your household been convicted of fraudulently receiving duplicate Food Stamps, TANF, Medicaid, or SSI benefits in any state? Yes_ No_

Penalties

When an applicant or recipient fails, without good cause, to comply with program requirements, that individual must serve a penalty. Non-compliance with program requirements may include, but are not limited to:

- Failure to ensure child (ren) or a minor parent attends school.
- Failure to develop a Family Self-Sufficiency Plan or participate in assigned tasks and activities.
- Failure to maintain employment by quitting current job or refusal to accept employment
- Failure to participate in substance abuse/mental health testing and/or counseling when referred by OVCD.
- Failure to keep current immunization of all children.
- Intentional Program Violations.

Clients with penalties identified by the 10th of the month will be mailed a notice and given 10 business days to comply.

Sanctions

1st Penalty; up to 2 months with 25% benefit reduction

2nd Penalty; up to 2 months with 50% benefit reduction

3rd Penalty; 50% benefit reduction and assignment of benefit to protective payee until compliance is met. Family will not be eligible for Supportive Services and there will be no income disregard.

The length of the penalty period runs one month for each occurrence. If, at the end of the mandatory penalty period the individual complies with the requirements, the penalty will be lifted. If the individual does not come into compliance, the next penalty level will apply.

Penalties are assessed against individuals. When a penalized individual leaves or enters an assistance unit, the penalty follows them. For applicants, the penalty begins on the date of application or the date the individual would otherwise be eligible to receive benefits, whichever is later. The penalty begins on the first day of the month following the month in which a timely notice of adverse action is provided to the assistance unit. When a penalty is lifted, benefits will be restored for the next benefit month. At no time are benefits prorated.

EXPLANATION OF RIGHTS AND RESPONSIBILITIES

Work Program - unless exempt, all adults are required to engage in self-sufficiency work activities. They must enter into an agreement and comply with the provisions of their Family Self-Sufficiency Plan.

Exemptions for participation in work activities may include the following:

- Single custodial parent caring for a child under the age of 12 months old.
- Single custodial parent with a dependent child living in their home under age six who demonstrates an inability to find necessary childcare because appropriate childcare is not available.
- Documented victims of domestic violence up to a maximum exemption length of 6 months.
- Documented caregiver for a severely disabled child or adult.
- Documented medical reasons.
- Good Cause – deemed appropriate by OVDC Case Counselor/OVDC assigned staff.
- An adult 55 years or older.

Monthly Report: You are required to submit a completed Monthly Eligibility Report (MER) Form with verifications by the 10th of each month. Failure to submit a completed MER by the last day of the month will result in your case closing.

Cash Assistance Month: Cash assistance is paid out on or nearly after the first of each month. It is intended for the needs of the eligible family members for that month. If an eligible member will be leaving the home, his/her needs will be removed at the end of the month.

Reporting Changes in Family Circumstances: You are required to inform OVDC Tribal TANF Program within 10 business days of any changes in family income, family resources, number of persons in the household, changes of address or living arrangements, or children's school attendance.

Reporting the Receipt of Wrong Benefit Amount: If you receive a benefit amount, which differs from the actual amount you are eligible for, you must notify your Case Counselor prior to spending funds. The Tribal TANF Program will adjust your next benefit payment to correct the amount that you have been under/overpaid.

Drug Testing: All adult applicants on the case are required to complete substance abuse testing. A positive test will require participation in a substance abuse assessment and attend recommended counseling sessions or enroll in a rehabilitation program. Random testing may be conducted. Any individual that refuses to drug test and or participate in substance abuse or mental health counseling when referred shall be placed on the vendor payment system.

School Age Children: All school-aged children will be required to attend school full time with regular attendance. Proof of school enrollment, satisfactory attendance and grades are required. Cash benefits may be sanctioned or case closed, until child(ren) return to school and attend regularly.

Immunization of Children: Current Immunization of all children is a requirement of the program. Failure to provide proof may result in your cash assistance being reduced or terminated.

Denial of Benefits:

1. The program will deny benefits to those applicants that commit fraud to collect benefits.

Non-Duplication of Services: All applicants will be required to sign the Tribal TANF application certifying that family members are not receiving assistance from another Tribal/State TANF program.

Appeal Rights: You have a right to a fair hearing if you feel the Case Counselor/OVDC assigned staff has made an incorrect decision in your case. Your appeal should be in writing and be addressed to the TANF Director within 10 business days explaining your reasons why you think the Case Counselor/ OVDC assigned staff made in incorrect decision.

Appeals should be sent to: OVDC
 Tribal TANF Director
 5070 Sixth St., Ste. 110
 Fresno, CA 93710

By my signature below I declare and affirm that I have read or have had read to me and understand the Explanation of Eligibility and Benefits and the Explanation of Rights and Responsibilities. I also received a copy of said explanations.

Signature of Applicant Date

Signature of Co-Applicant/ Parent/Guardian Date

Signature of Case Counselor Date

Signature of Witness Date
(if signed with "X")

**OWENS VALLEY CAREER DEVELOPMENT CENTER
Tribal TANF Program**

**DECLARATION OF APPLICANT/RECIPIENT
10 Day Limit Responsibility**

I have been informed of my right and responsibilities as an applicant or recipient of Tribal TANF Program assistance. I have read the requirements for this assistance stated in this document and I understand each point of it. I declare and affirm under penalty of perjury, by my signature, that I have examined this form, together with any supplements and attachments, and to the best of my knowledge and belief, the information given is correct and complete.

I understand that the information I have provided will be subject to verification by Federal and State officials to determine if it is correct. This means that sources other than the members of my household may be contacted to verify my eligibility for assistance. I agree to inform the Owens Valley Career Development Center OVCDC Program within **Ten (10) business days** of changes in income, resources, and number of persons in the household, address or living arrangements which might affect my right to receive assistance. Any changes I report may affect the amount of assistance I receive or my eligibility for assistance. My signature below authorizes the use of my/our Social Security number(s) for use in administering any program for which I applied, and issuing payment by computer when applicable.

<p>State and Federal Law provide for fine, imprisonment, or both for any person guilty of obtaining assistance, which he/she is not entitled by willfully withholding or giving false information. I understand that the penalty for perjury is a fine of up to \$5,000, a sentence of up to five (5) years in the penitentiary, or both.</p>
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_____ Date: _____
Tribal TANF personnel signature certifying the form as read
by () to () the applicant

_____ Date: _____
Signature of Applicant (Parent, Caretaker, Relative,
or Authorized Representative)

_____ Date: _____
Signature of Co-Applicant/Parent/Guardian

_____ Date: _____
Witness (if signed with an "X")