

CHIPPEWA CREE TRIBAL TANF PROGRAM

Application Received _____
Intake Appointment Date _____
Date Approved _____

INITIAL ELIGIBILITY CHECK LIST

Applicants are required to submit all documents that are applicable to the Case.

ITEM #	DOCUMENT	DATE RECEIVED
REQUIRED APPLICATIONS		
1	Family Application	
2	Adult(s) Application	
3	Child(ren) Application	
ELIGIBILITY REQUIREMENTS		
4	Enrollment verification in a federally recognized tribe for one person in the family	
5	Verification of third trimester pregnancy	
6	Enrollment, attendance, grade status verification for all school aged children	
7	Minor Parent's living arrangements	
8	School enrollment/attendance for dependent child who has reached their 19th birthday	
9	Immunization records for all children in the family assistance unit	
10	Citizenship and alien status for non-U.S. Citizens	
11	Fraud Statement	
INTERNAL RECORDKEEPING DOCUMENTS		
12	Identification for the head of household (Driver's license, tribal id, etc.)	
13	Birth Certificates for all household members	
14	Social Security Cards for all household members	
15	Verification of children living with a Caretaker Relative	
16	Drug Test verification for all adults, including Caretakers in the household	
17	Letter of Closure, if transferring from another county or tribal TANF Program	
18	Information Release Authorization Form	
19	Rights & Responsibility Agreement Form	
20	Rent Verification or Separate Household Agreement Form	
21	Marriage License/Common Law Marriage Form/Divorce Degree	
22	Domestic Violence Form	
23	MER (Monthly Eligibility Report)	
FINANCIAL ELIGIBILITY DOCUMENTS		
24	Current and last month's pay stubs for all household members	
25	Current Bank Statements - Checking/Savings Accounts	
26	Vehicle Registration	
27	Record of Child Support Payments	
28	Per Capita Payments	
29	Individual Indian Money (IIM) Account Statements	
30	Other Assets Owned	
31	Unemployment Benefits or Application for Unemployment Benefits	
32	Social Security Benefits (Disability, SSI, Survivor Benefits)	
33	Veteran's Benefits	
34	Financial Aid/Scholarship Award Letters	
35	Any other Income Not Listed(Workmen's Comp, Retirement, cash donations, etc.)	
36	Verification of Food Stamps	
37	Verification of Medicaid	
38	Verification of LIEAP	
39	Verification of Commodities	
40	Section 8 Notice	
	In-Take: _____	DATE: _____
	Director: _____	DATE: _____

CHIPPEWA CREE TRIBAL (TANF) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

- RR#1 BOX 544
- Box Elder, MT 59521
- Tel: 406-395-5814 Fax: 406-395-5847

Family Application for Assistance

Application Date: _____

Case Number: _____

Family Application

*Primary Applicant Last Name *First Name Middle Name

*Home Address *City *County *State *Zip *Phone *Move in Date

*Mailing Address *City *County *State *Zip *Phone

TANF Need Applying for:

☐ Immediate/Emergency ☐ Diversion
☐ Regular

Family Type

☐ One Parent ☐ No adult Receiving Assistance
☐ Two Parent

Housing Subsidy

☐ Public Housing ☐ No Housing Subsidy
☐ Rent Subsidy

Receive Medicaid/Chips?

☐ Yes
☐ No

Number of Family Members Receiving Medicaid/Chips

Receives Food Stamps?

☐ Yes
☐ No

Amount:

Number of Months:

Received a reduction in Assistance

☐ Yes
☐ No

Do all family members reside on the Chippewa Cree Tribal TANF Service Area?

☐ Yes
☐ No

Check All that apply

☐ Work Requirements Sanction
☐ Family Sanction
☐ Teen Parent Sanction
☐ Failure to comply with Individual Responsibility Plan
☐ Other Sanction
☐ Recoupment of Prior Overpayment Amount
☐ Reduction based on length of Receipt of Assistance
☐ Other Non Sanction Reductions: _____

☐ Live ON the Reservation
☐ Live OFF the Reservation

☐ Hill County
☐ Choteau County

Total Amount from all Reductions: _____

If No, Explain:

Is this a New Child only Family?

☐ Yes
☐ No

Referral

☐ Career Counseling ☐ Family Counseling ☐ Domestic Intervention
☐ Case Worker ☐ Teen/Pregnancy Program ☐ Other
☐ GED/Diploma ☐ Substance Intervention/Treatment

SIGNATURE: _____ DATE _____

CLIENT

SIGNATURE: _____ DATE _____

CASE MANAGER

SIGNATURE: _____ DATE _____

DIRECTOR

HOUSEHOLD MEMBERS

Case Name: _____

Fill in all the required blanks for everyone who lives with you either permanently or temporality, whether you consider them household members or not.

Name: Last, First, Middle	Relationship to you	Date of Birth	Place of Birth	Sex	Social Security #	Highest Grade Completed	Marital Status	U.S. Citizen yes/no
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								

Fraud Statement for Recipients. I understand that I can be barred from the TANF Program for six months, twelve months or permanently, and be subject to prosecution under applicable laws for hiding or giving false information. My answers on this form are correct and complete to the best of my knowledge. I understand that my signature authorizes federal, state and tribal officials to contact other people or organizations to verify the information that I have proved.

SIGNED: _____ DATE: _____

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Adult Application

Application Date _____

Case Number _____

General

*Last Name		*First Name		Middle Name		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Social Security Number	*Gender	*Race	*Tribe	Tribal Enrollment Number or Descendant Of (Name)		TANF Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Birth Date	*Birth City		*Birth County		*Birth State		
*Relationship To Primary Applicant		*Relationship To Youngest Child In Home		NonCustodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No			
Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Unknown <input type="checkbox"/> Qualified Alien		Minor Parent <input type="checkbox"/> Yes (2 parent participation) <input type="checkbox"/> No <input type="checkbox"/> Yes (1 parent participation)					
Child Support Cooperation <input type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No		If No, Explain: _____					

Highest Education Completed <input type="checkbox"/> Grade Level Completed _____ <input type="checkbox"/> High School Diploma, GED <input type="checkbox"/> Certificate Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree (Master's) <input type="checkbox"/> No formal Education <input type="checkbox"/> Unknown		Marital Status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (living together) <input type="checkbox"/> Married (separated) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law (living together)		Pregnancy Aid <input type="checkbox"/> Yes <input type="checkbox"/> No Unborn Expected DOB _____ Unborn Father Status <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed			
Graduation Date _____		Effective Date _____		Effective Date _____			
Lived out of Chippewa Cree TANF Service Area since 11/1/2004 <input type="checkbox"/> Yes <input type="checkbox"/> No		Address		City	State	Zip	TANF Service Area Arrival Date
Prior Cash Aid from a TANF program <input type="checkbox"/> Yes <input type="checkbox"/> No		(1)	Who	County	State	Start Date	End Date
			Monthly Amount	Why Discontinued			
		(2)	Who	County	State	Start Date	End Date
			Monthly Amount	Why Discontinued			
		(3)	Who	County	State	Start Date	End Date
			Monthly Amount	Why Discontinued			

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Income

Current Training/Employment	(1)	*Occupation	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		*Employer	
		*Phone	*Start Date	End Date	*Pay Frequency	*Net Wages
		*Monthly Amount:	*Duties:		Refused Training/Employment In Last 60 Days <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason For Leaving:				Benefits Expected <input type="checkbox"/> Yes <input type="checkbox"/> No
	(2)	*Occupation	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		*Employer	
		*Phone	*Start Date	End Date	*Pay Frequency	*Net Wages
		*Monthly Amount:	*Duties:		Refused Training/Employment In Last 60 Days <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Reason For Leaving:				Benefits Expected <input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No		*Date Applied	*County	*State	*Monthly Amount:	*Date Last Check Received
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No		*Date Applied	*County	*State	*Monthly Amount:	*Date Last Check Received
Cash Resource (Cash On Hand)	(1)	Resource	Amount	Start Date	End Date	Date Last Received
	(2)	Resource	Amount	Start Date	End Date	Date Last Received
	(3)	Resource	Amount	Start Date	End Date	Date Last Received
Other Income Income Type a. Training b. Education c. Welfare d. State Benefits e. Worker's Comp f. Child/Spousal Support g. Social Security h. Per Capti From Tribe i. Sav/Check Acct j. Strike Benefits k. Veterans Admin l. Military Pension m. Railroad Fund n. Government Agency o. Gifts/Contributions p. Rental Property q. Winnings r. Other s. Trust Fund t. CD	(1)	Income Type	Source	Frequency	Amount	
		Start Date	End Date	Date Last Received		
	(2)	Income Type	Source	Frequency	Amount	
		Start Date	End Date	Date Last Received		
	(3)	Income Type	Source	Frequency	Amount	
		Start Date	End Date	Date Last Received		
	(4)	Income Type	Source	Frequency	Amount	
		Start Date	End Date	Date Last Received		
Tribal or Government Assistance	(1)	Assistance Type	Monthly Amount	Start Date	End Date	Date Last Received
	(2)	Assistance Type	Monthly Amount	Start Date	End Date	Date Last Received
	(3)	Assistance Type	Monthly Amount	Start Date	End Date	Date Last Received

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Pay Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid To	Paid For	Amount Per Month	Court Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Items Free or Exchange for Work				
(1)	Item Type	<input type="checkbox"/> Free <input type="checkbox"/> Exchange	Estimated Value	From Who
(2)	Item Type	<input type="checkbox"/> Free <input type="checkbox"/> Exchange	Estimated Value	From Who
(3)	Item Type	<input type="checkbox"/> Free <input type="checkbox"/> Exchange	Estimated Value	From Who

Property

Own A Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Car, Motorcycle, RV, Boat, Equipment, Machinery, Recreational Vehicles, etc.)</i>	(1)	Year	Make	Model	Class	License	State
		Estimated Value		Amount Owed			
	(2)	Year	Make	Model	Class	License	State
		Estimated Value		Amount Owed			
Own Livestock <input type="checkbox"/> Yes <input type="checkbox"/> No	(1)	Livestock			Estimated Value	Amount Owed	
	(2)	Livestock			Estimated Value	Amount Owed	
	(3)	Livestock			Estimated Value	Amount Owed	
Any Assets (Over \$500) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Jewelry, Property, etc.)</i>	(1)	Description			Estimated Value	Amount Owed	
	(2)	Description			Estimated Value	Amount Owed	
	(3)	Description			Estimated Value	Amount Owed	

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Child Application

Application Date _____

Case Number _____

General

*Last Name		*First Name		Middle Name		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Social Security Number	*Gender	*Race	*Tribe	Tribal Enrollment Number or Descendant Of (Name)			
				TANF Member <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Birth Date	*Birth City		*Birth County		*Birth State	Requesting Aid for this person <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Relationship To Primary Applicant		Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Unknown <input type="checkbox"/> Qualified Alien		Minor Parent <input type="checkbox"/> Yes (2 parent participation) <input type="checkbox"/> No <input type="checkbox"/> Yes (1 parent participation)			
Mother's Last Name		First Name		Middle Name		Father's Last Name	
						First Name	
						Middle Name	
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed				Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed			
Highest Education Completed <input type="checkbox"/> Grade Level Completed _____ <input type="checkbox"/> High School Diploma, GED <input type="checkbox"/> Certificate Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree (Master's) <input type="checkbox"/> No formal Education <input type="checkbox"/> Unknown		Marital Status <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married (living together) <input type="checkbox"/> Married (separated) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law (living together)		Pregnancy Aid <input type="checkbox"/> Yes <input type="checkbox"/> No Unborn Expected DOB _____ Unborn Father Status <input type="checkbox"/> Deceased <input type="checkbox"/> Disabled <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed			
Graduation Date _____		Effective Date _____		Effective Date _____			
Live out of the Chippewa Cree TANF Service Area 11/1/2004 <input type="checkbox"/> Yes <input type="checkbox"/> No		Address		City	State	Zip	TANF Service Area Arrival Date
Prior Cash Aid from a TANF program <input type="checkbox"/> Yes <input type="checkbox"/> No		(1) Who		County	State	Start Date	End Date
		Monthly Amount		Why Discontinued			
		(2) Who		County	State	Start Date	End Date
		Monthly Amount		Why Discontinued			

Income

Income Type

- a. Child/Spousal Support
- b. Social Security
- c. Per Capita From Tribe
- d. Saving/Check Acct
- e. Military Pension
- f. Railroad Pension
- g. Government Agency
- h. Gifts/Contributions
- i. Other
- j. Trust Fund
- k. CD

Income Type	Income Type	Source	Frequency	Amount
(1)	Start Date	End Date	Date Last Received	
(2)	Income Type	Source	Frequency	Amount
	Start Date	End Date	Date Last Received	

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RENT VERIFICATION STATEMENT

PLEASE SIGN TO AUTHORIZE THE RELEASE OF
INFORMATION REQUESTED BELOW.

SIGNATURE

DATE

.....

TO BE FILLED OUT BY YOUR LANDLORD

I rent property to: _____

This residence is located at: _____

There are _____ adults and _____ children in the household.

The amount of rent due per month: \$ _____. The rent is paid by: _____.

On what date did this tenant move in? _____

Is the rent subsidized? YES ____ NO ____ by: SECTION 8 / HUD / OTHER

The rent: _____ Include Heat _____ The rent is paid by: _____

Does this person ever work off rent? YES ____ NO ____

Do you share this residence with the tenant? YES ____ NO ____

Is this a mutual self-help? _____ Low rent home? _____ Other? _____

Who owns the home? _____

.....

Name of Landlord/Owner: _____

Address: _____

Phone: _____ Completed by: _____ Date: _____

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INFORMATION RELEASE FORM AUTHORIZATION

TO: _____

In conjunction with the Chippewa Cree Tribal Temporary Assistance for Needy Families (TANF) Program, I acknowledge the following:

1. The Chippewa Cree Tribal TANF or their designee has the responsibility for independently assuring that I continue to remain eligible to participate in the TANF Program.
2. In discharging their responsibility they may be required to request, provide, and obtain information about my financial activities, including earned income, place of employment, unearned income, public assistance benefits, as may accrue to me relating to employment related or other activities.
3. I understand I have the responsibility for providing a timely notice to the Chippewa Cree Tribal TANF Program, for any employment related public assistance payments which might impact my benefits accruing to me as a result of the participation in the TANF Program.

I hereby authorize the Chippewa Cree Tribal TANF Program or other designee to request or provide my financial information for the purpose of determining my continued eligibility in the TANF Program.

I hereby authorize the recipient of this release to freely provide information that may be pertinent to the Chippewa Cree Tribal TANF Program for determining my continued eligibility in the TANF Program.

A copy of this release should be accepted as an original.

I authorize the release of the following information to the Tribal TANF Program.

Applicant Must Initial Each Item Below as Acknowledgement and Authorization

- ____ All information regarding employment, wages, vacation pay or bonus(es).
____ All information regarding housing, rental, or lease agreement
____ All information regarding bank accounts, IRS's, savings, checking, loans or any information regarding my finances with _____, financial institution
____ All information regarding my medical condition(s) or that of my child(ren)
____ All information regarding child support payments
____ All information regarding enrollment in school or training or that of my child(ren) including attendance, financial aid, grade reports, costs or related expenses
____ All information regarding the placement of my child(ren) in temporary shelter, foster care (permanent or temporary) placement with other guardian(s) or custodian(s)
____ All information regarding day care/child care services and expenses
____ All information regarding my previous public assistance with the Federal, State, County or Tribal TANF Program
____ All information regarding my receipt of Food Stamps and Medical Assistance
____ All Tribal Programs necessary for determining TANF eligibility
____ Department of Vital Statistics
____ County Clerk and Recorder
____ SSI/SSA
____ Tribal Council
____ Other _____

Authorizing Signature

Printed Name

Date

Authorizing Signature

Printed Name

Date

Chippewa Cree Tribal TANF Program
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DOMESTIC VIOLENCE SCREENING QUESTIONARE

Name: _____

CASE NUMBER: _____ SSN: _____

DIRECTIONS:

To screen and identify individuals with a history of domestic violence, request the applicant or participant to respond to the following questions if circumstances have indicated domestic violence may be a concern. One or more "Yes" answers requires a referral to the Domestic Violence Coalition Counselor.

APPLICANT/PATICIPANT

Place an "x" in the space provided indicating your answer to each question. Your answers are confidential and used only to determine the appropriate referrals and Individual Improvement Plan (IIP) activities.

YES NO

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Are you or have you been in a relationship in Which your partner has harmed you either physically, mentally, or sexually? (Examples: punching, grabbing, pushing, choking, restraining.)
2. Have you ever been afraid that your partner might hurt you? (Examples: using looks, actions, gestures, smashing things, destroying property, abusing pets, displaying weapons.)
3. Has your partner made threats to physically harm you?
4. Has your partner ever prevented you from leaving your home traveling to work, or visiting family or friends, making you ask for money, taking your money, or giving you an allowance?
5. Has your partner ever harmed or threatened to
6. Have you ever lived in a shelter for victims of domestic violence?

Applicant/Participant

Signature: _____ Date: _____

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