

Owens Valley Career Development Center

Tribal TANF Program

MONTHLY ELIGIBILITY AND CHANGE REPORT

REPORTING MONTH: _____ 201_____

Case Counselor: _____

Please complete and return this form to the Tribal TANF Office by the 10th of _____ 201_____ to calculate your next check, to be received in _____ 201_____. Unless you have been designated as disregarded / exempt from Work Participation activities, you must also turn in your Employment /Training Calendar at the same time. Failure to comply will delay or terminate your grant.

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|------------------|-------|-------------|------|
| NAME: | | TELEPHONE # | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |

IF THIS IS A NEW ADDRESS: PLEASE PROVIDE A NEW RESIDENCY AND UTILITY VERICATION FORM

STEP 1. UPDATING PERSONAL EVENTS:

_____ **Y/N** HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? PLEASE ATTACH VERIFICATION OF CHANGE. MARRIED, DIVORCED, SEPARATED, DECEASED, PREGNANT, BIRTH OF CHILD, ADULT MOVES IN OR OUT, CHILD MOVES IN OR OUT, NEW ROOM MATE(S), INCARCERATED, GRADUATION /GED HS / AA / BA, DOMESTIC VIOLENCE, EMPLOYMENT BEGAN OR ENDED, CHILD TURNED 18, CHILD OUT OF SCHOOL.

| PERSONAL EVENT: | HOUSEHOLD MEMBER: | DATE OF CHANGE: | EXPLANATION: |
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STEP 2. RESOURCES

_____ **Y/N** HAS ANY OF THE BELOW ITEMS CHANGED FOR THIS MONTH? IF YES, LIST RESOURCE AND PROVIDE APPROPRIATE INFORMATION. SUBSIDIZED HOUSING, SUBSIDIZED CHILD CARE, EMPLOYMENT / JOB RESOURCES, PUBLIC HOUSING, OWN HOME / TRAILER, LOW RENT, OTHER.

| RESOURCE | WHO RECEIVED? | DATE CHANGE | EXPLANATION: |
|----------|---------------|-------------|--------------|
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STEP 3. CASH ON HAND

_____ **Y/N** DID YOU OR ANY MEMBER OF YOUR TANF HOUSEHOLD HAVE ANY CASH RESOURCE CHANGES FOR THE MONTH? IF YES, PROVIDE APPROPRIATE INFORMATION. CHECKING ACCT. AMT. \$ _____ SAVINGS ACCT. AMT \$ _____ CASH ON HAND AMT.\$ _____

