



TANF

Temporary Assistance for
Needy Families

CHILD ONLY MONTHLY ELIGIBILITY REPORT

(MER)

CLIENT NAME: _____ This Report is Due: _____

BENEFIT DATE (M/Y): _____ CIF Number: _____

- Complete, sign, and return this report by the due date. The next month's cash grant cannot be calculated without this form.
- Answer each question for every child on the cash assistance grant.
- You must report any and all changes that may affect your cash grant within 5 business days. You can report these changes to your Case Manager anytime throughout the month. Failure to do so may result in an overpayment of benefits and require a repayment to the program.
- Facts you report may result in your benefits increasing, decreasing, and/or being stopped.

1) Did anyone receive money or benefits from any of the following sources? YES NO

Include: Child support; insurance or legal settlements; any government benefits like, social security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), state disability indemnity, or any tribal per capita (non-Tulalip)

If "YES", complete below (attach proof).

Who Receives the Income 1: _____ Gross Amount: _____

Source of Income: _____ Date Received: _____

Who Receives the Income 2: _____ Gross Amount: _____

Source of Income: _____ Date Received: _____

2) Does anyone have anything else to report? YES NO If "YES", complete below (include expected changes. Attach proof, including any costs).

- Income: Starts, changes, or stops.
- School Age 16 or Older: Start or stop school or college. Costs for tuition, school transportation, etc.
- School Age 6-17: Stop or start attending school regularly.
- Move In or Out: Did anyone move in or out of the home recently?
- Marital: Marry, divorce, separate, or name change.
- Disability: Become disabled or recover from a disability.
- Child Support: Did anyone in the home start receiving Child Support?
- Babies: Become pregnant, have a baby, abort or miscarry.

Full Name of Person	Relationship (to You)	Explain What Changed	Date (of Change)

3) Please list all children on the grant

Name:	Age:	Grade:	School/Daycare:

4) Address Change (Complete only if you have a new address): _____

CERTIFICATION

I UNDERSTAND THAT: If I do not report all facts to the best of my knowledge or purposefully provide inaccurate information in order to receive assistance from TANF, the fraud policy will be applied, and the case may be referred to the prosecuting attorney.

I declare under penalty of perjury under the laws of the United States and the State of Washington that the facts contained in this report are true and correct.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE.

Date	Signature	Phone Number	Email

