



Lower Elwha Klallam Tribe Temporary Assistance for Needy Families

3080 Lower Elwha Road
Port Angeles, WA 98363

(360) 565-7257
www.elwha.org

APPLICATION FOR TANF SERVICES CHILD ONLY NON-NEEDY CAREGIVER / RELATIVE

TANF SERVICES

TANF Services are available for eligible families who have had children placed with them or for which they are otherwise acting as a caregiver. Cash grants are issued monthly to assist with the basic needs of the children in the family unit.

ELIGIBILITY CRITERIA

You must meet the following requirements to be eligible for LEKT TANF Services:

1. If living within the boundaries of the Lower Elwha Reservation and/or Service area, there must be an enrolled member of a federally recognized tribe living in the family unit.
2. Child/Children's income must not exceed the income limitations based on size of family unit.
3. Children's income must not exceed the income limitations based on size of family unit.

Family Assistance Unit Size	Shelter Payment Standard	Non-shelter Payment Standard	Income Limit
1	\$452.00	\$298.00	\$990.00
2	\$607.00	\$401.00	\$1,335.00
3	\$763.00	\$504.00	\$1,680.00
4	\$919.00	\$607.00	\$2,025.00
5	\$1,075.00	\$709.00	\$2,370.00
6	\$1,231.00	\$812.00	\$2,715.00
7	\$1,387.00	\$915.00	\$3,061.00
8	\$1,542.00	\$1,018.00	\$3,408.00
9	\$1,710.00	\$1,128.00	\$3,754.00
10	\$1,877.00	1,239.00	\$4,101.00

4. Must be a Citizen of the United States or a certified Legal Alien Resident

To avoid any delays in determining eligibility, the following items must be submitted:

1. Certificate of Indian Blood (CIB) for at least one person in the family unit.
2. Social Security Card for each adult and child in the family unit.
3. State Certified Birth Certificates for each adult and child in the family unit.
4. Proof of school enrollment for each child that is six years of age or older.
5. Placement documents from placement agency; or
6. A notarized statement from the custodial parents that gives you custody and the right to acquire benefits; or
7. A Statement of Adult Acting in Loco Parentis.
8. W-9 is required for all TANF Cases for the following finance reason;
 - a. All TANF applicants and for any address change;
 - b. All Vendors for supportive services (Landlords, insurance agencies, etc.)

For all required documentation, please ask if you need assistance in acquiring or do not understand what it is that you must provide. All applications and documentation can be submitted by emailing to lekt.tanf@elwha.org.



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HOUSEHOLD INFORMATION

*Must be completed for all adults and children in the family unit.
For additional children, please attach another sheet listing their information.*

Head of Household

CIF#

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
Alternate Names			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Date of Birth	Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone #	Alternative Phone #	Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Highest Education Level Completed Less than High School Diploma or GED Highest Grade Attended: _____ Associates Degree Graduate/Master's Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other Credentials - (Ex. CDL, Vocational Certifications, etc.)		

Spouse/Significant Other

CIF#

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
Alternate Names			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Date of Birth	Social Security Number	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:
Phone #	Alternative Phone #	Email	
Marital Status <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Highest Education Level Completed <input type="checkbox"/> Less than High School Diploma or GED Highest Grade Attended: _____ <input type="checkbox"/> Associates Degree <input type="checkbox"/> Graduate/Master's Degree <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other Credentials - (Ex. CDL, Vocational Certifications, etc.)		

Child #1**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #2**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #3**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

Child #4**CIF#**

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)	Date of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQ	Social Security Number		Relationship to HOH	
Tribal Affiliation	Enrollment #	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Teen Parent <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date:	
Father's Name		Father's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Mother's Name		Mother's Status <input type="checkbox"/> In Home <input type="checkbox"/> Absent from Home <input type="checkbox"/> Deceased		
Current Grade Level	School Attending	Teacher		

FOR ADDITIONAL CHILDREN, PLEASE ATTACHED ANOTHER SHEET LISTING THEIR INFORMAITON

RESOURCES AND INCOME

I. RESOURCES

A resource is anything that is own or is being bought that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture or clothing. Example of resources are:

Cash	Checking	Saving Accounts	Land	Sales Contracts	Houses/Condominiums/Buildings
Bonds	Annuities	Trusts	Stocks	Mutual Funds	IMM / Money Market Accounts
		Land Time Shares			

Do any of the children in the family unit have resources? Yes No If YES, complete the following information.

RESOURCE	WHO OWNS	LOCATION	VALUE \$

II. VEHICLES

Please list primary vehicle that is used to transport the child/children in the family unit. if you do not have a vehicle please leave blank.

YEAR	MAKE [EX. FORD]	MODEL [EX. ESCORT]	OWNED	PAYMENT	VALUE

III. INCOME STATEMENT

Do you receive any form of income for the child/children in the family unit? Yes No

If YES, complete **Section V Unearned Income**. If NO, please read the following statement and initial afterwards. Both Head of Household and Significant Other must initial.

At this time, I/we attest that I/we receive no form of unearned income for the children in the family unit. Head of

Household Initials: _____ Significant Other Initials: _____

V. UNEARNED INCOME

Examples of unearned income are:

Adoption support	Foster Care Payments	Per Capita	Social Security Benefits
Alimony	General Assistance	Railroad Retirement	Social Security benefits for a child **
Annuities, Pensions, Dividends, Life Insurance	Gifts or prizes	Rent/Lease Income	Veteran's benefits/Military allotments – Survivor and dependents
Casino Winning	Inheritance	Sale of timber	Unemployment Insurance
Child Support	Interest Payments	Settlements	Worker's compensation

Do you receive any form of unearned income for the child in the family unit? Yes No

If yes, complete the following information.

WHOSE INCOME	INCOME TYPE	AMOUNT	FREQUENCY RECEIVED	DATE RECEIVED
		\$		
		\$		
		\$		
		\$		

VI. CHILD SUPPORT INCOME STATEMENT

Have you or your significant other received child support payment(s) directly from a non-custodial parent in the last 30 days?

- Yes No
- If yes, list the date and amount of the payments that you have received.
 - If no, please read the following statement and initial afterwards.
 - Both Head of Household and Significant Other must initial.

Date Received: _____ Amount Received: _____

At this time, I/we attest that I/we have not received any child support payments directly from a non-custodial parent in the last 30 days. Head of Household Initials: _____ Significant Other Initials: _____

Failure to report child support payments that you receive directly from a non-custodial parent will result in an overpayment, which you will be required to pay back to LEKT TANF.

FRAUD CERTIFICATION

Certification Regarding Fraud and Failure to Disclose Information

Title 18, Chapter 47, Sec 1001 of the U.S. Code States that:

- A. Except otherwise provided in this section, whoever in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully –
1. Falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
 2. Makes any materially false, fictitious, or fraudulent statement or representation; or
 3. Makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both.

I have read or have had explained to me the above provision of the Federal Law and fully understand the requirements and penalties.

I agree to supply all information and consents to releases necessary to determine my eligibility and compliance status and further agree to notify the TANF Program when my situation changes.

I understand that failure to comply with this requirement may result in sanctions, suspension of services, immediate closure of my case, and/or necessary fraud investigation possibly resulting in mandatory repayment of any benefits I may have received and was not eligible for.

I understand that if it is determined that I have committed fraud, falsified information or intentionally omitted information, I can be prosecuted and criminally penalized under applicable law.

Signatures of HOH

Date



Lower Elwha Klallam Tribe

Temporary Assistance for Needy Families

STATEMENT OF ADULT ACTING IN LOCO PARENTIS

Statement of adult acting in loco parentis (as a parent) form must be completed fully and signed (yearly)

INFORMATION ON CHILD

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
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INFORMATION ON ADULT CARING FOR THE CHILD

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
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Street Address	City	State	Zip Code
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INFORMATION ON THE CHILD'S PARENTS

Name of Mother	Mother's Phone Number
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Mother's Current or Last Known Address

Name of Father	Father's Phone Number
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Father's Current or Last Known Address

INFORMATION ABOUT YOUR RELATIONSHIP WITH THE CHILD

Do you have permission from the child's parents to care for the child?	If yes, is it in writing
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How did the child come to live with you?

How long do you expect the child to live with you?	Are you planning to seek court-ordered custody or guardianship?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION ABOUT THE CARE AND CONTROL OF THE CHILD

In loco parentis means in the place of a parent or instead of a parent. In order for LEKT TANF to decide that you are acting in loco parentis, you must have intentionally taken over the duties of a parent.

LEKT TANF considers you as acting in loco parentis when (1) the child's parents are absent, (2) you are not the child's legal guardian or custodian and (3) you have taken over the daily care and control of the child.

Below are examples of duties an adult acting in loco parentis will do. Please indicate which duties that you carry out.

- | | |
|--|---|
| <input type="checkbox"/> Provide basic food, shelter and clothing for the child | <input type="checkbox"/> Get the child up and ready in the morning |
| <input type="checkbox"/> Make sure the child gets to school or daycare | <input type="checkbox"/> Help child bathe and dress (if applicable) |
| <input type="checkbox"/> Prepare meals for the child. | <input type="checkbox"/> Attend parent/teacher conferences |
| <input type="checkbox"/> Take the child to regular medical/dental appointments | <input type="checkbox"/> Act as the emergency contact at school. |
| <input type="checkbox"/> Sign up and take the child to extracurricular activities. | <input type="checkbox"/> Provide guidance and discipline to the child |

By signing this form, I attest that I carry out the daily care and control of the child and act in loco parentis (as described above). I also acknowledge that should this statement be contested by the child's parents, the case may close until custody/guardianship can be determined.

Signatures of Adult

Date



Lower Elwha Klallam Tribe
Social Services Departments
LANDLORD STATEMENT FORM

Own **Rent**

** If you own your home, please mark your own and complete and sign this form.

THE FORM MUST BE SIGNED BY THE LANDLORD

Tenant Name (First Name, Middle Last Name, Suffix) _____

Street Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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Phone #	Alternative Phone #	Email
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HOUSEHOLD COMPOSITION: All household members whom you are applying must be identified

Name	Date of Birth	Relationship to HOH

Date moved in _____ Monthly Rent _____ Client Rent Amount: _____

Rent includes the following:

Electricity Garbage Propane/Fuel Water Other:

Main Heating Source: Electric Wood Propane Other:

Landlord Names _____

Mailing Address	City	State	Zip Code
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Phone #	Fax #	Email
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Signature of Landlord

Date

