



**TANF Diversion Application**  
**Bring the following documents to your appointment:**

Completed and signed Application Packet

Tribal enrollment card or CIB (Certificate of Indian Blood) for all enrolled family members

Birth certificates for each member of the family on the application

Social Security cards for each member of the family on the application

Picture identification or driver's license for each adult

Declaration of income

Please provide as many of these documents as possible. We can make copies here in our office, and we are sometimes able to help obtain copies from other sources if you are unable to provide them. Not having all documents may slow the intake process.

Please note that if you wish to apply for other forms of TANF (e.g Cash Assistance), you may be required to fill out a new application and submit additional documents.

Quileute Tribal TANF Application

Office Use Only: Date Received: _____ Type of Case: _____
-----------------------------------------------------------------

Today's Date: \_\_\_\_\_

**Applicant Information**

Applicant Name (First, Middle, Last)	DOB	Tribal Enrollment	Driver's License
Ethnicity or Tribe Enrolled	Gender	Social Security Number	
Physical Address	City	Zip	Telephone #
Mailing Address	City	Zip	Message Telephone
How are you related to the children on the application? Mother                  Father Caretaker/Guardian or Relative	MARITAL STATUS Single Married Separated Divorced <input type="checkbox"/> Widowed Living Together	Have you been on TANF before?    Y / N Where? Months on TANF: _____	<b>OFFICE USE:</b> <i>(Please verify months on TANF with State/other programs, if applicable)</i>
EDUCATION LEVEL COMPLETED: 9th    10th    11th    12th    GED    College    Technical/Vocational school    Other _____			
Are you a U.S. Citizen? Yes No                                  If no, list country of citizenship: _____	Do any of these situations apply to you or your family? <i>Check all that apply:</i> Pregnancy; due date _____                  Medical emergency Domestic violence                                  Eviction notice Utility shutoff notice                                  Disability; list type		

**Co-Applicant Information**

Co-Applicant Name (First, Middle, Last)	DOB	Tribal Enrollment	Driver's License
-----------------------------------------	-----	-------------------	------------------

Ethnicity or Tribe Enrolled	Gender	Social Security Number	
Physical Address	City	Zip	Telephone #
Mailing Address	City	Zip	Message Telephone
How are you related to the children on the application? Mother                  Father Caretaker/Guardian or Relative	MARITAL STATUS Single Married Separated Divorced <input type="checkbox"/> Widowed Living Together	Have you been on TANF before? Y / N Where? Months on TANF: _____	<b>OFFICE USE:</b> <i>(Please verify months on TANF with State/other programs, if applicable)</i>
<b>EDUCATION LEVEL COMPLETED:</b> 9th    10th    11th    12th    GED    College    Technical/Vocational school    Other _____			
Are you a U.S. Citizen? Yes No                                  If no, list country of citizenship: _____	Do any of these situations apply to you or your family? <i>Check all that apply:</i> Pregnancy; due date _____      Medical emergency Domestic violence                          Eviction notice Utility shutoff notice                      Disability; list type		

**Additional Adult Information**

Please write the names of all additional adults in the household and fill out all the information below.

Co-Applicant Name (First, Middle, Last)	DOB	Tribal Enrollment	Driver's License
Ethnicity or Tribe Enrolled	Gender	Social Security Number	
Physical Address	City	Zip	Telephone #

Mailing Address	City	Zip	Message Telephone
How are you related to the children on the application? Mother                  Father Caretaker/Guardian or Relative	MARITAL STATUS    Single    Married    Separated Divorced                  □ Widowed Living Together	Have you been on TANF before? Y / N Where? Months on TANF: _____	<b>OFFICE USE:</b> <i>(Please verify months on TANF with State/other programs, if applicable)</i>
EDUCATION LEVEL COMPLETED: 9th    10th    11th    12th    GED    College    Technical/Vocational school    Other _____			
Are you a U.S. Citizen? Yes    No If no, list country of citizenship: _____	Do any of these situations apply to you or your family? <i>Check all that apply:</i> Pregnancy; due date _____    Medical emergency Domestic violence    Eviction notice Utility shutoff notice    Disability; list type _____		

Co-Applicant Name (First, Middle, Last)	DOB	Tribal Enrollment	Driver's License
Ethnicity or Tribe Enrolled	Gender	Social Security Number	
Physical Address	City	Zip	Telephone #
Mailing Address	City	Zip	Message Telephone
How are you related to the children on the application? Mother                  Father Caretaker/Guardian or Relative	MARITAL STATUS Single    Married                  Separated Divorced                  □ Widowed Living Together	Have you been on TANF before? Y / N	

EDUCATION LEVEL COMPLETED:							
9th	10th	11th	12th	GED	College	Technical/Vocational school	Other _____
Are you a U.S. Citizen? Yes No		Do any of these situations apply to you or your family? <i>Check all that apply:</i>					
If no, list country of citizenship:		Pregnancy; due date _____		Medical emergency			
		Domestic violence		Eviction notice			
		Utility shutoff notice		Disability; list type			

**Child Information**

**Please write the names of all children in the household. (Birth certificates and Social Security cards required for all. Tribal enrollment, if applicable. Applications for cards need to be on file if no documentation available.)**

Name:		DOB:		Gender:		Relationship to Head of Household:	
SSN:		Tribe Enrolled:		Tribal Enrollment #:		U.S. Citizen? (If no, provide documentation of status)	
Name of School:							
Grade:							

Name:		DOB:		Gender:		Relationship to Head of Household:	
SSN:		Tribe Enrolled:		Tribal Enrollment #:		U.S. Citizen? (If no, provide documentation of status)	
Name of School:							
Grade:							

Name:		DOB:		Gender:		Relationship to Head of Household:	
SSN:		Tribe Enrolled:		Tribal Enrollment #:		U.S. Citizen? (If no, provide documentation of status)	
Name of School:							
Grade:							

**Income Information**

**\*What is your source of income? (Please check all the apply to you):**

- |                                             |                                                               |                                                                          |
|---------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Disability         | <input type="checkbox"/> TANF                                 | <input type="checkbox"/> Alimony                                         |
| <input type="checkbox"/> Work Experience    | <input type="checkbox"/> Child Support                        | <input type="checkbox"/> Interest, dividends, royalties, commissions     |
| <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> Per Capita Income                    | <input type="checkbox"/> Legal Settlements                               |
| <input type="checkbox"/> SSI                | <input type="checkbox"/> Contract Income                      | <input type="checkbox"/> Insurance Pay Out                               |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> Mortgage or Sales Contract<br>Income | <input type="checkbox"/> Ameri-Corp Income                               |
| <input type="checkbox"/> Job                | <input type="checkbox"/> Cash Gifts                           | <input type="checkbox"/> Other Income Please List                        |
| <input type="checkbox"/> Unemployment       | <input type="checkbox"/> One Time Lump Sum                    | <input type="checkbox"/> <b>Fishing Quileute Natural Resource income</b> |
| <input type="checkbox"/> Pension            | <input type="checkbox"/> Rental Income                        | <b>verification form REQUIRED.</b>                                       |

**1) Did you receive (earn) money from a job or training program? \_\_ YES \_\_ NO**  
 • If "YES" complete below. Include tips, vacation pay or income in kind, such as earned housing.  
 List gross amounts.

Who received Income?	Employer's Name	<b>Gross Amount</b>	\$	\$	\$	\$	\$
		Actual Date Received					
Who received Income?	Employer's Name	<b>Gross Amount</b>	\$	\$	\$	\$	\$
		Actual Date Received					

**2) Did you receive money or benefits from any other source (unearned)? \_\_ YES \_\_ NO**  
 Include: Per Capita, Child support, any government benefits, such as (SSI/SSP), unemployment, worker's  
 compensation or anything else. If "YES", complete below.

Who received Income?	Source of income	<b>Net Amount</b>	\$	\$	\$	\$	\$
		Date Received					
Who received Income?	Source of income	<b>Net Amount</b>	\$	\$	\$	\$	\$
		Date Received					

**Residence Information**

How long in current residence? \_\_\_\_\_

Name of Person Paying the Rent:	Current Rent Amount:	Date Amount Started:
Method of Paying the Rent:	Does tenant only pay a portion of the rent?	How Much?
Is someone else paying part of the rent?	Who?	How much?
Is the tenant renting to own?		

Landlord/Manager's Name:		
Street Address/PO Box:		
City:	State:	Zip code:
Work Phone Number:	Other Contact Info:	

**Property Owner's Information (if different from Landlord/Manager)**

Owner's Name:		
Street Address/PO Box:		
City:	State:	Zip code:
Work Phone Number:	Other Contact Info:	

**Asset/Resources**

Please list the year, make, and model of all vehicles (boats, trailers, etc.) you own, lease, or are making payments on.

Make, Model and Year of Vehicle	Payment Amount	Registration/Insurance (copies for file)	Approx. Value (check Blue Book)

Please list other types of resources you, or any member of your household may have, including cash, property, insurance, etc. Proof of resource required. Ex: bank statements, deeds, car loans, policies, portfolios, legal documents, etc.

Type of Resource	Whose is it?	Where	Amount
Checking account			
Savings/Credit Union account			
Other accounts: _____			
Property			
Life Insurance			
Stocks/bonds			
Trusts			
Other funds: _____			

5 - 1 - 19

<b>Employment Information</b>
-------------------------------

Please list current employers, if applicable, for yourself and the co-applicant.  
Also, list employers you and the co-applicant have had within the past year.

**Applicant**

Employer Name	Position	Dates	Wages

**Co-Applicant**

Employer Name	Position	Dates	Wages

---

**Applicant Signature**

---

**Date**

---

**Co-Applicant Signature**

---

**Date**

---

**Intake Appointment Worker Signature**

---

**Date**