



CHIPPEWA CREE TRIBE

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

APPLICATION FOR ASSISTANCE

PLEASE CHECK THE OFFICE YOU ARE APPLYING FOR ASSISTANCE FROM

- | | | |
|---|---|--|
| <input type="checkbox"/> Rocky Boy Office
31 Agency Square
Box Elder, MT 59521
Phone: (406) 395-5814
Fax: (406) 395-5847
www.ccttanf.org | <input type="checkbox"/> Box Elder Office
Box Elder Family Resource Center
Box Elder, MT 59521
Phone: (406) 352-3271
Fax: (406) 352-4695 | <input type="checkbox"/> Havre Office
109 West 2 nd Street
Havre, MT 59501
Phone: (406) 265-6021
Fax: (406) 265-6059 |
|---|---|--|

APPLICATION INSTRUCTIONS

INCOMPLETE APPLICATION AND REQUESTED DOCUMENTATION WILL NOT BE ACCEPTED

1. Complete forms with Black or Blue Ink only.
2. Do not use "white out" or any other form of correction on any documents.
3. Utilize the "Application Checklist" to help you complete and gather all required documentation for your application and appointment with an Intake Eligibility Worker.
4. Please complete the TANF application, "Sign" and "Date" all forms.

*NOTE: CHIPPEWA CREE TRIBAL TANF IS REQUIRED TO RECEIVE VITAL STATISTICS AND CONFIDENTIAL INFORMATION IN ORDER TO DETERMINE ELIGIBILITY. THERE IS A TEN (10) DAY APPLICATION PROCESSING TIME. IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER, THE INFORMATION ON THE "APPLICATION CHECKLIST" IS REQUIRED. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THE APPLICATION AND REQUESTED DOCUMENTATION IS COMPLETE AND ATTACHED.

Applicant: _____

Date Application Received: _____

APPLICATION CHECKLIST

PLEASE UTILIZE THIS CHECKLIST TO ENSURE THAT YOU HAVE ALL REQUIRED DOCUMENTATION FOR YOUR APPOINTMENT.
THIS WILL ASSIST IN A TIMELY APPLICATION AND APPROVAL PROCESS.

ADULT APPLICANTS

- Tribal certification of enrollment or eligibility for enrollment in a federally recognized Tribe.
***NOTE: This must be provided for at least one member in the household.**
- Certified copy of birth certificates for **ALL individuals** applying.
- Valid picture identification for **ALL adults** of the household including but not limited to a Montana driver's license, State Identification, Tribal identification or military identification.
- Social Security cards or a receipt of application for a Social Security card for **ALL individuals** applying.
- If convicted of a drug-related felony, bring court documents verifying conviction.
- Completed TANF 101 – Date: _____
- "Your Rights and Responsibilities" form (included in packet)
- "Verification of Monetary Distribution" form (included in packet)
- "Release of Information" form (included in packet).
- Verification of Drug Test for **ALL adults** applying.
- Verification of SNAP for **ALL** individuals applying
- Verification of MEDICAID for **ALL** individuals applying (*CTR-Children only*)

CHILDREN

- Tribal certification of enrollment or eligibility for enrollment in a federally recognized Tribe.
***NOTE: This must be provided for at least one member in the household.**
- Immunization records for **ALL** children applying. Immunizations must be current.
- School attendance records for **ALL** school age children, including minor parents.
- "School Enrollment Verification" form (included in packet) ***NOTE: Please list and have verification for each school aged child in the household.**

HOUSING

- Rent/lease receipt or letter from Tribal housing.
- "Residential Verification" form (included in packet)

INCOME

- "Verification of Employment" form (included in packet)
- Employment check stubs, letter from employer, etc.
- Per capita, Non-Gaming or Tribal distribution

- Social Security Income (SSI /SSP, Survivors Benefits, etc.) **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- State Disability award or denial letter. **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- Unemployment award or denial letter
- Child Support-Case Status Report. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**
- Child custody. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**

ADULT EDUCATION /TRAINING

- Student income, scholarships, grants, loans, (financial aid award or denial letter)
- Student expenses, books, tuition, etc.
- Verification of school enrollment

RESOURCES

- Bank accounts most current bank statement – Savings and Checking
- IRA, retirement accounts or other investment accounts
- Trust accounts
- Saving bonds
- Vehicle registration (vehicle must be registered in applicants name)
- Proof of car insurance and insurance costs
- Real property other than primary residence (time-share, vacation home, property)

NON-NEEDY CARETAKER

- Child custody agreement or foster care/court order, tribal or county document with proper signatures and/or seals.

TANF Application

Total number of household members applying for Cash Assistance on this Application _____

Name of Applicant: Last, First, MI		Social Security Number	
Maiden or Other Name (if any):		Date of Birth	
Home Address - Number	Street	City	County State Zip
Mailing Address (if different)		City	County State Zip
Telephone Number(s): Home () Work () Message ()			
Is your home address permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless			
Is anyone applying for <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Non-Needy Relative <input type="checkbox"/> Child Only			
<p>Has anyone applied for or received aid or benefits? If so, please indicate which ones:</p> <p><input type="checkbox"/> TANF <input type="checkbox"/> Medical <input type="checkbox"/> Food Stamps</p> <p>If so, please indicate whether the aid came from: <input type="checkbox"/> State Assistance or</p> <p><input type="checkbox"/> Other Tribal TANF Program: _____ Dates Received: _____</p> <p>Name Used: _____ Program Name or County: _____</p>			
Please indicate your tribal affiliation:		Do you reside on a Reservation?	
<input type="checkbox"/> Member of Federally Recognized Tribe:		<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, list reservation name):	

Is anyone pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date:			
How much income did everyone, including the child(ren) receive or will they receive, in the month of this application?			
\$ _____		\$ _____	
\$ _____		\$ _____	
How much is your rent or mortgage each month?	How much are your utilities that are not included in your rent? \$ _____		
\$ _____			
Is there a personal emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Other		
Other threats to Health /Safety: _____			

For Office Use Only:	Case Type:	<input type="checkbox"/> 1 Parent	<input type="checkbox"/> 2 Parent	<input type="checkbox"/> Child Only
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I understand and agree that I am requesting aid from Chippewa Cree TANF Program (*herein referred to as CCTTP*) and that I will comply with eligibility requirements. I may be asked to comply with some of these requirements before any aid can be given. I understand the statements I have made on this form may be checked and verified. I understand if I do not qualify for immediate need, other requested services will be approved/denied within standard TANF guidelines. I declare under penalty of perjury under the laws of the United States of American and the State of Montana the information I have provided is true, correct and complete to the best of my knowledge.

Applicant Signature

Date Signed

Co-Applicant Signature

Date Signed

CCTTP Representative Signature

Date Signed

Adult Information – Adult 1

Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment Number	TANF Client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Non-Custodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Cash Assistance from a TANF program? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	2-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	3-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer	County	Offense	Amount of time	Activity
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
Other Income <u>Income Types</u> a.Training b.Education c.TANF d.State Benefits e.Worker's Comp f.Child /spouse support g.Social Security h.PerCap from Tribe i.Sav/Chk Acct j..Veterans Admin k.Military Pension l.Gov Agency m.Gifts n.Contributions o.Rental Property p.Winnings q.Other r.Trust Fund s.CD	1-Income Type	Source	Frequency	Amount	
	Start date	End date	Last date received		
	2-Income Type	Source	Frequency	Amount	
	Start date	End date	Last date received		
	3-Income Type	Source	Frequency	Amount	
	Start date	End date	Last date received		

Adult Information – Adult 1 (con't)

Government Assistance a.Subsidized Housing b.Subsidized Childcare	1-Assistance type	Monthly amount	Start date	End date	Date last received
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c. Medical Assistance d. Food Stamps e. Commodities	2-Assistance type	Monthly amount	Start date	End date	Date last received
	3-Assistance type	Monthly amount	Start date	End date	Date last received
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
Education	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	<input type="checkbox"/> 2 – year degree <input type="checkbox"/> 4 – year degree	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	I attended school through _____ grade. What year did you last attend school? _____	
Employment	Current or Last -Employer Name	Date Employed Start _____ End _____	Title	Reason no longer employed	
VEHICLE INFORMATION - DO YOU OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1-Year	Make	Model	Class	License	State
Estimated value			Amount owed		
2-Year	Make	Model	Class	License	State
Estimated value			Amount owed		

Have you been convicted of a drug related felony within the past ten (10) years? Yes No

If yes, please explain _____

In the past 6 months, have you been charged with a drug related felony? Yes No

If yes, please explain _____

I understand that as a recipient of CCTTP benefits I am required to complete substance abuse testing. Random testing will be conducted, following initial testing, and a positive test will require me to participate in substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. CCTTP will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.

I, _____, on (date) _____, hereby grant permission to CCTTP to investigate and verify the above information provided by me to determine eligibility for CCTTP.

I declare under penalty of perjury that the foregoing information that I have provided is true and correct. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for CCTTP.

Applicant Signature

Date

CCTTP Representative

Date

Adult Information – Adult 2

Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment Number	TANF Client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Non-Custodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Cash Assistance from a TANF program? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	2-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	3-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer	County	Offense	Amount of time	Activity
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
Other Income Income Types a.Training b.Education c.TANF d.State Benefits e.Worker's Comp f.Child /spouse support g.Social Security h.PerCap from Tribe i.Sav/Chk Acct	j.Veterans Admin k.Military Pension l.Gov Agency m.Gifts n.Contributions o.Rental Property p.Winnings q.Other r.Trust Fund s.CD	1-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	
		2-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	
		3-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	

Adult Information – Adult 2 (continued)

Government Assistance a.Subsidized Housing b.Subsidized Childcare c.Medical Assistance d.Food Stamps e.Commodities	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
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
Education	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	<input type="checkbox"/> 2 – year degree <input type="checkbox"/> 4 – year degree	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	I attended school through _____ grade. What year did you last attend school? _____	
Employment	Current or Last -Employer Name	Date Employed Start _____ End _____	Title	Reason no longer employed	
VEHICLE INFORMATION - DO YOU OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1-Year	Make	Model	Class	License	State
Estimated value			Amount owed		
2-Year	Make	Model	Class	License	State
Estimated value			Amount owed		

Have you been convicted of a drug related felony within the past ten (10) years? Yes No

If yes, please explain _____

In the past 6 months, have you been charged with a drug related felony? Yes No

If yes, please explain _____

I understand that as a recipient of CCTTP benefits I am required to complete substance abuse testing. Random testing will be conducted, following initial testing, and a positive test will require me to participate in substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. CCTTP will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.

I, _____, on (date) _____, hereby grant permission to CCTTP to investigate and verify the above information provided by me to determine eligibility for CCTTP.

I declare under penalty of perjury that the foregoing information that I have provided is true and correct. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for CCTTP.

Applicant Signature

Date

CCTTP Representative

Date

Child Information – Child 1					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 2					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 3					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 4					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 5					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 6					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker supervisor.

FAIR HEARING: If you disagree with an action by the Chippewa Cree Tribal TANF Program affecting benefits or services you receive, you can ask for a **Fair Hearing**. You may do this in writing by addressing the Chippewa Cree Tribal TANF Director. You must ask for a **Fair Hearing** within **10 days** from the date of the CCTP notice.

SOCIAL SECURITY NUMBERS: You must provide or apply for a Social Security number for yourself and each household member for whom you are seeking benefits from the Chippewa Cree Tribal TANF Program.

PRIVACY ACT STATEMENT: The collection of information including Social Security numbers will be used to determine whether your household is eligible to participate in the Chippewa Cree Tribal TANF Program. This information will be verified, and may be disclosed to other Federal and State Agencies for official examination.

HOME VISITS: Chippewa Cree Tribal TANF Staff may visit your home and may contact other people to verify your eligibility for assistance.

CHANGE IN HOUSEHOLD COMPOSITION: You are primarily responsible for providing proof of your household situation. You must report changes within **10 days**. You may do this by contacting the Chippewa Cree Tribal TANF Program by phone, in person or in writing.

You are required to report:

1. Changes to employment- starting or stopping a job, change in wages, rate change from part-time to full-time or full-time to part-time.
2. Changes in source of unearned income or in the amount of total unearned income.
3. Changes in your households' expenses including shelter, dependent care medical and child support paid (you must report and verify changes in household expenses, before we can use them to figure your benefit amount).
4. When someone moves in or out of your home (report within **5 days** when a child leaves your home).
5. If you move or get a new mailing address, or any of your contact information changes (including home & cell phone numbers).
6. If anyone in your household gets a vehicle.
7. If your household has a total of \$2000 or more in cash and money in bank account(s).
8. Changes in medical insurance, if your household gets medical insurance.

WORK REQUIREMENTS: To receive Chippewa Cree Tribal TANF, you are required to participate in work activities. The Chippewa Cree Tribal TANF Program must prepare a family Individual Improvement Plan (IIP) listing the steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Temporary Assistance you must live with a parent or other approved living arrangement and attend school. If you do not fulfill these work requirements, your benefits may reduce or denied.

DRUG TESTING: To receive Chippewa Cree Tribal TANF, you must agree and submit to Drug and Alcohol testing. This will not result in a denial of benefits but you may be required to address these issues within the Individual Improvement Plan.

FRAUD PENALTY: You may be prosecuted if you knowingly give false, incorrect or incomplete information to receive or try to receive assistance from Chippewa Cree Tribal TANF Program for benefits. You must repay benefits wrongfully received. If you misrepresent residency or identity to receive multiple benefits, you can be barred from receipt of Chippewa Cree Tribal TANF funds for a minimum of **1 year**.

Signature of Applicant

Date

Signature of Spouse/Co-Habitant

Date

RELEASE OF INFORMATION

I hereby authorize the Chippewa Cree Tribal TANF Program (CCTTP), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash assistance. I authorize the release of any information, documents or forms to the CCTTP necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that CCTTP has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release CCTTP and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

1- Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number
2-Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number

Children:

Child 1 – Name (Last, First, Middle Initial)	Child 2 – Name (Last, First, Middle Initial)
Child 3 – Name (Last, First, Middle Initial)	Child 4 – Name (Last, First, Middle Initial)
Child 5 – Name (Last, First, Middle Initial)	Child 6 – Name (Last, First, Middle Initial)

Applicant Signature

Date

Co-Applicant Signature

Date

<input type="checkbox"/> CCT TANF Program 96 Clinic Road North Box Elder, MT 59521 Phone (406)395-5814 Fax (406)395-5847	<input type="checkbox"/> Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695	<input type="checkbox"/> Havre Satellite Office 109 W. 2 nd Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059
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RESIDENCY VERIFICATION FORM

- I **own** the home I live in (*Owner to fill out owner information*).
- I **rent** the home that I live in (*Landlord or home owner to fill out owner information*).
- I live in this home, but do not pay rent (*Landlord or home owner to fill out owner information*).

CURRENT PHYSICAL ADDRESS	MOVE IN DATE
Home – Address (Number, Street)	(mm/dd/yyyy)
City, State and Zip Code	

I, _____, certify the information above is true and correct. If any false statements are made; they may be used against me resulting in penalties up to and including dismissal from Chippewa Cree Tribal TANF Program and loss of re-application rights for three (3) years.

I authorize Chippewa Cree Tribal TANF Program (CCTTP) to contact my landlord for information regarding my tenancy. I further authorize the release of documents or information to CCTTP.

Applicant Signature

Date

OWNER /LANDLORD VERIFICATION ONLY	
<i>The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.</i>	
Name	Phone (please include extension)
Mailing Address	City, State and Zip Code
_____ Owner /Landlord Signature	_____ Date

<input type="checkbox"/> CCT TANF Program 96 Clinic Road North Box Elder, MT 59521 Phone (406)395-5814 Fax (406)395-5847	<input type="checkbox"/> Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695	<input type="checkbox"/> Havre Satellite Office 109 W. 2 nd Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059
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SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name

School Official Signature

Date

Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name

School Official Signature

Date

Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name

School Official Signature

Date

Phone

<input type="checkbox"/> CCT TANF Program 96 Clinic Road North Box Elder, MT 59521 Phone (406)395-5814 Fax (406)395-5847	<input type="checkbox"/> Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695	<input type="checkbox"/> Havre Satellite Office 109 W. 2 nd Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059
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EMPLOYMENT VERIFICATION

Employee Name			
Employer /Company Name		Employer Address	
Supervisor Name		Supervisor Title	
Dates of Employment		Position Held	
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Varied Schedule <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Permanent			
Work Schedule (please include hours) <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Duties			
Start Salary		End Salary	
Reason for Leaving (please include last day of Employment)			
Attendance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		Overall Performance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Required Clothing /Supplies (please be specific)			
Additional Comments			

EMPLOYER VERIFICATION ONLY

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Employer or Official Verifying Information /Title	Phone (please include extension)
Headquarter Address	City, State and Zip Code

Official Signature	Date
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