MORONGO TANF
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

MTTP Received:

Revised 04.13.2026

SUPPORTIVE SERVICES REQUEST

PARTICIPANT INFORMATION

Head of Household Name: Amount Requested: $

Name(s) of Adult/Child Service is Intended for:

I am requesting assistance with the following supportive service (please only check one request per form):

☐ **CHILD CARE:** Initial request only. Provider/Facility Name: _____
***Required Documentation**: Initial-Provider Information form, copy of license/rate sheet/contract (if applicable), Child Care Support Service Agreement, Vendor ID, W-9; Payment-Provider Attendance Sheet/Invoice, invoice (if applicable), Participant's Attendance Sheet*

☐ **CLOTHING:** ☐ Child ☐ Adult ***(specify need)*:** _____
_____
***Required Documentation**: Print-outs of types of clothing requested (i.e. from store's online shopping cart)*

☐ **EDUCATION (ADULT)/YOUTH TUTORING:** School/Program Name: _____
***Required Documentation**: Information on 3 different schools/vocational programs, enrollment verification, FAFSA award letter or proof of the unavailability of financial assistance (if applicable), tuition/fees invoice, Vendor ID, W-9*

☐ **ESSENTIAL PERSONAL/HOUSEHOLD ITEMS *(specify need)*:** _____
_____
Required Documentation *(applicable to most household items): 3 current procurements, home visit, Vendor ID/W-9*

☐ **EXTRACURICULA ACTIVITIES FOR SCHOOL-AGED YOUTH *(specify need)*:** _____
_____
***Required Documentation:** Documentation of costs and description of class/lesson/activity and associated equipment. If equipment is required from a retailer, must provide 3 estimates for equipment.*

☐ **FAMILY COUNSELING *(specify need)*:** _____
***Required Documentation**: Invoice, Vendor ID, W-9__*

☐ **HOUSING/SHELTER *(specify need)*:** _____
***Required Documentation**: Copy of the lease agreement/letter from the shelter/invoice, budget review (if applicable), Vendor ID, W-9*

☐ **TRANSPORTATION:** ☐ Bus Pass ☐ Fuel Assistance
***Required Documentation:** Calendar of activities, Fuel Assistance Worksheet, (N/A bus pass)*

☐ **UTILITY:** ☐ Gas/Propane ☐ Water ☐ Phone ☐ Electricity ☐ Internet Is utility bill past due/delinquent? ☐ Yes ☐ No
Did you request an extension? ☐ Yes ☐ No If yes, date extension expires: _____
***Required Documentation**: Current invoice/bill, budget review, Vendor ID (if applicable), W-9 (if applicable)*

☐ **VEHICLE REPAIR:** Make/Model: _____ Year: _____ Miles: _____
***Required Documentation**: Verification insurance and driver license is current, 3 current estimates, Vendor ID, W-9*

☐ **VEHICLE REGISTRATION/INSURANCE/LICENSE CURES *(specify need)*:** _____
_____
***Required Documentation**: Current invoice/bill under the name of participant, delinquency/expiration notice, current license, title/lease*

☐ **WORK SUPPORTS:** ☐ Tools/Equipment ☐ Professional License Fees ☐ Document Fees ☐ Other _____
_____
***Required Documentation:** Print-out from employer describing specific needs; 3 estimates for tools/equipment*

Have you exhausted all available community resources? ☐ Yes ☐ No
If yes, please list the agencies you contacted: _____
_____

Explain why assistance is needed based on your monthly budget. _____
_____

How will this service support your Personal Responsibility Plan (PRP) or meet your family's needs? _____
_____

I agree to provide itemized receipts for the total amount of assistance within 30 calendar days of receiving the funds via check/gift card/pay-card deposit. I understand that failure to provide receipts or any misuse of funds may affect my eligibility to receive future supportive services and/or result in benefit reductions or recoupment.

Signature: _____ Date: _____

***Disclaimer:** Submission of a Supportive Services Request is not a guarantee of approval. MTTP may request additional documentation in order to demonstrate a need for each service requested. Failure to supply all required documentation along with the request will further delay processing. Please allow 2-3 weeks processing time if approved; efforts will be made to expedite funding. If prior to MTTP notice indicating approval, the participant commits to a service, enters into an agreement or incurs a debt, the participant is obligated to pay it, not MTTP.*

MTTP USE ONLY

Prior to processing the request, please confirm that supportive service(s) meet PRP requirements/goals and that participant has demonstrated need and exhausted all other resources. Any outstanding reconciliations should be addressed; supportive service history must be reviewed to ensure funds are available within policy limitations.

☐ **Approved**: Process RSS in TAS and cite policy and justification for expenditure on RSS; image all required documents including SSR with required supporting documentation.

☐ **Denied** Reason for denial: _____ NOA Mailed: _____

Morongo Band of Mission Indians - Morongo Tribal TANF Program
Banning Site - 940 East Williams Street, P.O. Box 1268, Banning, CA 92220 ▪ Phone (951) 755-5178 ▪ Fax (951) 755-5036
San Bernardino Site - 720 East Carnegie Drive, Suite 150, San Bernardino, CA 92408 ▪ Phone (951) 572-6250 ▪ Fax (909) 890-9930