



Application for Morongo Tribal TANF Program Emergency Services

MTTP Received:

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The Temporary Assistance for Needy Families (TANF) program administered by the Morongo Band of Mission Indians, referred to as the Morongo Tribal TANF Program (MTTP), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren). MTTP uses this application and required documents to determine the eligibility of your family for emergency services. We keep all information private and secure, as required by law.

MTTP Eligibility Checklist:

- ☐ U.S Citizen or eligible alien status
- ☐ Riverside County - Morongo Tribal Member/Descendant residing in Riverside County, or resident of Morongo Reservation and verification that at least one minor child is a member or descendant of a federally recognized tribe or identified on the California Judgment Roll
- ☐ San Bernardino County – residency in San Bernardino County (off reservation) and verification that at least one minor child is a member or descendant (including by marriage) of a federally recognized tribe or identified on the California Judgment Roll
- ☐ Custody of minor child(ren) (under the age of 18 or age 19 and a full-time student in high school) included in the FAU and residing in the home; expectant Native parent(s) may be eligible in the 3rd month of pregnancy
- ☐ Determined needy based on income, resources, and federal guidelines
- ☐ Experiencing an emergency or crisis situation
- ☐ Needy or Non-Needy Caretakers/Relatives with eligible child(ren) who meet the above criteria may apply

Required Documents Checklist:

- ☐ Valid Photo Identification
- ☐ Residency Declaration
- ☐ Tribal Certification

Directions:

*Please use blue or black ink only
*Please do not leave spaces blank, write in N/A if not applicable
*Please use additional application pages if more room is needed

I Family Composition & Circumstances – Please tell us about your Family Assistance Unit whom you are requesting assistance

Are you a Non-Needy Caretaker/Relative? ☐ Yes ☐ No

If yes, please complete the income & resource section as it pertains to the child(ren) only.

	First & Last Name	Date of Birth	Social Security No.	Address	City/State	County	Phone No.	Alternative Phone No.	US Citizen
Self									<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Adult									<input type="checkbox"/> Yes <input type="checkbox"/> No

	First & Last Name	Date of Birth	Social Security No.	Relationship to Applicant	Tribal Affiliation	Name of School Child Attends
Child 1:						
Child 2:						
Child 3:						
Child 4:						
Child 5:						

Please list anyone else living in your household (include first & last name, age, and relationship to you): _____

Were you or anyone in your Family Assistance Unit ever disqualified from public assistance (CalFresh, CalWORKs/TANF, Tribal TANF, etc.) due to an intentional program violation or welfare fraud? (include assistance being stopped for a short period of time or forever) ☐ Yes ☐ No If yes, name: _____ When: _____ State(s): _____

Have you or anyone in your Family Assistance Unit been convicted of a sexual offense or been required to register as a sex offender in any State or Tribal lands? ☐ Yes ☐ No
If yes, name: _____ Explain: _____

Morongo Band of Mission Indians - Morongo Tribal TANF Program

Banning Site - 940 East Williams Street, Suite A, 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

II Income & Resources

Please tell us about your current income and employment situation, including paid internships, paid work experience programs, etc. Write “unemployed” or “N/A” if no income or employment within the last 30 days; include income/employment of children.

Name of Person with Income	Occupation/Title	Employer Name/Address	Employer Phone No.	Wages/Tips (Monthly Net Income)

Please tell us about other sources of income you are currently receiving, including financial aid, TANF, CalFresh, CalWORKs, SSDI, EDD, SSI, EDD, Per Capita Payments, Child Support, Social Security, Retirement, Survivor’s Benefits etc.; include resources of children.

Type of Assistance/Benefit (i.e. CalWORKs)	Provider (i.e. Riverside County)	Recipient Name	Amount Received	Date Last Received	Will this end in the next 30 days?	If Recurring, How Often? (i.e. Monthly)
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please tell us about your resources, including owned property (personal residence, business property, equipment, etc.), vehicles, checking/savings accounts, cash on hand, retirement plans, life insurance, income tax refund, trust funds, stocks, bonds, certificates of deposit, money market accounts, oil/mining/mineral rights, burial trusts or contracts, or other.

Type of Resource	Name of Person with Resource	Business Related	Account Number (if applicable)	Name of Financial Institution	Current Value	Accrue Interest, Dividends	If Accrues, How Often
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III Emergency Services Declaration & Request

What is your current emergency or crisis: ☐ Natural Disaster ☐ Loss of Residence due to Fire ☐ Other (please explain):

What are your family’s emergency needs: ☐ Shelter ☐ Food ☐ Clothing ☐ Vehicle ☐ Other (please explain):

IV Acknowledgement

Under penalty of perjury, under the laws of the United State of America and the State of California, I swear and affirm that the information provided on this application is true, correct, and complete. I will undergo a sanction and be required to return any benefits received, if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution. Furthermore, I consent to the gathering, use, and disclosure of my information by the Morongo Tribal TANF Program (MTTP) or its designees, for determining eligibility. In addition, I have the right to revoke consent, in writing, at any time except to the extent MTTP has already used and disclosed information in reliance on this consent. If I revoke this consent, MTTP may not provide further benefits or services. My signature confirms the completion of this application and is not a guarantee of services. I received clarification from MTTP staff on all of my questions pertaining to this application and MTTP eligibility for emergency services.

Applicant Signature

Date

Second Adult Signature (if applicable)

Date

MTTP ONLY

Applicant is: ☐ Approved ☐ Denied If denied, reason: _____
MTTP Site Manager/Director Name: _____ MTTP Site Manager/Director Signature: _____ Date: _____