



Tribal TANF of Sonoma and Marin

Federated Indians of Graton Rancheria

6400 Redwood Drive, Suite 104

Rohnert Park, CA 94928

Phone: (707) 586-6100

Fax: (707) 206-0351

Dear Tribal TANF Applicant:

Thank you for your interest in Tribal TANF of Sonoma and Marin. Enclosed please find a Pre-Application for you to complete. The first two pages provide critical eligibility information for your family. The third page lists important documents that you need to gather in advance of your appointment.

Once you have completed the Pre-Application and collected the required documents, please call our office to schedule a full intake appointment. Plan to spend at least one hour for intake. If you are a two parent family, we need both parents to attend the intake appointment as there are many forms that require both signatures.

We look forward to serving your family. Please call anytime if you have questions or concerns.

Sincerely,

Tribal TANF of Sonoma and Marin staff

Received TANF Child Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Number of Months:	Number of Children:
Received Transportation Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Number of Months:	
Received Transitional Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Number of Months:	
Received Any Other Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$	Number of Months:	

Is there at least one Native American/ Alaska Native child in the home?
 Yes If yes, what Tribe? _____
 No

Is this a Non-Needy Caretaker family?
 Yes
 No

Are you Native American/Alaska Native?
 Yes If yes, what Tribe? _____
 No

Are you an enrolled member? Yes No

If not, why? _____

Please list additional family members	Male/Female	Social Security Number	Date of birth	Age	Are you applying for TANF
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F	- -	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this application, I certify that all information is true and correct to the best of my knowledge. I also understand that the pre-application is not a guarantee of Cash Assistance.

Signature _____ **Date** _____

How did you hear about our Program?
 County Worker Pow-Wow Web Site Native Publication News Paper Radio Television Friend Relative Other _____

Note: The following information must be provided at the time of your intake appointment:

1.

- Residency Verification (Lease Agreement, Current Utility bills, etc)
- Marriage License/Divorce Decree (if applicable)
- Alien Status (if applicable)
- Unborn Child (3rd Trimester Doctor's letter), (if applicable)
- Parental consent to transfer custody/court order custody agreement or notarized statement of temporary custody
- School Attendance records (for school age children)
- Immunization Records
- (ADULT) School Enrollment / Attendance verification

1-A.

- Income verification for the past 30 days, Food Stamp Verification
- SSI Disability verification(s)
- Court ordered child custody agreements
- Employment Verification (check stubs)
- Unemployment Insurance Benefits (UIB) – verification of application, approval or denial
- Per Capita verification (money received from Tribe)
- Child Support / Child Care paid or received
- Checking/savings account statements
- Car registration
- Proof of car value (Kelly Blue Book), Car payment verification
- Proof of Auto insurance

1-B.

- Photo ID
- Proof of Tribal Enrollment
- Birth Certificates (for all household members)
- Social Security Cards (for all household members)
- Selective Service Verification (if applicable)

2-A.

- County Aid Verification (if applicable)

(After you bring in **all** of the documents listed above together with a Statement of Facts (SOF), and schedule an intake appointment, allow 30 days for us to determine whether you are eligible)

Processed by: _____

Staff

Date: _____

Outcome: _____

NOA Date: _____