



TANF

Temporary Assistance for
Needy Families

FAMILY GRANT MONTHLY ELIGIBILITY REPORT (MER)

Benefit Month/Year	MER Due By	Case Manager

Head of Household Name	CIF #	Spouse's Name (If Applicable)	CIF #

- Complete, sign, and return this MER along with your Work Participation Activity Log by the due date. The next month's cash grant cannot be calculated without this form.
- Answer each question below for each household member that is on the cash assistance grant.
- You must report any and all changes that may affect your cash grant within 5 business days. You can report these changes to your Case Manager anytime throughout the month. Failure to do so may result in an overpayment of benefits and require a repayment to the program.
- Facts you report may result in your benefits increasing, decreasing, and/or being stopped.

1) Did you pay for care of a child, disabled person or other dependent while working, seeking work, or in training?

YES NO If "YES", please list below and attach proof of payment

Name of Person Who Received Care (1)	Cost	Name of Person Who Received Care (2)	Cost

2) Did anyone receive money or benefits from any other source? YES NO If "YES", list below and attach proof.

Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like social security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else.

Who Receives Income (1): _____ Gross Amount: _____

Source of Income: _____ Date Received: _____

Who Receives Income (2): _____ Gross Amount: _____

Source of Income: _____ Date Received: _____

3) Did you pay court ordered child support this month? YES NO If "YES", list below and attach proof.

Name of Children	Amount Paid	Date Paid
1)		
2)		
3)		
4)		

4. Does anyone have anything else to report? YES NO If "YES", list (Include expected changes. Attach proof, including any costs.)

- Income: Starts, changes, or stops?
- School Age 16 or Older: Start or stop school or college? Costs for tuition, school transportation, etc.?
- School Age 6-17: Stop or start attending school regularly?
- Move In or Out: Did anyone move in or out of the home recently?
- Babies: Become pregnant, have a baby, abort or miscarry?
- Marital: Marry, divorce, separate, or name change?
- Disability: Become disabled or recover from a disability?
- Child Support: Did anyone in the home start receiving child support?

Full Name of Person	Relationship (to You)	Explain What Changed	Date (of Change)



Continued from page 1...

5. Please List All Children on the Grant.

Name	School/Daycare	Age	Grade
1)			
2)			
3)			
4)			
5)			
6)			
7)			

6. Address Change: (Complete only if you have a new address.)

New Address:

CERTIFICATION

I UNDERSTAND THAT: If I do not report all facts to the best of my knowledge or purposefully provide inaccurate information in order to receive assistance from TANF, the fraud policy will be applied, and the case may be referred to the prosecuting attorney.

I declare under penalty of perjury under the laws of the United States and the State of Washington that the facts contained in this report are true and correct.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE.

Date	Head of Household Signature	Phone Number	Email
Date	Spouse's Signature (If Applicable)	Phone Number	Email