



# Monthly Eligibility Report (MER)

NAME: \_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_

Please complete, sign, date and return the MER. **If your MER is incomplete, a sanction will be imposed. If your MER is not received by the 10<sup>th</sup> of the month, your case will be closed.** Please print neatly.

Please check **if** there have been any changes with the following between \_\_\_\_\_ for anyone in the TANF Household: **Attach supporting documentation of any changes**

<u>Situation</u>	<u>Change</u>
<input type="checkbox"/> School Attendance	_____
<input type="checkbox"/> School Enrollment	_____
<input type="checkbox"/> Residence	_____
<input type="checkbox"/> Custody	_____
<input type="checkbox"/> Income	_____
<input type="checkbox"/> Health/Medical	_____
<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/> Child Support	_____
<input type="checkbox"/> Child Support Received	<u>Amount Received:</u> \$ _____
<input type="checkbox"/> Contact Information	_____

### Certification

**I UNDERSTAND THAT:**

- I must contact my TANF Case Management Specialist within 10 days of any changes in my household that may affect my eligibility for cash assistance.
- Facts I report may result in my benefits increasing, decreasing, or being stopped.
- If I knowingly give false facts or do not report changes in order to continue receiving assistance or benefits, my assistance or benefits will be terminated.
- If I do not report all the facts or give false information to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if cash aid is wrongfully paid out. I understand that the penalties for welfare fraud can be up to \$10,000 fine and/or three years in prison. Conviction or proof of welfare fraud can also result in the discontinuation of future aid from the MCN TANF Program.

I certify under penalty of perjury that all of the above information is true and complete. I understand that falsification of any information is grounds for termination from the Tribal TANF Program. **Must sign, date and submit on or after the last day of the month.**

Signature of Head of Household	Date Signed
Signature of Spouse/Other Adult	Date Signed