



Tribal TANF Participant Screening

Today's Date: _____ Screener Name: _____
 TANF Clerk: _____ Eligibility Specialist: _____

Contact Information			
Name			DOB:
Mailing Address			
City, State, Zip			
Phone		Cell Phone	
How did you hear about Tribal TANF?			

Eligibility Requirements	
To verify eligibility for the Tribal TANF program please answer the following:	
1. Are you or anyone in your household a Native American from a Federally Recognized Tribe or a descendant of the CA judgment rolls? Name of Tribe: _____ What State? _____ Residing Reservation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Can you provide proof of enrollment or descendency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have children in the home 18 or under? Ages: _____ Family Composition (significant other/pregnant): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently employed? <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is your monthly gross earned income amount? A) _____ B) _____	
6. What is your monthly gross unearned income amount? A) _____ B) _____	
7. Are you or anyone in your household receiving county assistance (CalWORKS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or anyone in your household receiving Medi-cal or Food Stamps? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

Office Use Only	
Eligible to Apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Application Packet Mailed out <input type="checkbox"/> Needy <input type="checkbox"/> Non-Needy <input type="checkbox"/> Referral Letter (E031)	
Date Application or Referral Letter Mailed: _____ By: _____	
Date of Follow up Phone Call: _____ Date of Follow up Letter: _____	
SCREENING CONCLUSION	
Date of Initial Intake: _____	
Intake Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, attach E011-VR 30 Day Expiration Date: _____	
Date of Final Intake Appt: _____ 30 Day Expiration Date: _____	
<input type="checkbox"/> CASE OPENED Date: _____ <input type="checkbox"/> DENIED TO APPLY Date: _____ <input type="checkbox"/> APPLICATION DENIED Date: _____ Reason for Denial: _____	
Eligibility Specialist Signature: _____ Date: _____	