



MORONGO BAND OF MISSION INDIANS
Morongo Tribal TANF
 161 W. Ramsey
 PO Box 1268
 Banning, California 92220
 Office (951) 755-5178 Fax: (951) 755-5036

Received by MTT:

Pre-Application

*Primary Applicant Last Name		*First Name		Middle Name	
*Home Address		*City	*County	*State	*Zip
*Mailing Address		*City	*County	*State	*Zip
*Telephone #		Cell #		Other	
* Do you have Child/Children who are Enrolled Members or Lineal Descendants of the Morongo Band of Mission Indians or Any Other Tribe?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What Tribe? _____					
Family Type		<input type="checkbox"/> Two Parent		<input type="checkbox"/> Other: Specify	
<input type="checkbox"/> One Parent		<input type="checkbox"/> No Adult Receiving Assistance			
Type of Assistance you are applying For:		Does Anyone in Family Receive Medi-Cal ?		How Many Members in your Household?	
<input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Diversion <input type="checkbox"/> Assistance <input type="checkbox"/> Family Formation <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> _____	
Marital Status		Does Anyone in the family receive Food Stamps?			
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____			
Has any member of the household been convicted of a Drug or Alcohol related Felony?		Is Anyone in the Family Disabled?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____			
Has any member of the household had their Cash Aid or Food Stamps stopped for a period of time or forever due to Welfare Fraud?		Does Anyone in the Family receive SSI?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____			
Has any member of the household had their Cash Aid or Food Stamps stopped for a period of time or forever due to Welfare Fraud?		Are You Currently Employed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes who? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes where? _____			
Monthly Household Income?		Are You Currently Receiving CalWORKs/TANF Assistance?			
<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Per Capita <input type="checkbox"/> Other Income \$ _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security \$ _____ <input type="checkbox"/> Disability <input type="checkbox"/> SSI \$ _____ Other (Specify) \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Have You Received CalWORKs/TANF in the Past?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when & where? _____			

Are You the Caretaker Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you A Needy Caretaker Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Non-Needy Caretaker Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Subsidy <input type="checkbox"/> Public Housing <input type="checkbox"/> No Housing Subsidy <input type="checkbox"/> Rent Subsidy		Child Care Subsidy <input type="checkbox"/> Yes (Federal) <input type="checkbox"/> No Child Care Subsidy <input type="checkbox"/> If Yes, Amount <input type="checkbox"/> Yes (State) \$ _____	
Are You Receiving Child Care Services? <input type="checkbox"/> Yes Amount _____ Number of Months _____ Number of Children? _____ <input type="checkbox"/> No \$ _____			
Are You Receiving Transportation Services? <input type="checkbox"/> Yes Amount _____ Number of Months _____ <input type="checkbox"/> No \$ _____			
Are You Receiving Transitional Services? <input type="checkbox"/> Yes Amount _____ Number of Months _____ <input type="checkbox"/> No \$ _____			
Are You Receiving Other Services? <input type="checkbox"/> Yes If yes, Specify: _____ Amount _____ Number of Months _____ <input type="checkbox"/> No			
Are you American Indian? <input type="checkbox"/> Yes If Yes, What Tribe? _____ <input type="checkbox"/> No		Are You A Morongo Reservation Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How Many Years have you Lived on the Morongo Reservation? _____			
How Many Months Have you Resided in Riverside County? _____			
Person Applying (First, Middle, Last)		Relationship to Head of Household	
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other _____
Social Security #			
Marital Status		Education Level	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Other _____	
Adult # 2		Relationship to Head of Household	
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native
Social Security #			

			<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____
Child # 1			Relationship to Head of Household
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Social Security #			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____
Child # 2			Relationship to Head of Household
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Social Security #			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____

Child # 3			Relationship to Head of Household
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Social Security #			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____
Child # 4			Relationship to Head of Household
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Social Security #			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____
Child # 5			Relationship to Head of Household
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____
Social Security #			

Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____		
Child # 6			Relationship to Head of Household		
Date of Birth	Age	Sex	Ethnicity <input type="checkbox"/> Enrolled Tribal Member What Tribe? _____ <input type="checkbox"/> California Judgment Roll <input type="checkbox"/> Descendent of any federally recognized tribe including California Judgment Roll? If so what Tribe? _____ <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White Other _____		
Social Security #					
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Education Level Highest Grade Completed <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 1-11 Highest grade completed? _____ <input type="checkbox"/> Nat'l External Program Degree <input type="checkbox"/> AA Degree <input type="checkbox"/> BA Degree <input type="checkbox"/> Graduate Degree Other _____		
By signing this application, I certify that all information is true and correct to the best of my knowledge.					
Applicant Signature: _____				Date: _____	

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

Income verification for the past 6 months
Proof of Tribal Enrollment or Descendancy
Residency Verification (Rental Agreement or Mortgage Information)
Birth Certificates (for all family members)
Immunization Records for Children
Child Care Receipts or Verification of Payments for Child Care
Child support paid or received
Valid California Photo ID
Utility bill (current)
Employment Verification
Social Security Cards (for all household members)
Aid Verification
Medi-Cal or Food Stamp Verification
School Attendance records (for school age children)
Current Checking/savings account information
Car registration(s)
Proof of insurance
Car payment verification
Proof of estimate/Kelly blue book
Selective Service Verification (if applicable)
Court Ordered Custody Documents

Reviewed By: _____ Date: _____