



The Confederated Tribes of the Colville Reservation

P.O. Box 150, Nespelem, WA 99155

Toll Free: (866) 202-0471 or (509) 634-2290, 2291, 2292 Fax: (509) 634-2742



Tribal TANF Application

All Tribal TANF Applications must provide the required documentation listed below. All forms included in the application packet must be completed before eligibility for services can be determined. It is the responsibility of the applicant to submit the documents and complete forms in a timely manner. An appointment will be scheduled within 5 working days from the date the application is received. The completed forms and documentation can either be sent in with the application or brought to your scheduled appointment.

Birth Certificates Social Security Cards

Yes	No	Yes	No	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Applicant: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 st Child: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2 nd Child: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 rd Child: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4 th Child: _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spouse: _____

- CIB (Certification of Indian Blood)
- Income Verification (if Applicable)
- Verification of Physical Address (copy of utility bill or rental receipt)
- I.D (Tribal, Driver's License, State I.D.)
- Vehicle Registration (if Applicable)
- Child Custody (court documents only)
- Verification from school your child is enrolled



Application for Food and Cash Assistance

Ask us if you need help filling out this form.

1. FIRST NAME MIDDLE INITIAL LAST NAME	SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE (REQUIRED)	2. CLIENT IDENTIFICATION NUMBER (IF KNOWN)
3. STREET ADDRESS WHERE YOU LIVE CITY STATE ZIP CODE	4. HOME/PREFERRED PHONE NUMBER	
5. MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE	6. OTHER PHONE NUMBER(S)	
8. I am applying for (check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Food		7. EMAIL ADDRESS

9. I or someone in my household (check all that apply):
 Are in a domestic violence situation Have a disability
 Can't work because of health problems Are pregnant; name: _____ due date: _____

10. How much money do you expect your household to get this month? \$ _____

11. How much money does your household have in cash and bank accounts? \$ _____

12. How much does your household pay for rent or mortgage? \$ _____

13. What utilities does your household pay for? Heating/cooling Telephone Other: _____

14. Is anyone in your household a seasonal or migrant farm worker? Yes No

15. If applying for food assistance, how many people in your household do you buy and prepare food for? _____

FOR OFFICE USE ONLY – Household eligible for expedited service: Yes No Screener's Initials: _____ Date: _____

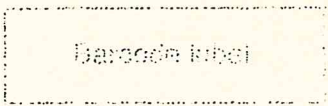
16. I need an interpreter. I speak: _____ or sign; translate my letters into: _____

17. List everyone in your household even if you are not applying for them (attach additional sheets, if necessary).

NAME (FIRST, MIDDLE, LAST)	SEX M OR F	HOW IS THIS PERSON RELATED TO YOU?	DATE OF BIRTH	CHECK IF YOU WANT BENEFITS FOR THIS PERSON	OPTIONAL FOR NON-APPLICANTS			
					SOCIAL SECURITY NUMBER	CHECK IF U.S. CITIZEN	RACE (SEE SAMPLES BELOW)	TRIBE NAME (For American Indians, Alaska Natives)
		Myself		<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		
				<input type="checkbox"/>		<input type="checkbox"/>		

18. My ethnic background is Hispanic or Latino: Yes No

Race and Ethnic background information is voluntary. For Food Assistance the USDA requires us to answer for you if no information is provided. Race examples: White, Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or any combination of races.



APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER
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I. General Information

1. In the past 30 days, I received cash or food from another state, tribe, or other source. Yes No
2. Someone I'm applying for lives outside Washington State: Yes No Who: _____
3. I or someone in my household is a sponsored alien: Yes No Who: _____
4. I or someone in my household age 16 or older is in high school or a GED Program:
 Yes No Who: _____
5. I or someone in my household is attending college or trade school: Yes No Who: _____
6. Someone is temporarily out of my home: Yes No Who: _____
7. I or someone I'm applying for served in the military: Yes No Who: _____
8. Someone is the dependent or spouse of someone (living or deceased) who served in the military: Yes No
9. I am or someone I'm applying for is fleeing from the law to avoid going to court or jail for a felony crime:
 Yes No
10. I am living in: My own house or apartment Group Home Other: _____
 Facility (list type): _____ Date entered: _____
11. I am: Single Married Divorced Separated Widowed
 In a Registered Domestic Partnership

II. Resources (Cash Only) Attach Proof

A resource is anything you own or are buying that can be sold, traded, or converted into cash or money held by others. A resource does not include personal property such as furniture, or clothing. Examples of resources are:

- Cash
- Trusts
- CDs
- Burial funds, prepaid plans
- Checking accounts
- IRA / 401k
- Money market account
- Business equipment
- Savings accounts
- Homes, Land or Buildings
- Bonds
- Livestock
- College funds
- Retirement fund
- Life insurance

Please list the resources you, your spouse, or anyone you are applying for owns or is buying:

RESOURCE	WHO OWNS	LOCATION	VALUE	WHO OWNS	LOCATION	VALUE
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

2. I, my spouse, or someone I'm applying for have cars, trucks, vans, boats, RVs, trailers, or other motor vehicles:

YEAR (E.G., 1980)	MAKE (E.G., FORD)	MODEL (E.G., ESCORT)	CHECK IF LEASED	CHECK IF VEHICLE IS USED FOR MEDICAL PURPOSES	AMOUNT OWED
			<input type="checkbox"/>	<input type="checkbox"/>	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$

3. I, my spouse, or someone I'm applying for has sold, traded, given away, or transferred a resource in the last two years (including trusts, vehicles or life estates): Yes No If yes, what: _____ when: _____

III. Annuities (Investments made by any household member to receive regular payments now or in the future.)

WHO OWNS THE ANNUITY?	COMPANY OR INSTITUTION?	AMOUNT OR VALUE	MONTHLY INCOME	DATE PURCHASED
		\$	\$	
		\$	\$	
		\$	\$	

APPLICANT'S NAME	SOCIAL SECURITY NUMBER	CLIENT IDENTIFICATION NUMBER
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IV. Earned Income Attach Proof

1. I, my spouse, or someone I'm applying for had a job that ended in the past 60 days: Yes No
 2. I, my spouse, or someone I'm applying for has income from work: Yes No If yes, please complete this section:

WHO EARNS THIS INCOME	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS)
EMPLOYER'S NAME AND PHONE NUMBER	\$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week
START DATE	<input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Month
Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week: _____
	Pay dates (e.g., 1 st and 15 th , or every Friday):

WHO EARNS THIS INCOME	GROSS AMOUNT RECEIVED (DOLLAR AMOUNT BEFORE DEDUCTIONS)
EMPLOYER'S NAME AND PHONE NUMBER	\$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week
START DATE	<input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Month
Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week: _____
	Pay dates (e.g., 1 st and 15 th , or every Friday):

V. Other Income (Use for all household members) Attach Proof

- Unemployment benefits
- Social Security income
- Tribal income
- Gaming income
- Educational benefits (student loans, grants, work - study)
- Supplemental Security income (SSI)
- Child Support or spousal maintenance
- Railroad benefits
- Rental income
- Retirement or pension
- Veteran Administration (VA) or military benefits
- Labor and Industries (L&I)
- Trusts
- Interests / Dividends

UNEARNED INCOME TYPE	WHO GETS THE INCOME?	GROSS MONTHLY AMOUNT	WHO GETS THE INCOME?	GROSS MONTHLY AMOUNT
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

VI. Monthly Expenses (Attach Proof)

RENT \$	MORTGAGE \$	SPACE RENT \$	HOMEOWNER'S INSURANCE \$	PROPERTY TAXES \$	OTHER FEES \$
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Another person or agency, such as subsidized housing, helps me pay either all or part of these expenses: Yes No
 If yes, who: _____ What expense: _____ Amount they pay: \$ _____

I, my spouse, or someone in my household pay or are supposed to pay (check all that apply):

<input type="checkbox"/> Child or Adult Dependent Care (including transportation costs)	Monthly amount: \$	Who pays:
<input type="checkbox"/> Medical bills for persons with disabilities or age 60 + (including transportation costs and health insurance premiums)	Monthly amount: \$	Who pays:
<input type="checkbox"/> Child support	Monthly amount: \$	Who pays:

If you do not report any of the above listed expenses, we will consider this as a statement by your household that you do not want to receive a deduction for this expense.

VII. Authorized Representative

An Authorized Representative is someone you allow DSHS to talk with about your benefits. You can name someone, but you do not have to. Do you have an Authorized Representative? Yes No

Is this person your legal guardian? Yes No

You may need to complete the Authorized Representative form (DSHS 14-532).

NAME	RELATIONSHIP	TELEPHONE NUMBER
MAILING ADDRESS	CITY	STATE
		ZIP CODE

Declaration and Signatures

If applying for cash assistance, all adults (or authorized representatives) in the household must sign.

If applying for food assistance, the applicant (or authorized representative) must sign.

I understand I must:

- Give correct information and follow reporting requirements.
- Provide proof I am eligible.
- Assign certain rights to child support, to the State of Washington when I receive Temporary Assistance for Needy Families (TANF). However, I can ask DSHS not to pursue child support if it would endanger me or my children.
- Cooperate with food assistance work requirements.

If I don't do these things, I may be denied benefits or have to pay them back.

I understand I can be criminally prosecuted if I willfully make a false statement or fail to report something I should report.

I authorize DSHS to contact other persons or agencies when necessary to help me get proof that I am eligible.

I have read or had explained to me my rights and responsibilities and received a copy of the Client Rights and Responsibilities, DSHS 14-113. I certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members applying for benefits, is true and correct.

APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF APPLICANT	CITY AND STATE WHERE SIGNED
OTHER ADULT APPLICANT'S SIGNATURE	DATE	PRINTED NAME OF OTHER ADULT	CITY AND STATE WHERE SIGNED
HELPER OR REPRESENTATIVE'S SIGNATURE	DATE	PRINTED NAME OF REPRESENTATIVE	CITY AND STATE WHERE SIGNED
WITNESS' SIGNATURE IF SIGNED WITH AN "X"	DATE	PRINTED NAME OF WITNESS	



**COLVILLE INDIAN RESERVATION
COLVILLE TRIBAL CHILD SUPPORT PROGRAM**

The Colville Tribal Child Support Program will use your personal information and social security number for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN				
Name (First/Middle/Last):					Name (First/Middle/Last):				
Other Names Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:	State:	Zip Code:			City:	State:	Zip Code:		
Home Telephone Number: () -		Message Telephone Number: () -			Home Telephone Number: () -		Message Telephone Number: () -		
Email Address:					Email Address:				
Social Security Number:			Date of Birth (Month/Day/Year):		Social Security Number:			Date of Birth (Month/Day/Year):	
Place of Birth (City/County/State/Country):					Place of Birth (City/County/State/Country):				
Race:	Height:	Weight:	Hair Color:	Eye color:	Race:	Height:	Weight:	Hair Color:	Eye color:
Native Language (If correspondence needed in other than English):					Native Language (If correspondence needed in other than English):				
If enrolled in an Indian Tribe, Name of the Tribe:					If enrolled in an Indian Tribe, Name of the Tribe:				
Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes					Lives on an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address:					Employer's P.O. Box or Street Address:				
Employer's City:	State:	ZIP Code:			Employer's City:	State:	ZIP Code:		
Employer's Telephone Number: () -					Employer's Telephone Number: () -				
Mother's Father's Name:		Mother's Mother's Maiden Name:			Father's Father's Name:		Father's Mother's Maiden Name:		

B. The Children's Residence

The children listed on page 2 live with: Mother Father Other (specify): _____

Did the non-custodial parent ever live with or provide support for the children on the Colville Indian Reservation? No Yes
If yes, When?

C. If the Children Do not live with the mother or father, complete this section.

Your Name:		Your P.O. Box or street Address:		
Your Social Security Number:	Your Date of Birth:	Your City/State:	Your ZIP Code:	
Your relationship to the children:		Tribal Affiliation (if applicable):		
Your Telephone Number: () -		Your Relationship to the Children: () -		

D. INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT

List only the children of the parents listed on page 1 that live in your home. Use a continuation sheet if needed.

Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):
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Did the mother become pregnant with this child on the Colville Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):
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Has the child had paternity DNA testing completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If paternity testing was completed, where did you have this done?
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Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, please order entered (County/State/Tribe):
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Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
-----------------------------------	------	-------------------------	---

Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):
---------------------------------	---

Did the mother become pregnant with this child on the Colville Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):
--	-----------------------------------

Has the child had paternity DNA testing completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If paternity testing was completed, where did you have this done?
---	---

Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):
---	---	---

Child's Name (First/Middle/Last):	Sex:	Social Security Number:	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
-----------------------------------	------	-------------------------	---

Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):
---------------------------------	---

Has the child had paternity DNA testing completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If paternity testing was completed, where did you have this done?
---	---

Did the mother become pregnant with this child on the Colville Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes	If no, then where (County/State):
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Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):
---	---	---

E. Marriage Information for the Parents of the Children Listed Above

Date Married (Month/Day/Year):	Place Married (County/State):
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Date Divorced/ Separated (Month/Day/Year)	Place Divorced/ Separated (County/State):
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F. Public Assistance and Child Support Payment Information

Have you or the children listed above ever received public assistance from a state or Indian Tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, where (Counties/States/Tribes):	If yes, when (Month/Years):

If there is a child support order(s) for the children listed above, how much total support did the non-custodial parent pay to you for the children (do not include support owed to a state of Indian Tribe)? \$ _____

Dates received support (start) _____ (end) _____. Attach copies of all support orders.

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
TRIBAL TANF PROGRAM
TANF ASSIGNMENT – TRIBAL
 (Agreement, Consent, and Limited Power of Attorney)

YOUR FULL NAME	SOCIAL SECURITY NUMBER
CHILD'S FULL NAME (S)	SOCIAL SECURITY NUMBER

READ THIS FORM BEFORE YOU SIGN AND DATE IT

When you accept a Colville TANF grant, you assign your child, spousal and medical support rights to the Confederated Tribes of the Colville Reservation. When you assign your support this means you agree that the Colville Tribes can keep the support to pay the Tribal and Federal Governments for the Assistance paid to your family. When you accept a Colville TANF grant, you agree to cooperate with the Colville Tribes and/or the Washington State Division of Child Support (unless you have a reason not to) by:

1. Helping establish paternity (if necessary).
2. Helping establish or modify your support orders.
3. Sending all support payment you receive to:

COLVILLE TRIBAL CHILD SUPPORT PROGRAM
PO BOX 468
NESPELEM WA 99155

4. Appointing DCS and/or the Colville Tribes to accept and endorse all child, spousal, and medical support payments received for you.
5. Telling Colville Tribal Child Support in writing when you no longer want child support enforcement services. *When you stop receiving a Colville TANF grant, child support will continue to be enforced unless you tell us to stop.*

I have read and understood the above listed rules and requirements and have had my rights and responsibilities explained to me. I understand that I can be terminated from this program for fraud, falsifying information, or intentionally hiding information. I also understand that I could be prosecuted and criminally penalized under applicable law. I agree to tell the Colville Tribal Child Support Program immediately, in writing, of any new or changed information that relates to collecting child support from the parent responsible for paying support.

I certify or declare under penalty of perjury, under the laws of the Colville Confederated Tribes, that forgoing is true and correct.
 Signed at _____, Washington.

Date:	Signature:
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RELEASE OF INFORMATION COLVILLE TRIBAL TANF PROGRAM

I hereby authorize the Colville Tribal TANF Program to make any necessary investigation, to request and to verify information I have given regarding my application for cash assistance. I authorize the release of any information, documents or forms to and from the Colville Tribal TANF Program necessary to determine my eligibility for assistance and to coordinate services with other agencies, employers, schools or institutions.

I understand that Colville Tribal TANF Program has the right to deny the application or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release the Colville Tribal TANF Program, its agents and employees from any and all liability damages and claims that may result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that actions has been taken on this consent prior to the written revocation.

NAME (print) _____

Social Security# _____

SIGNATURE _____ DATE _____

Please return to: Colville Tribal TANF Program
PO Box 150
Nespelem, WA 99155

MARK *CONFIDENTIAL* ON THE ENVELOPE.



TANF PROGRAM STATEMENT FROM LANDLORD/MANAGER

LOCAL OFFICE	TELEPHONE NUMBER
CLIENT IDENTIFICATION NUMBER	DATE
The Department of Social and Health Services is in the process of determining this client's eligibility. Please provide the information requested below.	
FINANCIAL SERVICES SPECIALIST'S SIGNATURE	

PROPERTY OWNER OR AUTHORIZED MANAGER:
Complete all sections below with only the information you know to be true. Write "unknown" to questions you can't answer. (Do not leave any box blank.)

A. Rental or leased unit and tenant information:

1. STREET ADDRESS	APARTMENT (APT) NUMBER
CITY	STATE
ZIP CODE	
2. TENANT'S NAME	
3. DATE MOVED IN	4. TYPE OF RESIDENCE
5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS	
Attach more pages if needed.	

B. Rent information:

6. TOTAL RENT AMOUNT	7. HOUSING AGENCY AMOUNT, IF ANY \$	8. TENANT'S RENT AMOUNT \$	9. DATE THE AMOUNT IN BOX 8 STARTED
10. NAME OF PERSON(S) PAYING THE RENT		11. NAME OF PERSON(S) PAYING THE RENT	
12. PLEASE ANSWER THE FOLLOWING QUESTIONS:			
Does the tenant pay only a portion of the amount in box 8? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____			
Does the tenant work for a portion of the amount in box 8? <input type="checkbox"/> No <input type="checkbox"/> Yes, amount: \$ _____			
Number of hours worked per month: _____			
How does the tenant pay the rent? <input type="checkbox"/> Cash <input type="checkbox"/> Check/Debit Card <input type="checkbox"/> Money Order			
<input type="checkbox"/> Other (specify): _____			

C. Utilities information: Mark the box(es) that apply.

13. The main source of heating for this residence is: <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (specify): _____	16. Are all utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, mark the box(es) the tenant pays for: <input type="checkbox"/> Electric <input type="checkbox"/> Water/sewer <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Propane <input type="checkbox"/> Garbage <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____
14. Is there a separate meter for gas and electric? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. Does the tenant pay for air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO	

17. LANDLORD/MANAGER'S NAME		18. Property Owner's Name (If different from Landlord/Manager)	
STREET ADDRESS OR PO BOX NUMBER		OWNER'S NAME	
CITY	STATE	STREET ADDRESS OR PO BOX NUMBER	
ZIP CODE		CITY	STATE
WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	ZIP CODE	
LANDLORD/MANAGER SIGNATURE	DATE	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER



The Confederated Tribes of the Colville Reservation TANF Program

P.O. Box 150, Nespelem, WA 99155
(866) 202-0471 FAX: (509) 634-2742



PARTICIPANTS RIGHTS AND RESPONSIBILITIES ORIENTATION

The mission of the Colville Tribal TANF Program is to provide services to each participant in a way that safeguards their dignity, spirit and their rights. The following is a description of their rights:

- ✓ The right to be treated with respect and dignity.
- ✓ The right to participate in the development or modification of their Individual Development Plan (IDP). The plan will take into account the Participants circumstances and contain realistic goals and time frames for completion.
- ✓ The right to Confidentiality.
- ✓ The right to appeal to the provider if the participant has reason to believe his/her rights have been violated.
- ✓ The right to receive services, if possible, in the least restrictive alternatives available.
- ✓ The right to be notified of any changes in their grant in writing.

The participant must show a good faith effort to work toward self-sufficiency. The goals for each participant will be contained in the Individual Development Plan. While each plan is specific to each individual, all participants must comply with the TANF Program's Policies and Procedures. The TANF Program Policies will be explained to the participant at the time of intake and signed by both the Caseworker and Participant. The program policies will require the participant to:

- ✓ Give the information needed to determine eligibility for services. Provide written verification as needed.
- ✓ Complete participation reports or other reports as requested.
- ✓ Cooperate with Support Enforcement unless you can show it will cause you or your children harm.
- ✓ Meet with Caseworker for 90 day review.
- ✓ Actively participate in any and all mandated program activities (i.e. work activities, workshops, etc.)
- ✓ Notify the program of any change of address or circumstances within ten (10) days of the change. Such changes may include: Change of Address; Household composition; Income to household; Employment changes due to: Different/additional employer, Change in wage rate or hours, Resign/terminated form employment; Pregnancy begins or ends; Court hearing or ruling; Incarceration of participant.

- ✓ Behave in an appropriate manner while participating in work activities.
- ✓ Refrain from intoxication or the use of alcohol/drugs on the job, in class or meet with the Program staff. If participant violates this rule the Participant will be referred to drug and alcohol counseling and the Individual plan will be revised to include such counseling.
- ✓ Refrain from using foul or abusive language on the job or within the Program's offices.
- ✓ Refrain from physical harassment, verbal harassment, or intimidation of Program's employees. Participants who exhibit such behavior shall be required to attend counseling to address the behavior, and the Individual Plan shall be revised to include those counseling activities. (The Participant shall be asked to vacate the premises or if necessary will be removed by local law enforcement officials. The caseworker will complete and incident report when such incidents occur.)

FAILURE TO COMPLY

Failure to comply with the above policies shall be sufficient cause to suspend or terminated services, including case grant payments. The Tribal TANF Program is dedicated to assisting participants reach the program goal of self-sufficiency, to the extent possible.

I have read this form and have had my rights and responsibilities explained to me. I understand what they mean.

✓ Applicant Signature: _____ ✓ Date: _____

TANF Signature: _____ Date _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="11" style="text-align: center;">or</td> </tr> <tr> <td colspan="11" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>	Social security number																						-				-							or											Employer identification number																						-				-						
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Part II Certification Under penalties of perjury, I certify that: <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
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Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its Instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.