

# APPLICATION PACKET

Client Name:	
	Case Manager:



CCT TANF Program
96 Clinic Road North
Box Elder, MT 59521
Phone (406)395-5814
Fax (406)395-5847

Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695 Havre Satellite Office 109 W. 2<sup>nd</sup> Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059

Website: cct.humanservices.org

# **APPLICATION INSTRUCTIONS**

- Form must be filled out with Black or Blue Ink only.
- You may not use "white out" on any of these documents.
- Please utilize the "Application Checklist" to help you complete and gather all required documentation for your application and appointment with an Intake Eligibility Worker.
- 4. Please complete the TANF application, "Sign" and "Date" all forms.

\*NOTE: Chippewa Cree Tribal TANF is required to receive vital statistics and confidential information in order to determine eligibility. There is a ten (10) day application processing time. In order to process your application in a timely manner, the information on the "Application Checklist" is required. This is the applicant's responsibility.



TANF	Application
Total number of household members applying for Cash	Assistance on this Application
Name of Applicant: Last, First, MI	Social Security Number
Maiden or Other Name (if any):	Date of Birth
Home Address - Number Street	City County State Zip
Mailing Address (if different)	City County State Zip
Telephone Number(s): Home ( )	Vork ( ) Message ( )
Is your home address permanent?	□ No □ Homeless
Is anyone applying for ☐ Cash Assistance ☐ Non-Ne	eedy Relative   Child Only
Has anyone applied for or received aid or benefits? If so, plea	ase indicate which ones:
☐ TANF ☐ Medical ☐	Food Stamps
If so, please indicate whether the aid came from:	State Assistance or
	Dates Received:
	Program Name or County:
Please indicate your tribal affiliation:	Do you reside on a Reservation?  □ No □ Yes (if yes, list reservation name):
Is anyone pregnant?   Yes   No If	yes, due date:
How much income did everyone, including the child(ren) rece application?	
\$\$	\$
\$\$	\$ .
How much is your rent or mortgage each month?  \$	How much are your utilities that are not included in your rent? \$
Is there a personal emergency?	□ Yes □ No
☐ Domestic Violence	□ Other
Other threats to Health /Safety:	



For Office Use Only:	Case Type:	☐ 1 Parent	□ 2 Parent	□ Child Only

I understand and agree that I am requesting aid from Chippewa Cree TANF Program (herein referred to as CCTTP) and that I will comply with eligibility requirements. I may be asked to comply with some of these requirements before any aid can be given. I understand the statements I have made on this form may be checked and verified. I understand if I do not qualify for immediate need, other requested services will be approved/denied within standard TANF guidelines. I declare under penalty of perjury under the laws of the United States of American and the State of Montana the information I have provided is true, correct and complete to the best of my knowledge.

Applicant Signature	Date Signed
Co-Applicant Signature	Date Signed
CCTTP Representative Signature	Date Signed



#### **APPLICATION CHECK LIST**

Please utilize this checklist to assure that you have all required documentation for your appointment. This will assist in a timely application /approval process.

ADULT	T APPLICANTS
	Tribal certification of enrollment or eligibility for enrollment in a federally recognized Tribe. *NOTE: This must be provided for AT LEAST ONE MEMBER IN THE HOUSEHOLD.
	Certified copy of birth certificates for ALL INDIVIDUALS applying.
	Valid picture identification for ALL ADULTS of the household including but not limited to a Montana driver's license, State Identification, Tribal identification or military identification.
	Social Security cards or a receipt of application for a Social Security card for ALL INDIVIDUALS applying.
	If convicted of a drug-related felony, bring court documents verifying conviction.
	Completed TANF 101 – Date:
	"Your Rights and Responsibilities" form (included in packet)
	"Verification of Monetary Distribution" form (included in packet)
	"Release of Information" form (included in packet).
	Verification of Drug Test for ALL ADULTS applying.
	Verification of SNAP for ALL individuals applying
	Verification of MEDICAID for ALL individuals applying (CTR-Children only)
CHILD	DENI
CHILD	Tribal certification of enrollment or eligibility for enrollment in a federally recognized Tribe.  *NOTE: This must be provided for at least one member in the household.
	Immunization records for ALL CHILDREN applying. Immunizations must be current.
	School attendance records for ALL school age children, including minor parents.
	"School Enrollment Verification" form (included in packet) *NOTE: Please list and have verification for each school aged child in the household.
HOUS	Rent/lease receipt or letter from Tribal housing.
	"Residential Verification" form (included in packet)
INCOM	ME
	"Verification of Employment" form (included in packet)
	Employment check stubs, letter from employer, etc.



# CHIPPEWA CREE TRIBAL TANF PROGRAM of or Tribal distribution

	Per capita, Non-Gaming or Tribal distribution
	Social Security Income (SSI /SSP, Survivors Benefits, etc.) NOTE: Please provide the "Award Letter" for each person in the household that this applies to.
	State Disability award or denial letter) NOTE: Please provide the "Award Letter" for each person in the household that this applies to.
	Unemployment award or denial letter
	Child Support- <u>Case Status Report</u> . NOTE: Please provide the "Court Order" for each child in the household that this applies to.
	Child custody. NOTE: Please provide the "Court Order" for each child in the household that this applies to.
ADILLT	EDUCATION TO AINING
ADULI	<u>FEDUCATION /TRAINING</u> Student income, scholarships, grants, loans, (financial aid award or denial letter)
	Student expenses, books, tuition, etc.
	Verification of school enrollment
RESOL	JRCES
	Bank accounts most current bank statement – Savings and Checking
	IRA, retirement accounts or other investment accounts
	Trust accounts
	Saving bonds
	Vehicle registration (vehicle must be registered in applicants name)
	Proof of car insurance and insurance costs
	Deal was at setting the action of the setting above transfer home property)
	Real property other than primary residence (time-share, vacation home, property)
NON-N	EEDY CARETAKER
	Child custody agreement or foster care/court order, tribal or county document with proper signatures and/or seals.



				Adult Info	orma	ation - Adult	1			
Last Name		First Name					e Name		isabled I Yes I No	
Social Security Number	Gender Ra			Race T		Tribe		Tribal Enrollment Number		ANF Client I Yes I No
Date of Birth	Age M			arital Status		Relationship to Primary Applicant		Made		on-Custodial Parent I Yes I No
Prior Cash Assistance from a TANF program?	1-/	Agency	C	ounty	Sta	te	Start	date	E	nd date
□Yes	Мо	onthly amount			Wh	y discontinued				
□ No		Agency	C	ounty	Sta		Start	date	E	nd date
	Mo	onthly amount		multiple to	Wh	y discontinued		-350 1 (3) (5)		
		Agency	C	County		State		date	E	nd date
	Mo	onthly amount		Why discontinued						
Receiving Unemployment □ Yes □ No	Unemployment			County		State		Monthly amount		Date of last check received
Receiving Disability ☐ Yes ☐ No		Date applied		County		State		Monthly amount		Date of last check received
Currently on Probation?  ☐ Yes ☐ No		Name of Officer		County	. HI	Offense		Amount of time		Activity
Cash Resource (Cas on Hand)	sh	1-Resource 2-Resource		Amount	Start date		100	End date		Date last received
				Amount	Start date		End date			Date last received
Other Income Income Types		Veterans Admin		1-Income Type		Source		Frequency		Amount
a.Training b.Education c.TANF	l r	c.Military Pension .Gov Agency m.Gifts		Start date		End date		Last date received		NAME OF STREET
d.State Benefits e.Worker's Comp f.Child /spouse support g.Social Security h.PerCap from Tribe i.Sav/Chk Acct	t	n.Contributions o.Rental Property o.Winnings		2-Income Type		Source	1 1/2	Frequency		Amount
	r	q.Other Trust Fund S.CD	Start date			End date		Last date received		
				3-Income Type		Source		Frequency		Amount
				Start date		End date		Last date received		supplied the



			Adul	t Information	n – Ad	iult 1 (con't)				
Government Assistar a.Subsidized Housing b.Subsidized Childcare		1-Assistance type		Monthly amou	nt	Start date	End date	Date	last received	
c.Medical Assistance d.Food Stamps e.Commodities		2-Assistance type	Monthly amo		nt	Start date	End date	Date	Date last received	
		3-Assistance type		Monthly amou	nt	Start date	End date	Date	last received	
Pay Child Support □ Yes □ No	Paid	I to	Paid	I I for			Amount per mor		Court ordered ☐ Yes ☐ No	
Education	□ GE	ED ploma		– year degree – year degree	1	asters octorate	I attended school through What year did you las school?			
Employment	720	ent or Last - loyer Name	Star	Date Employed Title Start End			Reason no longer em		ployed	
		VEHICLE INFO	RMA	TION - DO YO	U OW	N A VEHICLE	? ☐ Yes ☐ N	0		
1-Year	Make		Mod		Class		License		State	
Estimated value					Amount owed					
2-Year	Make	9	Mod	iel	Class	S	License	-	State	
Estimated value					Amo	unt owed				
Have you been con- If yes, please explain In the past 6 months If yes, please explain I understand that a	n s, have n s a rec	you been charged	d with	a drug related	felony	/? ☐ Yes	Yes D	testing.	Random testing will b	
attend counseling s voucher system, or	essions deny, r	s or enroll in a reh educe, or termina	abilita te bei	tion program. nefits to assure	CCTTI my co	P will continue ompliance.	Tribal TANF a	ssistand	ssessment and possib be to my family through	
I, verify the above info	ormatio	n provided by me	, o	n (date) termine eligibil	ity for	, hereby g	rant permission	to CC	ITP to investigate and	
I declare under pen	altv of	periury that the fo	regoii	ng information	that I I	have provided	is true and cor	rect. I u	nderstand that knowing lifying me for CCTTP.	
Applicant Signate	ure	Steel fo		167		Date	E) all I		39/ =3	
CCTTP Represen	tative					Date				



				Adult Info	rma	ation - Adult	2		
Last Name			Fi	rst Name			Midd	le Name	Disabled ☐ Yes ☐ No
Social Security Number	Ge	Gender Ra		Race		Tribe		l Enrollment ber	TANF Client  ☐ Yes  ☐ No
Date of Birth	Ag	ge	Ma	Marital Status		Relationship to Primary Applicant			Non-Custodial Parent ☐ Yes ☐ No
Prior Cash Assistance from a	1-,	Agency	Co	ounty	Sta	te	Start	date	End date
TANF program?  ☐ Yes	Me	onthly amount		er efte	Wh	y discontinued			-03
□ No	2-	Agency	Co	ounty	Sta	te	Start	date	End date
	Me	onthly amount			Wh	y discontinued			
	3-	Agency	Co	ounty	Sta	te	Start date		End date
	Me	onthly amount			Why discontinued				
Receiving Unemployment  Yes No	Unemployment			County	State		Monthly amount		Date of last check received
Receiving Disability ☐ Yes ☐ No	1	Date applied		County	ů.	State		Monthly amount	Date of last check received
Currently on Probation?		Name of Officer	County			Offense		Amount of time	Activity
Cash Resource (Ca on Hand)	sh	h 1-Resource 2-Resource		Amount		Start date		End date	Date last received
				Amount	Start date			End date	Date last received
Other Income Income Types		j.Veterans Admin k.Military Pension		1-Income Type	1-Income Type		Source Frequency		Amount
a.Training b.Education c.TANF		I.Gov Agency m.Gifts n.Contributions		Start date	End date		Last date receive		
d.State Benefits e.Worker's Comp f.Child /spouse		o.Rental Property p.Winnings q.Other		2-Income Type	J 16	Source		Frequency	Amount
support g.Social Security h.PerCap from Tribe	r.Trust Fund s.CD			Start date		End date	per Tri	Last date received	- militaria pritazi
i.Sav/Chk Acct				3-Income Type		Source		Frequency	Amount
				Start date		End date		Last date received	- Alarsada una



		processor and the second	-	t Informatio						
Government Assistance a.Subsidized Housing b.Subsidized Childcare			е	Monthly amou	nt	Start date	End date	Date	last received	
c.Medical Assistance d.Food Stamps e.Commodities		2-Assistance typ	е	Monthly amour		Start date	End date	Date last received		
		3-Assistance typ	е	Monthly amou	nt	Start date	End date	Date	last received	
Pay Child Support □ Yes □ No	Paid f	to	Paid	d for	Tin		Amount per	month	Court ordered ☐ Yes ☐ No	
Education	□ GE	ED bloma	Separation of the second	– year degree – year degree		asters octorate	What year d	I attended school throughgrade What year did you last attend school?		
Employment		ent or Last - oyer Name	Star	art		Reason no l	Reason no longer employed			
	1	VEHICLE INFO	DRMA.	TION - DO YO	U OW	N A VEHICLE	? 🗆 Yes 🗆 N	lo		
1-Year	Make		Mod	del	Class		License		State	
Estimated value		There is the			Amount owed					
2-Year	Make		Mod	del	Class	3	License		State	
Estimated value	1				Amo	unt owed				
conducted, following counseling sessions system, or deny, red	s, have in s a rec g initial t s or enre	you been charge sipient of CCTTI testing, and a post oll in a rehabilitat r terminate bene	benesitive to	efits I am request will require ogram. CCTTP assure my con	ired to position of the control of t	? Yes complete suparticipate in sontinue Tribal	□ No  ibstance abusibstance abus TANF assistan	se asses nce to my	g. Random testing will sment and possibly atto / family through a vouc	
I declare under pe	nalty of	f perjury that the	forego	ing information	n that I	have provided	d is true and co	orrect. I u	TTP to investigate and understand that knowing the last the last three transfers and three transfers are transfers and transfers are transfers are transfers and transfers are transfers are transfers are transfers are transfers are transfers and transfers are transfers are transfers are transfers are transfers are transfers and transfers are transfers are transfers are transfers and transfers are tr	
Applicant Signati	ure					Date				
CCTTP Represen	tative	111-2-1-2-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2				Date				



		Child Inform	nation - Child 1			
Last Name		First Name	September 1808	Middle Name	Disabled ☐ Yes ☐ No	
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No	
Date of Birth	Age	Marital Status	Relationship to prima	Pregnant ☐ Yes Due date		
Highest Education Co	mpleted	Name of the last	Name of School		or will assess the second	
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name	
Mother's Status  ☐ Deceased ☐ At ☐ Disabled ☐ Ur	psent nemployed	natik arasta	Father's Status  ☐ Deceased ☐ Absent ☐ Disabled ☐ Unemployed			

		Child Infor	mation - Child 2			
Last Name	arigit of the	First Name	A September 1	Middle Name	Disabled ☐ Yes ☐ No	
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No	
Date of Birth	Age	Marital Status	Relationship to prima	Pregnant ☐ Yes Due date		
Highest Education Co	mpleted	A 4-23 N 1999	Name of School	here	A SHORT SHOW	
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name	
Mother's Status  ☐ Deceased ☐ Ab ☐ Disabled ☐ Un	esent employed	a collection of the	Father's Status  ☐ Deceased ☐ Absent ☐ Disabled ☐ Unemployed			



		Child Inform	mation - Child 3		
Last Name	100	First Name		Middle Name	Disabled ☐ Yes ☐ No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No
Date of Birth	Age	Marital Status	Relationship to prima	ry applicant	Pregnant ☐ Yes Due date
Highest Education Co	mpleted		Name of School	TO CONTRACT TO STATE OF THE STA	and the State of State of
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status  ☐ Deceased ☐ At ☐ Disabled ☐ Ur	osent nemployed			bsent nemployed	

Control of The State		Child Inform	mation - Child 4		
Last Name	Telling at T	First Name		Middle Name	Disabled ☐ Yes ☐ No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No
Date of Birth	Age	Marital Status	Relationship to prim	nary applicant	Pregnant ☐ Yes Due date
Highest Education Con	mpleted	great political	Name of School	In the second of second	- Track and Sturned
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status  ☐ Deceased ☐ Ab ☐ Disabled ☐ Un	sent employed	2040,001		Absent Unemployed	ter a la feriencia i



		Child Inform	ation - Child 5		
Last Name		First Name	11.79	Middle Name	Disabled □ Yes □ No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No
Date of Birth	Age	Marital Status	Relationship to primar	ry applicant	Pregnant ☐ Yes Due date
Highest Education Cor	npleted	porary investigation of the state of the sta	Name of School	njedir dingtolose Fortinskepyd tod	guadronii li Jankstensov a
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status	1		Father's Status		
☐ Deceased ☐ Abs	sent		☐ Deceased ☐ Ab	sent	
☐ Disabled ☐ Une	employed		☐ Disabled ☐ Un	employed	teleprotono (

	SEATING TOP AND	Child Inform	mation - Child 6	en manage by the state of the	Levinostatus W.
Last Name	that guid officials at I	First Name	Live regulations.	Middle Name	Disabled □ Yes □ No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client ☐ Yes ☐ No
Date of Birth	Age	Marital Status	Relationship to prima	ry applicant	Pregnant  Yes  Due date  No
Highest Education Co	mpleted	an ngay ahawa	Name of School		autoropel artistical
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status  ☐ Deceased ☐ Ab ☐ Disabled ☐ Un	employed	ı		bsent nemployed	

#### **CLIENT AFFIRMATION**

- · I understand the questions on this form.
- I understand any facts I have given, including benefit income facts, will be matched with local, state and federal records (Employees, Social Security, TANF and other applicable agencies).
- I understand all facts entered on this form, including benefit and income information are subject to verification and review by tribal personnel. Giving false /misleading facts and /or failing to report information may affect eligibility or benefits for Cash Assistance /Services.
- I understand my case may be selected for additional review to ensure my eligibility was accurately determined and I must cooperate fully with tribal personnel in any temporary investigations or reviews, including quality review.
- I understand the Chippewa Cree Tribal TANF Program is a temporary assistance program.
- I understand, as a condition of receiving assistance, parents are required to participate in a work participation program.
- I understand I will be required to develop an individual improvement plan ("IIP") with the Chippewa Cree Tribal TANF case managers.
- I understand I have the right to full and complete confidentially of all information pertaining to my application or verification.
- I understand I have the right to an appeal if dissatisfied with any adverse action, sanction or denial of benefits affecting my application or ongoing TANF case.
- I understand my family may not receive duplicative assistance from a state or other Tribal TANF program.
- I understand in order to comply with TANF regulations, clients are required to undergo drug testing.

#### Client Certification:

My signature below indicates I have been informed and understand the information contained in this application. I certify under penalty of perjury all of the above information is true and complete. I agree any information I have supplied is subject to verification. I understand falsification of any information is grounds for termination from the Chippewa Cree Tribal TANF Program and may result in recovery of any monies paid to me while in the program and possible denial of Tribal TANF assistance.

Applicant Signature	Date	Spouse Signature	Date
CTTP Representative Signature	Date	Compliance Signature	Date

CCT TANF Director Signature APPROVAL Date



#### YOUR RIGHTS AND RESPONSIBILITIES

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker supervisor.

FAIR HEARING: If you disagree with an action by the Chippewa Cree Tribal TANF Program affecting benefits or services you receive, you can ask for a Fair Hearing. You may do this in writing by addressing the Chippewa Cree Tribal TANF Director. You must ask for a Fair Hearing within 10 days from the date of the CCTTP notice.

**SOCIAL SECURITY NUMBERS:** You must provide or apply for a Social Security number for yourself and each household member for whom you are seeking benefits from the Chippewa Cree Tribal TANF Program.

PRIVACY ACT STATEMENT: The collection of information including Social Security numbers will be used to determine whether your household is eligible to participate in the Chippewa Cree Tribal TANF Program. This information will be verified, and may be disclosed to other Federal and State Agencies for official examination.

HOME VISITS: Chippewa Cree Tribal TANF Staff may visit your home and may contact other people to verify your eligibility for assistance.

CHANGE IN HOUSEHOLD COMPOSITION: You are primarily responsible for providing proof of your household situation. You must report changes within 10 days. You may do this by contacting the Chippewa Cree Tribal TANF Program by phone, in person or in writing.

#### You are required to report:

- 1. Changes to employment- starting or stopping a job, change in wages, rate change from part-time to full-time or full-time to part-time.
- 2. Changes in source of unearned income or in the amount of total unearned income.
- Changes in your households' expenses including shelter, dependent care medical and child support paid (you must report and verify changes in household expenses, before we can use them to figure your benefit amount).
- 4. When someone moves in or out of your home (report within 5 days when a child leaves your home).
- 5. If you move or get a new mailing address, or any of your contact information changes (including home & cell phone numbers).
- 6. If anyone in your household gets a vehicle.
- 7. If your household has a total of \$2000 or more in cash and money in bank account(s).
- 8. Changes in medical insurance, if your household gets medical insurance.

WORK REQUIREMENTS: To receive Chippewa Cree Tribal TANF, you are required to participate in work activities. The Chippewa Cree Tribal TANF Program must prepare a family Individual Improvement Plan (IIP) listing the steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Temporary Assistance you must live with a parent or other approved living arrangement and attend school. If you do not fulfill these work requirements, your benefits may reduce or denied.

**DRUG TESTING:** To receive Chippewa Cree Tribal TANF, you must agree and submit to Drug and Alcohol testing. This will not result in a denial of benefits but you may be required to address these issues within the Individual Improvement Plan.

**FRAUD PENALTY:** You may be prosecuted if you knowingly give false, incorrect or incomplete information to receive or try to receive assistance from Chippewa Cree Tribal TANF Program for benefits. You must repay benefits wrongfully received. If you misrepresent residency or identity to receive multiple benefits, you can be barred from receipt of Chippewa Cree Tribal TANF funds for a minimum of 1 year.

Signature of Applicant	Date	Signature of Spouse/Co-Habitant	Date



# **VERIFICATION OF MONETARY DISTRIBUTION**

to see see the constitution of the constitution of	, am a Chippewa Cree Tribal TANF Program (CCTTP) client.
In order to process my applicatio manager will need to verify if I rec	n or to continue receiving assistance with the CCTT Program, my case eive per capita, and/or any other monetary distributions from my Tribe.
Please provide the type and reoco	currence of any monetary distributions on my behalf for the CCTT Progran me to give to my case manager.
If you should have any questions,	please contact the Chippewa Cree Tribal TANF office at (406) 395-5814.
Thank you,	
Client Signature	Date
	OFFICIAL TRIBAL USE ONLY
Dear Chippewa Cree Tribal TANF	Case Manager,
The following pertains to	and her /his household.
Receives the following monetary of	distributions:
☐ Per Capita	□ Other
Amount received	Frequency of distribution
Date last received	Notes
If client receives any distri	bution, please explain
Tribal Official Name	Tribal Official Title
Tribal Official Signature	Tribal Official Phone Number



#### RELEASE OF INFORMATION

I hereby authorize the Chippewa Cree Tribal TANF Program (CCTTP), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash assistance. I authorize the release of any information, documents or forms to the CCTTP necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that CCTTP has the right to deny the application of 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 CCTTP and its agents and employees from any and all liability, damages and claims which might 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 action has been taken on this consent prior to the written revocation.

1- Name (Las	i, First, Middle Initial)	Mailing Address		City, State and Zip Code
Date of Birth	on good to a secure of	Social Security Number	er V	Phone Number
2-Name (Last, First, Middle Initial)		Mailing Address	TEGO TROOTS	City, State and Zip Code
Date of Birth		Social Security Number	er	Phone Number
Children:	Child 1 – Name (Last, First,	Middle Initial)	Child 2 – Nar	me (Last, First, Middle Initial)
	Child 3 – Name (Last, First,	Middle Initial)	Child 4 – Nar	me (Last, First, Middle Initial)
	Child 5 – Name (Last, First,	Middle Initial)	Child 6 – Nar	me (Last, First, Middle Initial)
	(Water)			
	Applicant Signature	u jin azi el		Date
	Co-Applicant Signatur		(f)	Date



	CCT TANF Program 96 Clinic Road North Box Elder, MT 59521 Phone (406)395-5814 Fax (406)395-5847	Box Elder Satellite BE Family Resource Box Elder, MT 5952 Phone (406) 352-35 Fax (406)352-4695	e Center 21 271	Havre Satellite Office 109 W. 2 <sup>nd</sup> Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059	
		RESIDENCY VERIFICA	ATION FORM		
	own the home I live in (Owner ent the home that I live in (La	andlord or home owner to fill	out owner informat vner to fill out owne	r information).	hydrica ( drawnia)
570.00000000000000000000000000000000000	NT PHYSICAL ADDRESS address (Number, Street)			VE IN DATE /dd/yyyy)	
l, are made; TANF Pro	e and Zip Code  they may be used against rigram and loss of re-application  Chippewa Cree Tribal TANI  Thorize the release of docume	me resulting in penalties up on rights for three (3) years. F Program (CCTTP) to conta	to and including di act my landlord for		Cree Tribal
	ant Signature	OWNER /LANDLORD VER		Date	d annidad
	ove information has been v in response to inquiries wh				a provided
Name		Pho	ne (please include ext	ension)	
Mailing	g Address	City	, State and Zip Code	minut berbert	
Owner	/Landlord Signature		Date		
	N. S.				



CCT TANF Position of Clinic Road Box Elder, MT Phone (406)3 Fax (406)395	d North Γ 59521 95-5814	Box Elder Sa BE Family Re Box Elder, MT Phone (406) 3 Fax (406)352	ssource Center F 59521 352-3271	Havre Satellite Office 109 W. 2 <sup>nd</sup> Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059
	SCHO	OOL ENROLLME	NT VERIFICATION	
lease provide verificatio	n that the followi	ng individual in o	currently enrolled in	school.
Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
				utile united
School Official Name	The state of the s	fficial Signature	Date Date	Phone
			NT VERIFICATION	The state of the s
lease provide verificatio	n that the followi		currently enrolled in	School Year
Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
School Official Name		official Signature	Date NT VERIFICATION	Phone
lease provide verificatio	n that the followi	ng individual in c	currently enrolled in	school.
Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2017-18 school year?  ☐ YES ☐ NO
	S. Santa Santa	Total Lines	Spil n	stant to the theory congenied
School Official Name	School C	official Signature	Date	Phone



CCT TANF Program
96 Clinic Road North
Box Elder, MT 59521
Phone (406)395-5814
Fax (406)395-5847

Box Elder Satellite Office BE Family Resource Center Box Elder, MT 59521 Phone (406) 352-3271 Fax (406)352-4695

Havre Satellite Office 109 W. 2<sup>nd</sup> Street Havre, MT 59501 Phone (406)265-6021 Fax (406)265-6059

#### **EMPLOYMENT VERIFICATION**

mployee Name	
mployer /Company Name	Employer Address
Supervisor Name	Supervisor Title
rupervisor Name	Supervisor Title
ates of Employment	Position Held
imployment Status	
☐ Full time ☐ Part time ☐ Temporary ☐ Season☐ Permanent	al 🗆 Varied Schedule 🗆 Lay Off 🗀 Termination
Vork Schedule (please include hours)	
☐ Monday ☐ Tuesday ☐ Wed	dnesday   Thursday
☐ Friday ☐ Saturday ☐ Sund	
Outies	
duties	
tart Salary	End Salary
leason for Leaving (please include last day of Employment)	
cason for Leaving (please moldde last day of Employment)	
ttendance	Overall Performance
☐ Excellent ☐ Satisfactory ☐ Poor	☐ Excellent ☐ Satisfactory ☐ Poor
	Executive Educations En out
equired Clothing /Supplies (please be specific	
dditional Comments	pari A Taran
EMPLOYER	VERIFICATION ONLY
EMIFLOTER	VERIFICATION ONLY
appearing to account out to \$1.70 March 1988	1948 1 WO 1 1948 5 FAR
	ded by the below authority and is true, accurate and provide
solely in response to inquiries which are of legitin	mate business interest to all parties.
Employer or Official Verifying Information /Title	Phone (please include extension)
Headquarter Address	City, State and Zip Code
Official Signature	Date