

6) Has any member of the household been convicted of a drug related felony for possession, use, or distribution of a controlled substance(s)?
If "YES", complete below: **YES** **NO**

Full Name of Person	Date Drug Crime Committed	Date of Felony Conviction	Conviction Was For (check one)
			<input type="checkbox"/> Use <input type="checkbox"/> Possession <input type="checkbox"/> Distribution <input type="checkbox"/> Other (explain) _____

7) Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; anyone who died, entered or left a hospital, etc. If "YES", complete below: **YES** **NO**

Full Name of Person	Relationship To You	Explain What Changed	Date of Change

8) Does anyone have anything else to report? **YES** **NO**
Include expected changes. Attach proof, including any costs. If "YES", complete below:

<ul style="list-style-type: none"> ▪ Income: Starts, changes or stops. ▪ Insurance: Start, stop or change life, dental or health. ▪ Job/Training: Starts, stops, quit, refuse a job or training, change in hours. ▪ School-Age 16 or Older: Start or stop school or college. Costs for tuition school transportation, etc. ▪ School- Ages 6 through 17: Stop or start attending school regularly. 	<ul style="list-style-type: none"> ▪ Babies: Become pregnant, have a baby, abort or miscarry. ▪ Marital: Marry, divorce, or separate. ▪ Checking/Savings: Open/close a checking or savings account. ▪ Property: Buy, sell, trade, or give away, or get a motor vehicle, home, land, etc. (personal or business) ▪ Disability: Become disabled or recover from a disability. ▪ Any criminal Convictions/Arrests
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Full Name of Person	Relationship To You	Explain What Changed	Date of Change

*** MOVED? CHANGE YOUR ADDRESS NOW!**

ADDRESS CHANGE Fill in this section only if you have moved or have a new mailing address. Attach proof.

NEW HOME ADDRESS (NUMBER, STREET, AVENUE, BLVD. ETC.) APT. NO. CITY STATE ZIP	NEW PHONE NUMBER
	()
DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP

CERTIFICATION

I UNDERSTAND THAT:

- I must contact my caseworker within 5 days of any changes in my household that may affect my eligibility of the amount of my cash aid.
- Facts I report may result in an increase, decrease, or termination of assistance. If I knowingly give false information or do not report changes in order to continue receiving assistance or benefits my assistance or benefits may be terminated.
- Payments may be delayed or terminated because of an incomplete or late MER.
- If on purpose I do not report all facts or give false information about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than \$400.00 in cash aid is wrongly paid out. I understand that the penalties for welfare fraud can be up to \$10,000 dollars and/or three years in prison. Conviction or proof of welfare fraud can also result in the discontinuation of future aid from the Winnebago Tribe of Nebraska Social Services Program.

YOU MUST SIGN AND DATE THIS REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.

Signature or Mark	Date Signed	Home Phone	Contact Phone
Signature of Spouse or Other Parent of Cash Aided Child(ren)	Date Signed	Home Phone	Contact Phone