KANA Workforce Development
Monthly Eligibility Report
To Elevate the Quality of Life of the People We Serve

Participant Name

Reporting Month

MONTHLY INCOME STATEMENT:

1. Has anyone in your household received money or assistance other than TANF? ☐ Yes ☐ No
    ▸ Examples: Employment, unemployment benefits, sale of resources, PFD, tax return, food stamps, Sun'aq Tribe of Kodiak, Brother Francis Shelter, Native Corporation Dividend.
    ▸ *If yes, please specify the information below. List gross amounts (amount before taxes). If self-employed: attach proof of income. Please provide proof of all income, earned and unearned, with pay stubs or bank statements.*

Who Received Income:	Source:	Date Received:	Gross Amount:

HOUSEHOLD CHANGES AND UPDATES: *(please include expected changes)*

2. Has there been any significant changes in your household? ☐ Yes ☐ No
    ▸ Examples: Income change, employment start or stop, someone moved in or out, address or phone number change, new pregnancy or birth.

If yes, specify the information below.

Name:	Change That Occurred:	Date of Change:

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MONTHLY ACTIVITY HOURS VERIFICATION:

Instructions: Record your daily activities on this form. Please note that failing to complete a combination of 20 hours per week may result in a reduction to your monthly benefit amount. Activities listed should relate to the goals outlined on your Self-Sufficiency Plan. If you have questions about allowable activities or about completing this form, please contact your Case Manager.

CERTIFICATION STATEMENT:

I certify that the information contained in this report is true, accurate, and complete. I understand that all information reported may result in my benefits being increased, decreased, or stopped.

_____   _____

Signature   Date

Date	Activity Completed	Hours	Comments

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