

TRIBE
TRIBAL TANF PROGRAM

TANF ASSIGNMENT – TRIBAL
(Agreement, Consent, and Limited Power of Attorney)

YOUR FULL NAME:	SOCIAL SECURITY NUMBER:
CHILD'S NAME AND SOCIAL SECURITY NUMBER:	CHILD'S NAME AND SOCIAL SECURITY NUMBER:

READ THIS FORM BEFORE YOU SIGN AND DATE IT.

When you accept a (*Tribe*) TANF grant, you assign your child, spousal, and medical support rights to the (*Tribe*). When you assign your support this means you agree that the (*Tribe*) can keep the support to pay the tribal and federal governments for the assistance paid to your family.

When you accept a (*Tribe*) TANF grant, you agree to cooperate with the (*Tribe*) 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 order.
3. Sending all support payments you receive to:

Washington State Support Registry
PO BOX 45868
OLYMPIA WA 98504-5868

(NOTE: You may be instructed at a later date to send payments directly to the (*Tribe*).

4. Appointing DCS and/or the (*Tribe*) to accept and endorse all child, spousal, and medical support payments received for you.
5. Telling (*Tribe*) TANF in writing when you no longer want child support enforcement services. When you stop receiving a (*Tribe*) 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.

DATE	SIGNATURE	
Program Use Only		
(<i>Tribe</i>) TANF CASE NUMBER	CSO CASE NUMBER (AU#)	DCS CASE NUMBER (IV-D #)