



MTTP Reviewed:

Revised 03.01.2020

Monthly Eligibility Report (MER)

Report is for Month/Year: _____ Head of Household Name: _____

Directions:

- **DUE ON THE 1ST OF THE MONTH (or next business day if the 1st is a holiday or weekend);** complete, sign and return this report on the 1st of the month to avoid sanctions and/or penalties.
- Answer questions below for all adults and/or children receiving cash assistance, Transitional services, or P3/4 services.
- **Non-Needy Caretakers, please answer for child(ren) only.**
- Do NOT leave blanks; write "N/A" or cross out.
- Use BLUE or BLACK INK ONLY.

1. Did anyone receive money from a job or training program? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete below Report any earned income, including tips, vacation pay, income in kind such as earned housing, etc. Report voluntary deductions and certain garnishments; money taken for certain benefits and garnishments. If self-employed, complete the Profit & Loss form.					
Who received income: _____		Name of Employer/Program: _____			
Pay Date	/ /	/ /	/ /	/ /	/ /
Net Income	\$	\$	\$	\$	\$
Subsidized Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please Report Voluntary Deductions					
Life Insurance	\$	\$	\$	\$	\$
Accidental Death Insur. (AD&D)	\$	\$	\$	\$	\$
Long/Short Term Disability	\$	\$	\$	\$	\$
Flexible Spending Account	\$	\$	\$	\$	\$
Employee Dining/Cafeteria	\$	\$	\$	\$	\$
Garnishments (exclude child support)	\$	\$	\$	\$	\$
Loans (e.g. auto payments, etc.)	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

Who received income: _____ Name of Employer/Program: _____					
Pay Date	/ /	/ /	/ /	/ /	/ /
Net Income	\$	\$	\$	\$	\$
Subsidized Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please Report Voluntary Deductions					
Life Insurance	\$	\$	\$	\$	\$
Accidental Death Insur. (AD&D)	\$	\$	\$	\$	\$
Long/Short Term Disability	\$	\$	\$	\$	\$
Flexible Spending Account	\$	\$	\$	\$	\$
Employee Dining/Cafeteria	\$	\$	\$	\$	\$
Garnishments (exclude child support)	\$	\$	\$	\$	\$
Loans (e.g. auto payments, etc.)	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

Who received income: _____		Name of Employer/Program: _____			
Pay Date	/ /	/ /	/ /	/ /	/ /
Net Income	\$	\$	\$	\$	\$
Subsidized Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please Report Voluntary Deductions					
Life Insurance	\$	\$	\$	\$	\$
Accidental Death Insur. (AD&D)	\$	\$	\$	\$	\$
Long/Short Term Disability	\$	\$	\$	\$	\$
Flexible Spending Account	\$	\$	\$	\$	\$
Employee Dining/Cafeteria	\$	\$	\$	\$	\$
Garnishments (exclude child support)	\$	\$	\$	\$	\$
Loans (e.g. auto payments, etc.)	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

Who received income: _____		Name of Employer/Program: _____			
Pay Date	/ /	/ /	/ /	/ /	/ /
Net Income	\$	\$	\$	\$	\$
Subsidized Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please Report Voluntary Deductions					
Life Insurance	\$	\$	\$	\$	\$
Accidental Death Insur. (AD&D)	\$	\$	\$	\$	\$
Long/Short Term Disability	\$	\$	\$	\$	\$
Flexible Spending Account	\$	\$	\$	\$	\$
Employee Dining/Cafeteria	\$	\$	\$	\$	\$
Garnishments (exclude child support)	\$	\$	\$	\$	\$
Loans (e.g. auto payments, etc.)	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$

Who received income: _____		Name of Employer/Program: _____			
Pay Date	/ /	/ /	/ /	/ /	/ /
Net Income	\$	\$	\$	\$	\$
Subsidized Employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please Report Voluntary Deductions					
Life Insurance	\$	\$	\$	\$	\$
Accidental Death Insur. (AD&D)	\$	\$	\$	\$	\$
Long/Short Term Disability	\$	\$	\$	\$	\$
Flexible Spending Account	\$	\$	\$	\$	\$
Employee Dining/Cafeteria	\$	\$	\$	\$	\$
Garnishments (exclude child support)	\$	\$	\$	\$	\$
Loans (e.g. auto payments, etc.)	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$



Monthly Eligibility Report Work Activity Timesheet

MTTP Reviewed: _____

Report is for Month/Year: _____

Participant Name: _____

DIRECTIONS: Please complete the calendar indicating the work activity and number of hours per day that you participated/worked as assigned in your Personal Responsibility Plan (PRP). Use one (1) calendar per adult. If you have any questions, please contact your Case Advocate.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:
Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:	Travel Time:

NOTES:

By signing this timesheet, I certify that all hours and activities claimed above is accurate and correct. I understand that submitting false information may result in sanctions and/or termination of all cash aid and/or benefits, which may require repayment. _____

Participant Signature & Date