

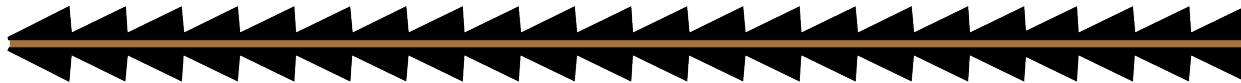


YUROK TRIBE

Client Services Department

Yurok Tribe GA Program

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548
855-55-YUROK



General Assistance Application Checklist

General Assistance Program Email: GA@yuroktribe.nsn.us

General Assistance provides financial support to eligible Yurok Tribal members living within the Yurok Tribe Service Area to help cover essential needs such as food, clothing, shelter, and utilities. The program's goal is to promote self-sufficiency through an Individual Self-Sufficiency Plan (ISP), which outlines specific steps each participant will take to increase independence. Applicants must demonstrate insufficient resources to meet basic needs and must also apply for other available assistance programs at the state, tribal, county, local, or federal level. All applicants must currently live in the designated tribal service area of Humboldt, Del Norte, and Trinity Counties and have been a resident for at least one month.

Application Checklist:

- Completed Application
- Tribal Verification
- Government Issued ID - Examples include: Driver's license, State ID, Passport, Tribal ID
- Income Verification for all Household Members 18 years and older.
- Verification of exemption from the Employment Policy, if applicable. See application for details.
- Denial from County General Relief program and any other appropriate denials (E.g. TANF, Social Security, Unemployment, etc.)
- Completed W9 form

Application Submission Options:

- Email: GA@yuroktribe.nsn.us
- Mail:
190 Klamath Boulevard
Attn: Client Services Department
Post Office Box 1027
Klamath, CA 95548
- Drop off at any Yurok Tribal Office with attention to Client Services Department

Questions?: Please call 855-55-YUROK Ext: 3080



YUROK TRIBE

Client Services Department
Yurok Tribe GA Program

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548
855-55-YUROK



General Assistance Application

Applicant Name: _____ SSN: _____

Phone Number: _____ Tribal ID: _____ DOB: _____

Physical Address (Street, City, State, Zip): _____

Mailing Address (if different than physical): _____

Email Address: _____

Service Area: Del Norte Humboldt Trinity Out of Service Area

District: North South East Requa Weitchpec Pecwan Orick

Do you live on the Yurok Reservation: Yes No

Have you lived in Del Norte, Humboldt, or Trinity County continuously for the last month: Yes No

Members of the Household:

Name	Relationship	DOB	Age	Tribal Roll #

Monthly Income (all household members including yourself):

Source	Name	Amount
Wages/Employment		
TANF/CALWORKS		
Social Security/SSI		
Unemployment		
Veteran Benefits		
Pension/Retirement		
Other		
Monthly Total		

Have you applied for:

- TANF
- CalWORKs, which County _____
- CalFresh/SNAP
- Food Distribution / Commodities
- Social Security/SSI
- Other Disability benefits
- Unemployment benefits
- County General Relief, which County _____
- Other assistance, please list _____

Monthly Expenses:

Rent: \$ _____ Utilities: \$ _____ Food: \$ _____

Do you receive any of the following for free?

- Rent, Please explain: _____
- Utilities, Please explain: _____
- Food, Please explain: _____

Employment Information:

Reason you are Unemployed: _____

Are you looking for work?: Yes No

When and where did you last work?: _____

Exemptions from Employment Policy:

Are you:

1. Under the age of 16? Yes No
2. Are you a full-time student under the age of 19 who is attending an elementary or secondary school, or vocational or technical school equivalent to a secondary school? Yes No If yes, please provide verification of satisfactory progress.
3. A person enrolled at least half-time in a program of study under Section 5404 of Pub. L. 100-297 of the Tribally Controlled Schools Act ? Yes No If yes, please provide verification of satisfactory progress.
4. A person suffering from a temporary medical injury or illness? Yes No If yes, please provide verification from a physician, psychologist, or social services worker that certifies the physical or mental impairment and the duration of the impairment.
5. An incapacitated/disabled person who has not yet received Supplemental Security Income (SSI) assistance? Yes No If yes, please provide verification from a physician, psychologist, or social services worker that certifies the physical or mental impairment.
6. A caretaker who is responsible for a person in the home who has a physical or mental impairment. Yes No If yes, please provide verification from a physician, psychologist, that verifies the condition.
7. A parent or other individual who personally provides full-time care to a child under the age of 6 and you do not have access to child care Yes No
8. A person for whom employment is not accessible because minimum commuting time would be one hour each way Yes No

Explanation of Current Situation:

General Assistance Acknowledgements & Authorization to Release Information:

____ I understand that I may be required to provide verification of my income, expenses, resources, and/or current situation, including, but not limited to; Utility bills, rental/mortgage documentation, pay stubs, etc.

____ I understand that receipts MUST be submitted to the Client Services Dept. within 5 business days of using vouchers if requested by staff.

____ I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.

____ I hereby release the Yurok Tribe and its agents and employees from any/ all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

____ I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning my case and/or the case of my dependent(s) named above in direct relation to service provided under as indicated in this application, including the reporting agency. I have been informed of the type of information to be requested and released.

____ If your circumstances change, you must report it to the Client Services Department immediately. If there are no changes, you must have a re-determination within ninety (90) days. If you are granted, a written notice will be sent to you. A date for re-evaluation will also be included. If you fail to respond by that date, you must re-apply for services.

____ When you file an application for GA you have a right to a written decision within thirty (30) days. If you disagree with the decision, you have the right to file an appeal within ten (10) days.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given: ____ Yes ____ No ____ Not Applicable

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ Date: _____

End of Application