

# YUROK TRIBE CLIENT SERVICES DEPARTMENT

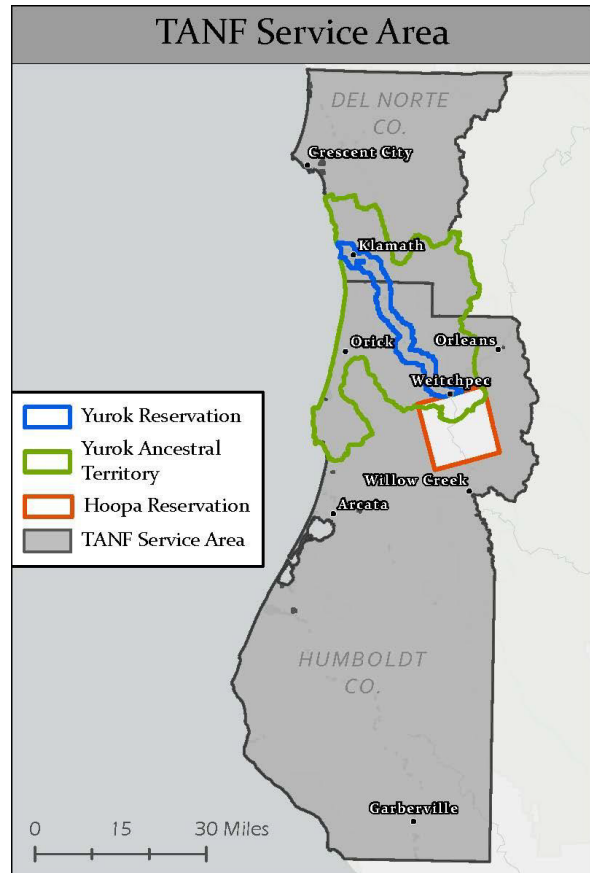
190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

Phone: 855-55-YUROK



## Non-Recurring Short-Term Benefits (NRSTB) Application

The TANF program administered by the Yurok Tribe, referred to as the Yurok Tribal TANF Program (YTTP), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren) for episodes of need during natural disasters, pandemics, and state of emergency declarations. YTTP requires this application and supplemental documents to determine your family's eligibility for emergency services. NRSTB has a lifetime cap of \$5,000 per household and is only for non-recurring episodes of emergency. We keep all information private and secure, as required by law. You have the right to appeal your decision and the review will be completed within 10 business days.



### Eligibility:

- Custody of minor children (under the age of 18)
- Expectant Native parent(s) may be eligible in the 3rd trimester of pregnancy.
- Have not already received NRSTB funds from Yurok Tribal TANF Program, other tribes, or agencies.
- Household income is less than 300% FPL (Net income).
- U.S. Citizen or eligible alien status
- Physically reside in Humboldt or Del Norte County except for Hoopa Valley (commonly known as the Hoopa square), at least one member of household is enrolled Yurok. Enrollment in other federally recognized tribal households' enrollment is allowable if living on the Yurok reservation.



Phone: (707) 951-6631 • Fax: (707) 482-1377





## NRSTB Acknowledgement

Dear NRSTB Applicant:

The TANF program administered by the Yurok Tribe, referred to as the Yurok Tribal TANF Program (YTTP), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren) for episodes of need during natural disasters, pandemics, and state of emergency declarations. YTTP requires this application and supplemental documents to determine the eligibility of your family for emergency services.

NRSTB has a cap of \$5,000 per household and is only for non-recurring episodes of emergency pending availability of funds. NRSTB is for a singular crisis episode for families to avoid reliance for ongoing expenses through government funded programs. It is the applicant’s responsibility to demonstrate a need. Payments will be provided directly to the applicants chosen vendor(s) with completed W-9 and quote/receipts to address emergency crisis. Payments will not be made directly to the applicant unless under extraordinary circumstances and approved by the TANF Manager. NRSTB applications will be notified by TANF staff regarding all payments. It is imperative that NRSTB applications do not contact the Yurok Tribe Fiscal Department. We keep all information private and secure, as required by law. You have the right to appeal your decision within 10 business days of receipt of denial letter through written correspondence. Upon receipt of the appeal, the TANF Manager has 10 business days to respond to your appeal through written correspondence.

I, \_\_\_\_\_ (print name of applicant), acknowledge under penalty of perjury, under the laws of the United State of America and the State of California, I swear and affirm that the information provided on this application is true, correct, and complete. I will undergo a sanction and be required to return any benefits received if my information is not true. Sanctions may include administrative, civil, or criminal actions against me, including prosecution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NRSTB Application

## Section I- Contact Information

Applicant First & Last Name: \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical): \_\_\_\_\_

## Section II- Family Unit- Please provide information for all household members.

18+ Years	First & Last Name	Date of Birth	Tribal Affiliation	Relationship to Applicant
Self				Self
2 <sup>nd</sup> Adult				
3 <sup>rd</sup> Adult				
Children in a shared custody must be in applicants' residence at least 51% of the time.				
1 <sup>st</sup> Child				
2 <sup>nd</sup> Child				
3 <sup>rd</sup> Child				
4 <sup>th</sup> Child				
5 <sup>th</sup> Child				
6 <sup>th</sup> Child				
7 <sup>th</sup> Child				



**Section III-** Household Income- Please tell us about the household current income and employment situation for all adults (18+), including paid internships, paid work experience programs, tips, etc.; include no income verification form if there is no earned income. Include other sources of income you are currently receiving, including financial aid, TANF, CalFresh, CalWORKs, SSDI, EDD, SSI, EDD, Per Capita Payments, Child Support, Social Security, Retirement, Survivor’s Benefits etc.

Name of Person with Income	Employer and/or Benefits Type	Amount Received Monthly	Will this end within the next 30 days?
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

**Section IV-** Demonstration of Need- Please provide a description with supportive documentation to confirm your need in crisis.

I, \_\_\_\_\_ am requesting \$ \_\_\_\_\_

I am applying for one of the following NRSTB purposes (circle one):

- State of Emergency      Natural Disaster      Pandemic      Other

Description of crisis/need:

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## **Applicant Checklist**

**To process your application as efficiently as possible, please utilize this application checklist to ensure you have all documents required when submitting your application.**

- Completed NRSTB Application
  - Description and amount of funds needed.
- All Household Members:
  - Valid Photo Identification (adults, 18+ only)
  - Birth Certificates
  - Tribal ID's or Verification from Enrollment; If any household member is enrolled with a different tribal entity, verification of enrollment must be provided.
  - Social Security Cards
- Proof of Physical Residency (Utility bill, rent, or mortgage with applicant's name and address on it)
- Previous month of Income/No Income Verification
- W-9 for Vendors
- Receipts of purchases & invoices. If purchases have not been made yet, quotes are accepted with receipts returned within 10 business days.
- Child Custodial Guardianship (if applicable)
- 3rd Trimester Pregnancy Confirmation (if applicable)

## **Complete- End of Application**





# YUROK TRIBE

Client Services Department



## Verification of Unemployment/No Income

Client Services Department  
PO Box 1027  
Klamath, CA 95548  
CSD@yuroktribe.nsn.us

**Fill out for each person in household who is 18+ years without employment or income.**

I \_\_\_\_\_ (print name) am currently unemployed  
and/or not receiving any income.

Last employer: \_\_\_\_\_ Date last worked: \_\_\_\_\_

Reason no longer working: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information is true and correct to the best of my knowledge. I am also aware that Yurok Tribe Client Services Department may verify my status with the Employment Development Department or other necessary agencies. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial and reimbursement of any and all funds received from this program.

Verbal authorization    Staff receiving verbal authorization: \_\_\_\_\_

Applicant Signature

Date

