YUROK TRIBE CLIENT SERVICES DEPARTMENT

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

(707) 951-6331 or 855-55-YUROK

Yurok Tribal Households with eligible children residing within the YTTP Service Area of Humboldt and Del Norte Counties may be eligible for services. Service Area excludes other reservations or rancheria territories. Other Federally Recognized Tribal Households residing within the Yurok Tribal Reservation boundaries may be eligible for services.

If you have been convicted of a felony drug or domestic violence charge within the past two years and have not completed a treatment program you will not be eligible to receive Tribal TANF assistance. If you have completed a certified treatment program you must provide proof of completion.

REQUIRED VERIFICATION DOCUMENTATION

The following verifications are required when you apply for assistance:

- ☐ Tribal Verification
- ☐ Valid California Driver License or California Identification Card
- ☐ Certified Birth Certificates
- ☐ Social Security Cards Proof of Income (Earned Income/Unemployment/Disability/SSI/
- ☐ Proof of Residency / Current Utility Statement
- ☐ Immunization Records
- ☐ Proof of Pregnancy
- ☐ Automobile Registration / Proof of Insurance
- ☐ Current Bank Statement
- ☐ Current Student Enrollment and Attendance Record(s)
- ☐ Custody/Guardianship
- ☐ High School Diploma or GED
- ☐ Other _____

YOU HAVE THE RIGHT TO APPEAL

The Yurok Tribal TANF Program has an interest in assuring its Program is administered, implemented and enforced non-discriminatorily and consistent with basic principles of justice and fairness. To that end, all applicants, or recipients of services and financial assistance, have the right to appeal all decisions made by the program that affects services or assistance provided to the applicant or recipient. You may submit your request for a hearing before the Program Manager or designee. The request must be in writing and must be made within 10 working days from the date the Notice of Action. (NOA) The request must be signed and dated.

Yurok Tribal TANF Program - Application for Assistance

Office: **Request Date:** **30 - Day Pending:**

☐ **Application for Initial Services** ☐ **12-Month Re-certification** ☐ **Update**

Applicant is Applying for: ☐ **Cash Assistance** ☐ **Diversion Services** ☐ **Employment Services**

Previous TANF Client: **NO**☐ **YES**☐ **Office:** **Other:**

Applicants Name: _____ Social Security Number: _____

Home Address: _____ Date of Birth: _____

Mailing Address: _____ Home Phone: _____

Tribal Affiliation: _____ Tribal Roll Number: _____ Message Phone: _____

List ALL household members who will be utilizing services

Full Name (First, MI, Last Name)	Social Security Number	Date of Birth	Age	Relationship	Sex	Marital Status	Education: Last grade Completed	Education: Highest Certificate	Disabled	Tribe

List ALL household members who WILL NOT be utilizing Program services

Do you pay rent? ☐NO ☐YES How much? _____ To who do you pay rent? _____

Do you own more than one vehicle? ☐NO ☐YES Value of each vehicle: _____

Have any other resources i.e., checking or savings account? ☐NO ☐YES Amount in all accounts? _____

Have you filed for unemployment? ☐NO ☐YES Are you: ☐Eligible ☐Not Eligible Date you applied: _____

Yurok Tribal TANF Program - Application for Assistance

List ALL household Income & Benefits received in the LAST SIX-MONTHS

Household Received:
☐USDA ☐Food Stamps ☐ OHP ☐Sect. 8 ☐SIHA EA ☐ Higher Education
☐State TANF ☐State DV-TANF ☐SSI ☐SSD ☐Utility Assistance ☐Child Support
☐Unearned Income ☐Earned Income ☐Other **Note: List all dollar amounts below.**

Recipient's Name	Source	Type	Amount	Date Last Recived	Still Receiving?

Employment History

Employer's Name & Address	Area Code & Phone Number	Supervisor's Name	Type of Work	Dates of Employment	Reason for Leaving

Have you or any household member ever been convicted of a felony? ☐YES ☐NO If yes, please explain and attach documentation:_____

_____

_____

FEDERAL LAW GOVERNING FRAUD: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or device, a material fact, or makes any false fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned more than five years or both."

Fraud in the Yurok Tribal TANF Program will lead to a negative and immediate termination from the Program.

I (we) have read, or heard, or have had interpreted to me (us) the proceeding provisions of law and understand them. I (we) agree to supply all necessary information about my (our) situation changes. I (we) also authorize the Yurok Tribal TANF Program to obtain information to establish my (our) eligibility for assistance. By my (our) signature, I (we) verify that all the above information reported on this application and oral information given is true and correct to the best of my (our) knowledge.

Signature of Applicant: _____ **Date:** _____

Signature of Spouse/Partner of Applicant OR Parent of a Minor Applicant: _____ **Date:** _____

Signature of YTTP Staff: _____ **Date:** _____