

YUROK TRIBE CLIENT SERVICES DEPARTMENT

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

Phone: 855-55-YUROK



Emergency Assistance Application Checklist

The Emergency Assistance program offers limited financial support to Yurok Tribal members experiencing household crises. Its purpose is to help stabilize families during urgent times of need, with priority given to households that include elders or children. All Yurok Tribal Elders are eligible regardless of income, while other Tribal members must live on the reservation or within the service area and meet income guidelines at or below 150% of the federal poverty level. Assistance is available to those who have no other resources to meet their emergency needs. Services may include help with food, hygiene, and clothing; emergency fuel or utility payments; rent or mortgage support; car or home repairs; and medical transportation for those needing care outside the service area or far from their residence.

Application Checklist:

- ☐ Completed Application
- ☐ Tribal Verification
- ☐ W9 for Vendor
- ☐ Income Verification for all Household Members 18 years and older. (Last 30 days of income, Passport to Services, most recent award letter for Social Security, Retirement, Disability, Unemployment, or Child Support)
- ☐ If Requesting Utilities: All pages of power/propane bills.
- ☐ If Requesting Car or Home Repairs: Provide 2 quotes, or if reimbursement provide receipts for repairs.
- ☐ If Requesting Rent or Mortgage Assistance: Provide bill or written statement, and W9 for landlord.
- ☐ If Requesting Out-of-Area Medical Travel: Provide either receipts or hotel stay for reimbursement, or proof of out-of-area medical appointment.

Application Submission Options:

- Email: EA@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 (707) 951-6631

YUOK TRIBE CLIENT SERVICES DEPARTMENT

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

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



Applicant Name: _____ Date: _____

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

Is there an Elder (60+ years) in the Household: ☐ Yes ☐ No

Is there a child 5 yrs or younger in the Household: ☐ Yes ☐ No

Is there a person with a disability in the Household: ☐ Yes ☐ No

Members of the Household (all individuals including yourself):

Name	Relationship	DOB	Age	Tribal Roll #
	Self			

Monthly Income (all household members including yourself over 18):

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

Emergency Assistance (select one only):

An **emergency** is an urgent, sudden, and serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property; an exigency.

_____ **Emergency Food/Clothing/Hygiene-** Assistance with purchasing food, hygiene, and clothing.

_____ **Emergency Utilities-** including fuel and energy bills to offer emergency assistance to tribal members with no other resources to make energy related payments and repairs, emergency health issues, etc.

_____ **Emergency Housing – Rent/Mortgage Assistance-** to combat crisis including emergency rental assistance, intervention with landlords/Housing/Financial Institutions to Tribal members with no other resources at the time to make shelter payments

_____ **Emergency Vehicle/Home Repair-** to provide emergency car or home repair to Tribal members with no other resources for such need.

_____ **Emergency Medical Transportation (outside of area)-** to provide emergency medical assistance to Tribal members with no other resources to get to medical facilities outside the Yurok Tribe's service area of Humboldt, Del Norte, and Trinity counties, or 75 miles from residence if within the service area. Assistance also include travel, food, lodging, or medical supplies needed for medical crisis.

Explanation of Emergency:

Emergency Assistance Acknowledgements & Authorization to Release Information:

____I understand that I will be required to provide verification of emergency situation, including, but not limited to; Utility bills, rental/mortgage documentation, Past Due/Shut Off Notice, Eviction Notice, Cost Estimates for repairs, W-9 for Vendors, 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 am the only person in my household who has applied for Emergency Assistance.

____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.

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: _____

Co-Applicant Signature (other household adults) : _____ Date: _____

End of Application

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
			-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.