

YUROK TRIBE CLIENT SERVICES DEPARTMENT

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

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



A checklist must accompany each application sent in. Be sure to complete all of the necessary information in order for your application to be processed. Your application will remain active for ten (10) days in order to give you the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive.

Please use the checklist below and complete the application as thoroughly as possible so a delay in the application process will not occur.

General Assistance

Application Checklist

(Must have all documents)

- ☐ Completed Application
- ☐ Tribal Verification
- ☐ A Valid State I.D.
- ☐ Social Security Card
- ☐ Proof of Handicap or Disability, Enrollment in Program, or other appropriate verification to qualify for the program (***based on attached unemployable definitions***)
- ☐ Income Verification for all Household Members
(18 years and older)
- ☐ Denial from County General Relief Office and any other appropriate denials
(***TANF, Social Security, County Aid, etc.***)
- ☐ Social Security Administration verification along with application

NOTIFICATION TO CLIENT

In order to be eligible for General Assistance (GA), you must be unemployable. You must apply for services from the state or county before you may receive Yurok General Assistance. We may be able to assist during the interim period if you can provide documentation that you have an application pending with another program. You cannot already be receiving supplemental Social Security Income (SSI) or Temporary Assistance to Needy Families (TANF). If denied from another program, you must prove it was for good cause or we cannot assist you.

To qualify for GA, the Social Service staff must first get information about you and your household, which includes all income. We are required by law to check with other agencies to ensure services are not being duplicated. A home visit may be necessary to verify residency.

All applicants must currently live in the designated tribal service area of Humboldt and Del Norte Counties and have been a resident for at least 3 months.

You may be required to verify disabilities if it prevents you from seeking work. A signed Physician's statement is necessary. It should also state the length of time you will be unable to work.

The amount you may receive for GA is based on State standards of public assistance less your income and resources. The information you give must be accurate. If your circumstances change, you must report it to the Social Services Department within ten (10) days. 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. *The penalty for knowingly and willfully concealing or giving false information may result in being denied assistance for one year plus paying back all funds received.*

This program will continue until funding is depleted or the fiscal year ends.

General Assistance Application

Type of Service: ☐ GA ☐ Miscellaneous Emergency

Last Name: _____ **First Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
SS#: _____ **Date of Birth:** _____
Telephone: _____ **Message phone:** _____
Tribal Affiliation: _____ **Roll Number:** _____

District:

☐ South ☐ East ☐ North ☐ Orick ☐ Requa ☐ Pecwan ☐ Weitchpec

Household Name	Relationship	Date of Birth	Tribal Affiliation	Enrolled Member	Social Security #
1.)				☐ Y ☐ N	
2.)				☐ Y ☐ N	
3.)				☐ Y ☐ N	
4.)				☐ Y ☐ N	
5.)				☐ Y ☐ N	
6.)				☐ Y ☐ N	

Monthly Income of all Household Members:

AFDC \$ _____
SSI \$ _____
Social Security \$ _____
Wages \$ _____
Unemployment Benefits \$ _____
Veterans Benefits \$ _____
Other \$ _____ Source: _____

TOTAL INCOME \$ _____

Last date worked: _____ Last Monthly Income Amount: \$ _____

Do you have reliable transportation? ☐ Y ☐ N If yes, list year, make, and model:

Reason you are unemployed: _____
List Monthly Expenses: Rent \$ _____ Utilities \$ _____ Food \$ _____
Emergency Amount Requested \$ _____

Certification: By signing this document I am certifying that all information provided orally and on this form are true and correct to best of my knowledge. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial, sanction for one year and reimbursement of any and all funds received from this program.

Applicant Signature: _____ **Date:** _____

GA Caseworker: _____ **Date:** _____

[illegible]

Name: _____

City: _____

Signature: _____ **Date:** _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize Yurok Social Services, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by my initials to release and receive information concerning my case and/or the case of my dependent(s) named below. I have been informed of the type of information to be requested and released.

Initial all that apply:

_____ Department of Health and/or Social Services of _____ County.

_____ Probation Department of _____ County.

_____ United Indian Health Service and/or the following clinics and health programs:

_____ Juvenile and/or Dependency Court of _____ County.

_____ The following school (s) _____.

_____ Other _____

_____ My dependents who are covered by this release are: _____

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

_____ I understand that the above consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

Social Security #:

DOB:

Signature:

Date:

The release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

General Assistance Program Policies
In Accordance With:

PART 20-FINANCIAL ASSISTANCE AND SOCIAL SERVICE PROGRAM
25 CFP; Subchapter D-Human Services

1. PURPOSE:

To meet essential needs of Federally recognized Tribal members who reside in the Yurok Tribe's Service area of Humboldt and Del Norte Counties and do not have sufficient resources or qualify for other sources of assistance. General Assistance is for essential needs, essential needs include money for rent, utilities, food, and clothing.

GA funds will also be used to assist Tribal members for funerals, flood, and natural disasters. Funding situations other than funerals will require a Tribal application to the Bureau of Indian Affairs for a waiver. (Pages 20-21 for regulations).

Funeral Assistance amount is \$2,500.00 per tribal member.

Application must be unemployable. Unemployable is defined as follows.

1. 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.
2. Permanently disabled (incapacitated because of age, physical, mental, or emotional impairment). Must provide appropriate doctor's verification and be actively applying for social security. **(Maximum of 36 months of benefits upon program compliance).** Clients that are approved for SSI will provide a payback of GA funds of ½ the monthly rate.
3. Lack of skills to obtain employment or prior work experience. If lack of diploma or skills hinders employment, then applicant must be enrolled in a program to earn GED, attend all trainings offered through the GA Program, and complete **24 hours of community service a month.** Intake worker will assess (using a developed assessment) the client to determine job skill assessment. All that qualify under a lack of job skills will be required to participate in all required trainings. Only under extraordinary circumstances (under definitions) will these requirements be waived. Each participant will be required to complete a Yurok TERO Skills bank and have an updated application in the Yurok Temporary Employment pool. Each student will have an Individualized Education Plan (IEP) and must meet monthly requirements in the plan in order to receive check. **(Maximum of 18 months of benefits upon program compliance).**
4. Single parent with a child under six years old and ineligible for cash aide assistance; pregnant and not yet eligible for TANF but **deemed unable to work by a doctor.**

(Continued)

5. An individual suffering from an illness or injury that is serious enough to temporarily prevent entry into employment. If a mental illness is the presenting issue preventing employability the client must have received a mental health assessment and be following all treatment recommendations including counseling. **(Must provide appropriate verification detailing how long employment will be prevented).**
6. An individual responsible for a person in the home who has a verified physical or mental impairment that requires the individual in the home on a continuous basis and there is no other appropriate household member available. Must show verification of denial from county in-home care.
7. A victim of domestic violence who has fled the abusive relationship and has no other source of income. Documentation of abuse and/or separation must be provided and client must work with the DV Program to do an intake and receive other supportive services **(Maximum of 3 months of benefits).**
8. Formerly incarcerated in prison **(within the last 12 months)** and **unable to obtain employment.** Must submit 4 job searches per week (an employer listed on one week's search cannot be listed on either of the following three weeks). Must complete 24 hours of community service monthly and attend all trainings offered through the GA program.
9. An individual residing in rehabilitation program or intensive out patient care and restricted from seeking employment. Those in an inpatient program that are provided food and shelter by other sources will only be provided aid for clothing and incidentals. Once other sources of funding are exhausted clients will then qualify for full funding. Shelter payments will be made directly to the treatment facility. **Client must be in compliance with their treatment plan.**

All applicants must currently live in the designated tribal service area of Humboldt and Del Norte Counties and have been a resident for at least 3 months.