

# 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](mailto: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 855-559-8765 EXT 3086

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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		
	<b>Monthly Total</b>	

**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**

