

YUROK TRIBE CLIENT SERVICES DEPARTMENT

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

Phone: 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:
<input type="checkbox"/> Application for Initial Services	<input type="checkbox"/> 12-Month Re-certification	<input type="checkbox"/> Update

Applicant is Applying for:				<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Diversion Services	<input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES		How much? _____		To who do you pay rent? _____	
Do you own more than one vehicle? <input type="checkbox"/> NO <input type="checkbox"/> YES		Value of each vehicle: _____			
Have any other resources i.e., checking or savings account? <input type="checkbox"/> NO <input type="checkbox"/> YES		Amount in all accounts? _____			
Have you filed for unemployment? <input type="checkbox"/> NO <input type="checkbox"/> YES		Are you: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		Date you applied: _____	

Yurok Tribal TANF Program - Application for Assistance

List <u>ALL</u> household Income & Benefits received in the LAST SIX-MONTHS						
Household Received:	<input type="checkbox"/> USDA	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> OHP	<input type="checkbox"/> Sect. 8	<input type="checkbox"/> SIHA EA	<input type="checkbox"/> Higher Education
	<input type="checkbox"/> State TANF	<input type="checkbox"/> State DV-TANF	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD	<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Child Support
	<input type="checkbox"/> Unearned Income	<input type="checkbox"/> Earned Income	<input type="checkbox"/> 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 YTPP Staff: _____ **Date:** _____