



Date of Application Pick Up \_\_\_\_\_.



**HOOPA VALLEY TRIBAL TANF PROGRAM**  
PO Box 728, Hoopa, California 95546  
530-625-4816 phone/530-625-4826 fax

### **Non-Needy/Child Only Caretaker Application for Cash Aid Services**

At least one member of the applying Family Unit must be a member of a federally recognized tribe or member of the California Judgment Roll & live on the Hoopa Valley Indian Reservation. A family cannot be found eligible for HVTTP services if the applicant refuses to allow the program staff to verify or document information relevant to the eligibility determination. The following must be submitted to determine eligibility when you are initially applying for services with the Hoopa Valley Tribal TANF Program (HVTTP):

**Please check all that have been completed:**

- \_\_\_\_\_ **California Driver License (CDL) or California Identification (CA ID):**  
Proof of valid California DL or CA ID cards or verification by California DMV that you recently applied will be required for all adults that live in the household.
- \_\_\_\_\_ **Tribal Verification/ Certificate of Blood Degree:**  
Proof of enrollment for all Family Unit Members that apply or complete the Tribal Enrollment form.
- \_\_\_\_\_ **Social Security Cards:**  
Social Security card(s) or proof that you have recently applied (i.e., new baby) for Social Security card(s) will be required for everyone that lives in the household.
- \_\_\_\_\_ **Birth Certificates:**  
**Certified** copies of birth certificates will be required for all Family Unit Members. Exceptions will be made for newborn children; hospital certificates will be allowed up to 30 days.
- \_\_\_\_\_ **Guardianship/Custody Papers:**  
All court documents that are related to child custody of the minor children who are on the grant.
- \_\_\_\_\_ **Proof of Income:**  
Any income that is received by any member living in the household. (i.e., SSI, Unemployment benefits, Disability, per capita payments, Child Support, Casino Winnings, etc.).
- \_\_\_\_\_ **Immunization Records:**  
Proof of immunizations for all Family Unit Members who are under the age of 18 or complete the immunization refusal form.



**Current Student Enrollment:**

Please have your child (ren)'s school complete the School Enrollment form that is included in the application packet.

**Bank Statement:**

Please provide a current detailed bank statement for the entire month that you are applying for services with the HVTTP.

**Recent Utility Bills:**

Please provide recent (must be within the last 30 days) copies of your bill for PG&E, Water, Propane, etc. Bring in any utilities bills that your household receives.

**Medi-CAL/CalFresh/ Tribal Commodities:**

Please provide a proof of passport for services from County Social Services and/or a statement from the Hoopa Food Distribution Program.

**Tenant & Landlord/Property Owner Statement:**

Please complete the Tenant & Landlord/Property Owner Statement form.

**Auto Registration:**

Copies of auto registration for all vehicles that are registered to adult members who are living in the household and/or copy of the DMV non-operation certificate.

**Drug Test:**

A drug test will be given at the intake appointment by the Case Worker. Anyone who refuses a drug test it will be considered a positive drug screen. Client's will be subject to random, re-certification, and for cause drug screens at any time while receiving services.

**Home Visit:**

A home visit will be conducted after all financial eligibility documents are received by the HVTTP staff.

**Proof of High School Diploma or GED**

All adult household members must provide proof of high school completion or GED.

**Payee**

(If required, payee report form/vendor form/drug test) please schedule necessary appointment.

**Annual Responsibilities of the Family Unit**

Signed by all adult household members.

**To Be Completed by HVTTP Staff**

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Complete By:** \_\_\_\_\_

**Intake Appointment Date:** \_\_\_\_\_



## Application for Services

### Section 1: Primary Individual's Information

Name:								
Physical Address:			City:		State:		Zip:	
Mailing Address:			City:		State:		Zip:	
Social Security Number:					Home Telephone:			
Work Telephone:					Message Telephone:			
Tribal Affiliation:								
Name of people who live with you Please Print Name	Relationship	DOB	Age	Social Security Number	US Citizen or National	CIF#	Sex	Tribe
	SELF							

### Section 2: Other Services

Are you currently receiving services from the following (mark all that apply):

<input type="checkbox"/> Humboldt County	<input type="checkbox"/> Yurok TANF	<input type="checkbox"/> LIHEAP; Date Received _____.
<input type="checkbox"/> CTPP	<input type="checkbox"/> Karuk TANF	<input type="checkbox"/> RCAA; Date Received: _____.
<input type="checkbox"/> Veteran's	<input type="checkbox"/> Other: (Specify)	

### Section 3: Income Information

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Employer's Name & Contact Information:

\_\_\_\_\_, Telephone# \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving any of the following income (mark all that apply):

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Per Capita Payments	<input type="checkbox"/> SSA/ SSD/ SSI; please circle all that apply.
<input type="checkbox"/> Child Support	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Other, please specify:



**Section 4: Marital Status**

Are you married?  Yes  No

If yes, please provide your spouse's name: \_\_\_\_\_.

Are you divorced?  Yes  No Is divorce pending?  Yes  No

**Section 5: Income & Assets**

1. Is anyone in your household working and/or self-employed?  Yes  No If yes, please complete below.

Person Employed	Employer	# of hours worked	Monthly Gross Income

2. List any other money or income anyone in your household receives (not including income listed above).

Owner	Source	Amount Received

3. List how much money your household has in cash or bank/credit union accounts.

Amount of Cash on Hand	Amount in Bank/Credit Union	Account Holder	Bank/Credit Union Name	Account Number
\$	\$			
\$	\$			
\$	\$			
\$	\$			

4. List any houses, cabins, property, stock, bonds, or other assets owned by anyone in your household.

Owner/Type of Property/Asset	Value

5. List all vehicles owned by anyone in your household (including cars, trucks, motorcycles, boats, RV's snowmobiles, etc.)

Owner/Type of Vehicle	Model	Year	Value	Amount Still Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

6. List how much your family pays each month for rent/mortgage and utilities. (Please circle yes or no)



Do you pay for your home heating costs?	Yes	No
Rent/Mortgage Amount: \$ _____.	Yes	No
Utilities Amount: \$ _____.	Yes	No
7. Does anyone in your household have child/dependent care expenses? Amount: \$ _____.	Yes	No
8. Are you requesting assistance for anyone in your household who is pregnant? If so, who? _____.	Yes	No
9. Is anyone in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? If yes, who _____.	Yes	No
10. Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? If yes, who? _____.	Yes	No
11. Has anyone in your household received public assistance in California or any other state?	Yes	No
12. Are you receiving Medi-Cal?	Yes	No
13. Are you receiving Cal-Fresh? Amount \$ _____.	Yes	No
14. Are you receiving Tribal Commodities?	Yes	No
15. Does anyone in your household have unpaid medical bills from the last three months?	Yes	No
16. Does anyone in your household have medical problems or medical costs due to an accident? If yes, who? _____ . Date of Accident: _____.	Yes	No

**Section 6: Employment History**

Is anyone in the household employed? If yes, please list who.	Yes	No
1. _____ Last Name                                      First Name                                      MI		
1a. Employment Status: (circle one)    Employed                      Unemployed                      Not in Labor Force		
1b. Receives Federal Disability Insurance benefits under the Social Security AOSDI Program	Yes	No
1c. Receives Benefits based on Federal Disability Status under Non-Social Security Act Programs: Veteran's Disability Benefits, Workers' Disability Compensation, Black Lung Disease, Disability Benefits.	Yes	No
1d. Receives Aid to the Permanently and Totally Disabled Under Title XIV-APDT of the Social Security Act.	Yes	No
1e. Receives Supplemental Security Income under Title XVI-SSI of the Social Security Act.	Yes	No



2. \_\_\_\_\_  
Last Name                                      First Name                                      MI

2a. Employment Status: (circle one)    Employed                      Unemployed                      Not in Labor Force

2b. Receives Federal Disability Insurance benefits under the Social Security AOSDI Program.                      Yes    No

2c. Receives Benefits based on Federal Disability Status under Non-Social Security Act Programs:  
Veteran's Disability Benefits, Workers' Disability Compensation, Black Lung Disease, Disability Benefits.                      Yes    No

2d. Receives Aid to the Permanently and Totally Disabled Under Title XIV-APDT of the Social Security Act.                      Yes    No

2e. Receives Supplemental Security Income under Title XVI-SSI of the Social Security Act.                      Yes    No

*Please use additional sheets if needed.*

**Section 7: Education/Training History**

1. Have you completed secondary school?(circle one)                      High School                      GED

2. If you have not received your high school diploma or completed the GED, please list highest grade level you completed. \_\_\_\_\_.

3. Have you completed post-secondary school? (circle all that apply)    Junior/Community College    University  
Four (4) Year University.

4. Do you have a degree?    Yes    No    If yes, what is your degree in? \_\_\_\_\_  
Please provide a copy of your degree or transcript.

5. Are you participating in any of the following? (circle all that apply)  
GED Classes    College Level Courses    Reading Skills Class    Vocational Training Courses  
High School    Other: \_\_\_\_\_.

6. Work Study- Please explain what you expect from the Hoopa Valley Tribal TANF Program.  
\_\_\_\_\_.

7. What kind of assistance do you feel that you need?  
\_\_\_\_\_.

8. Do you have a job goal? \_\_\_\_\_.

9. Why do you want to do this type of work?  
\_\_\_\_\_.

10. Do you have skills related to your job goal? \_\_\_\_\_.

11. Do you have a resume or general application completed?    Yes    No    If yes, please provide a copy.



**Section 8: Personal Information**

1. Do you have job limitations due to your medical situation? If yes, please explain: _____.	Yes No
2. Are you taking prescribed medications? If yes, please explain: _____.	Yes No
3. Do your medications cause any side effects that may affect your job performance or schooling? If yes, please explain: _____.	Yes No
4. Do you have any legal (civil/criminal) cases pending? If yes, list probation/parole officer; charges, date and if charge is resolved, if not please explain. _____.	Yes No
5. If you were to be selected for training, do you have any planned events that would require you to be absent (vacation, surgery, family reunion, court appearances, etc.)? If yes, please explain. _____.	Yes No
6. If you have small children, do you have childcare arranged? If yes, list the name of the primary provider: _____. Secondary Provider: _____.	Yes No
7. Do you have reliable transportation? (Please circle all that apply)  Reliable                      Not-Reliable                      Family Member                      No Transportation	Yes No
8. Do you have a valid California driver license? If no, please explain. _____.	Yes No
9. Do you have vehicle insurance? If yes please provide proof of insurance.	Yes No
10. Do you live on the bus line?	Yes No
11. What would you do if your vehicle broke down and you needed to get to work/job training? _____.	

**Section 9: Authorized Representative(s)**

<b>Authorized Representative(s)</b>	
I have asked this person to help with my Hoopa Valley Tribal Temporary Assistance case.	
_____.	_____.
Name of Person	Phone/Message number



**Protective Payee**

I select this person to be my Protective Payee and give permission for them to spend my Tribal Temporary Assistance (Cash Aid) benefits on my behalf of my household.

\_\_\_\_\_  
Name of Person \_\_\_\_\_  
Phone/Message number

\_\_\_\_\_  
Address City State Zip

**Statement of Truth**

Under penalty of perjury or un-sworn falsification, I certify that the statements made on this application and during my interview for assistance regarding the persons in my home, the income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

I have read or had read to me and understand my rights and responsibilities.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Other Adult Applicant Date \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of TANF Staff Date