



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

Pregnancy Verification

(Please Print Clearly)

Date: _____ CIF# _____ Case Worker: _____

Participant Name: _____

Participant Address: _____

Estimated Date of Delivery: _____

Estimated start date of 3rd trimester of pregnancy (week 27) _____

Is this pregnancy considered high risk? Yes _____ No _____

Physician Name (print): _____

Physician Signature: _____

Name of Medical Facility: _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____

Please submit completed form to the Hoopa Valley Tribal TANF Program by mail to the address listed above or by fax to 530-625-4826.