



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



TRIBAL ENROLLMENT VERIFICATION

Section 1: To be completed by Client

Client Name	Date of Birth	Roll #	Relationship	Status

Client Consent: By signing below I authorize _____ Tribe to release enrollment and per capita information to the Hoopa Valley Tribal TANF Program.

Client Signature: _____ Print Name: _____ Date: _____

Is per capita payment received? Yes No If yes, please have Enrollment Representative complete section 2.

Section 2: Per Capita Information; to be completed by Enrollment Representative. Please list anyone in Section 1 who receives a per capita.

Client Name	Per Capita Funding Source	How Often	Amount

Section 3: Tribe/Rancheria Contact Information and Certification:

 Tribe/Rancheria Name Address Phone Number Fax Number

By signing below I agree the above information is true and correct to the best of my knowledge.

Date: _____

Signature: _____ Print Name: _____ Title: _____