



NORTH FORK RANCHERIA TRIBAL TANF

APPLICATION PACKET



NORTH FORK RANCHERIA TRIBAL TANF

APPLICATION INSTRUCTIONS

1. Form must be filled out with Black or Blue Ink only.
2. You may not use “white out” on any of these documents.
3. Please utilize the “Application Checklist” to help you complete and gather all required documentation for your application and appointment with an Intake Eligibility Worker.
4. Please complete the TANF application, do not “Sign” or “Date” anything until you are asked to by the Intake Eligibility Worker.
5. If you feel that your circumstance warrants an emergency application, please alert the Intake Eligibility Worker.

****NOTE: North Fork Rancheria Tribal TANF is required to receive vital statistics and confidential information in order to determine eligibility. There is a ten (10) day application processing time unless your application is deemed an emergency per policy. In order to process your application in a timely manner, the information on the “Application Checklist” is required. This is the applicant’s responsibility.***



NORTH FORK RANCHERIA TRIBAL TANF

APPLICATION CHECK LIST

Please utilize this checklist to assure that you have all required documentation for your appointment. This will assist in a timely application /approval process.

ADULT APPLICANTS

- Tribal certification of enrollment or eligibility for enrollment in a Native Northern American Indian Tribe (with either state or federal recognition), or descendant of an enrolled member, or descendant from a member of the ***California Indian Judgment Roll***.
***NOTE: This must be provided for each member in the household that has one.**
- Certified copy of birth certificates for **ALL individuals** applying.
- Valid picture identification for **ALL adults** of the household including but not limited to a California driver's license, State Identification, Tribal identification or military identification.
- Social Security cards or a receipt of application for a Social Security card for **ALL individuals** applying.
- If convicted of a drug-related felony after July 1, 1997, bring court documents verifying conviction.
- "Statement of Facts" form (included in packet)
- "Your Rights and Responsibilities" form (included in packet)
- "Verification of Monetary Distribution" form (included in packet)
- "Release of Information" form (included in packet).

CHILDREN

- Tribal certification of enrollment or eligibility for enrollment in a Native Northern American Indian Tribe (with either state or federal recognition), or descendant of an enrolled member, or descendant from a member of the ***California Indian Judgment Roll***.
***NOTE: This must be provided for each member in the household that has one.**
- Immunization records for **ALL** children applying (exempt at 13 yrs. or 6th grade) (Exemptions shall apply where religious concerns are cited by the applicant)
- School attendance records for **ALL** school age children, including minor parents.
- "School Enrollment Verification" form (included in packet) ***NOTE: Please list and have verification for each school aged child in the household.**

HOUSING

- Rent/lease receipt or letter from Tribal housing.
- ALL** current utility bills which may include phone, electricity, water, trash, or sewer. **NOTE: If bills are not in applicants name, please provide a "Statement of Facts" (included in packet), with an explanation as to why the bill is not in applicants name.**
- "Residential Verification" form (included in packet)

INCOME

- "Verification of Employment" form (included in packet)



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- Employment check stubs, letter from employer, etc.
- Per capita, Non-Gaming or Tribal distribution
- Social Security Income (SSI /SSP, Survivors Benefits, etc.) **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- State Disability award or denial letter. .) **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- Unemployment award or denial letter
- Child support income. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**
- Child custody. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**

ADULT EDUCATION/TRAINING

- Student income, scholarships, grants, loans, (financial aid award or denial letter)
- Student expenses, books, tuition, etc.
- Verification of school enrollment
- Child care costs
- Mileage to and from training/school

RESOURCES

- Bank accounts most current bank statement – Savings and Checking
- IRA, retirement accounts or other investment accounts
- Trust accounts
- Saving bonds
- Vehicle registration (vehicle must be registered in applicants name)
- Car payments
- Proof of car insurance and insurance costs
- Proof of estimated value
- Real property other than primary residence (time-share, vacation home, property)

NON-NEEDY CARETAKER

- Child custody agreement or foster care/court order, tribal or county document with proper signatures and/or seals
- Designation of Indian Custodian, (25 U.S.C. 1901, et seq.) and Tribal Resolution or letter from the appropriate Tribe with authorized signatures
- Verification of annual income



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TANF Application			
Total number of household members applying for Cash Aid on this Application _____			
Name of Applicant: Last, First, MI		Social Security Number	
Maiden or Other Name (if any):		Date of Birth	
Home Address - Number	Street	City	County State Zip
Mailing Address (if different)		City	County State Zip
Telephone Number(s): Home () Work () Message ()			
Is your home address permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Homeless			
Is anyone applying for <input type="checkbox"/> Cash Aid <input type="checkbox"/> Diversion <input type="checkbox"/> Non-Needy Relative <input type="checkbox"/> Child Only			
Has anyone applied for or received aid or benefits? If so, please indicate which ones: <input type="checkbox"/> TANF /CalWorks <input type="checkbox"/> Medical <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless Assistance If so, please indicate whether the aid came from: <input type="checkbox"/> County Welfare or <input type="checkbox"/> Other Tribal TANF Program: _____ Dates Received: _____ Name Used: _____ Program Name or County: _____			
Please indicate your tribal affiliation: <input type="checkbox"/> Member of Federally Recognized Tribe: <input type="checkbox"/> Descendant of California Judgment Roll member: <input type="checkbox"/> Descendant of Federally Recognized Tribe:		Do you reside on a Rancheria or Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, list reservation name): _____	
Is anyone pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date: _____			
How much income did everyone, including the child(ren) receive or will they receive, in the month of this application? \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____			
How much is your rent or mortgage each month? \$ _____		How much are your utilities that are not included in your rent? \$ _____	
Is there a personal emergency? <input type="checkbox"/> Immediate Need <input type="checkbox"/> Child Abuse		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Elder Abuse	
Other threats to Health /Safety: _____			



NORTH FORK RANCHERIA TRIBAL TANF

COMPLETE THIS SECTION ONLY IF APPLYING FOR IMMEDIATE NEED:				
Assets	Amount	Essential Needs	Yes	No
Liquid resources for household, including children:		Utilities – currently shut off or have a 48 hour notice?	<input type="checkbox"/>	<input type="checkbox"/>
Cash, uncashed checks or money orders:		Food will run out within three days	<input type="checkbox"/>	<input type="checkbox"/>
Checking/savings/credit union balance:		Transportation needed for food, medical care or emergency items:	<input type="checkbox"/>	<input type="checkbox"/>
Trust deeds, notes receivable stocks or bonds?		Essential clothing needed (<i>such as diapers or cold weather gear</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other monetary assets:		<i>If yes, specify clothing need:</i>		
		Debits	Amount	
Prior month income received by household unit (<i>including children</i>):		Monthly rent or mortgage:		
		Utilities (<i>if not included in rent</i>):		
Subtotal:		Subtotal:		
Grand Total:				
For Office use Only:	Case Type:	<input type="checkbox"/> 1 Parent	<input type="checkbox"/> 2 Parent	<input type="checkbox"/> Child Only
		<input type="checkbox"/> Immediate Need	<input type="checkbox"/> Not Immediate Need	<input type="checkbox"/> Did not apply for Immediate Need

I understand and agree that I am requesting aid from North Fork Tribal TANF (*herein referred to as NFRTT*) and that I will comply with eligibility requirements. I may be asked to comply with some of these requirements before any aid can be given. I understand the statements I have made on this form may be checked and verified. I understand if I do not qualify for immediate need, other requested services will be approved/denied within standard TANF guidelines. I declare under penalty of perjury under the laws of the United States of American and the State of California the information I have provided is true, correct and complete to the best of my knowledge.

Applicant Signature

Date Signed

Co-Applicant Signature

Date Signed

NFRTT Representative Signature

Date Signed



NORTH FORK RANCHERIA TRIBAL TANF

Adult Information – Adult 1					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment Number	TANFClient <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Non-Custodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Cash Aid from a TANF program? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	2-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	3-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Currently on Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer	County	Offense	Amount of time	Activity
Cash Resource (Cash on Hand)	1-Resource	Amount	Start date	End date	Date last received
	2-Resource	Amount	Start date	End date	Date last received
Other Income <u>Income Types</u> a.Training b.Education c.Welfare d.State Benefits e.Worker's Comp f.Child /spouse support g.Social Security h.PerCap from Tribe i.Sav/Chk Acct j.Strike Benefits k.Veterans Admin l.Military Pension m.Railroad Fund n.Gov Agency o.Gifts /Contributions p.Rental Property q.Winnings r.Other s.Trust Fund t.CD	1-Income Type	Source	Frequency	Amount	
	Start date	End date	Last date received		
	2-Income Type	Source	Frequency	Amount	
	Start date	End date	Last date received		
	3-Income Type	Source	Frequency	Amount	
Start date	End date	Last date received			



NORTH FORK RANCHERIA TRIBAL TANF

Adult Information – Adult 1 (con't)					
Government Assistance a.Subsidized Housing b.Subsidized Childcare c.Medical Assistance d.Food Stamps e.Commodities	1-Assistance type	Monthly amount	Start date	End date	Date last received
	2-Assistance type	Monthly amount	Start date	End date	Date last received
	3-Assistance type	Monthly amount	Start date	End date	Date last received
Pay Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid to	Paid for		Amount per month	Court ordered <input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	<input type="checkbox"/> 2 – year degree <input type="checkbox"/> 4 – year degree	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	I attended school through _____grade. What year did you last attend school? _____	
Employment	Current or Last - Employer Name	Date Employed Start _____ End _____	Title	Reason no longer employed	
VEHICLE INFORMATION - DO YOU OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1-Year	Make	Model	Class	License	State
Estimated value		Amount owed			
2-Year	Make	Model	Class	License	State
Estimated value		Amount owed			

Have you been convicted of a drug related felony within the past ten (10) years? Yes No

If yes, please explain _____

In the past 6 months, have you been charged with a drug related felony? Yes No

If yes, please explain _____

I understand that as a recipient of NFRTT benefits I am required to complete substance abuse testing. Random testing will be conducted, following initial testing, and a positive test will require me to participate in substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. NFRTT will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.

I, _____, on (date) _____, hereby grant permission to NFRTT to investigate and verify the above information provided by me to determine eligibility for NFRTT.

I declare under penalty of perjury that the foregoing information that I have provided is true and correct. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for NFRTT.

Applicant Signature

Date

NFRTT Representative

Date



NORTH FORK RANCHERIA TRIBAL TANF

Adult Information – Adult 2					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment Number	TANFClient <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to Primary Applicant		Non-Custodial Parent <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Cash Aid from a TANF program? <input type="checkbox"/> Yes <input type="checkbox"/> No	1-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	2-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
	3-Agency	County	State	Start date	End date
	Monthly amount		Why discontinued		
Receiving Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Receiving Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Date applied	County	State	Monthly amount	Date of last check received
Currently on Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Officer	County	Offense	Amount of time	Activity
Cash Resource (Cash on Hand)	1-Resource	Amount	Start date	End date	Date last received
	2-Resource	Amount	Start date	End date	Date last received
Other Income <u>Income Types</u> a.Training b.Education c.Welfare d.State Benefits e.Worker's Comp f.Child /spouse support g.Social Security h.PerCap from Tribe i.Sav/Chk Acct	j.Strike Benefits k.Veterans Admin l.Military Pension m.Railroad Fund n.Gov Agency o.Gifts /Contributions p.Rental Property q.Winnings r.Other s.Trust Fund t.CD	1-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	
		2-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	
		3-Income Type	Source	Frequency	Amount
		Start date	End date	Last date received	



NORTH FORK RANCHERIA TRIBAL TANF

Adult Information – Adult 2 (con't)					
Government Assistance a.Subsidized Housing b.Subsidized Childcare c.Medical Assistance d.Food Stamps e.Commodities	1-Assistance type	Monthly amount	Start date	End date	Date last received
	2-Assistance type	Monthly amount	Start date	End date	Date last received
	3-Assistance type	Monthly amount	Start date	End date	Date last received
Pay Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	Paid to	Paid for		Amount per month	Court ordered <input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="checkbox"/> GED <input type="checkbox"/> Diploma	<input type="checkbox"/> 2 – year degree <input type="checkbox"/> 4 – year degree	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	I attended school through _____ grade. What year did you last attend school? _____	
Employment	Current or Last - Employer Name	Date Employed Start _____ End _____	Title	Reason no longer employed	
VEHICLE INFORMATION - DO YOU OWN A VEHICLE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1-Year	Make	Model	Class	License	State
Estimated value		Amount owed			
2-Year	Make	Model	Class	License	State
Estimated value		Amount owed			

Have you been convicted of a drug related felony within the past ten (10) years? Yes No

If yes, please explain _____

In the past 6 months, have you been charged with a drug related felony? Yes No

If yes, please explain _____

I understand that as a recipient of NFRTT benefits I am required to complete substance abuse testing. Random testing will be conducted, following initial testing, and a positive test will require me to participate in substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. NFRTT will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.

I, _____, on (date) _____, hereby grant permission to NFRTT to investigate and verify the above information provided by me to determine eligibility for NFRTT.

I declare under penalty of perjury that the foregoing information that I have provided is true and correct. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for NFRTT.

Applicant Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

Child Information – Child 1					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 2					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		



NORTH FORK RANCHERIA TRIBAL TANF

Child Information – Child 3					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 4					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		



NORTH FORK RANCHERIA TRIBAL TANF

Child Information – Child 5					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		

Child Information – Child 6					
Last Name		First Name		Middle Name	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number	Gender	Race	Tribe	Tribal Enrollment	TANF client <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Age	Marital Status	Relationship to primary applicant		Pregnant <input type="checkbox"/> Yes Due date _____ <input type="checkbox"/> No
Highest Education Completed			Name of School		
Mother's Last Name	Mother's First Name	Mother's Middle Name	Father's Last Name	Father's First Name	Father's Middle Name
Mother's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			Father's Status <input type="checkbox"/> Deceased <input type="checkbox"/> Absent <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed		



NORTH FORK RANCHERIA TRIBAL TANF

CLIENT AFFIRMATION

- I understand the questions on this form.
- I understand any facts I have given, including benefit income facts, will be matched with local, state and federal records (*Employees, Social Security, welfare and other applicable agencies*).
- I understand all facts entered on this form, including benefit and income information are subject to verification and review by tribal personnel. Giving false /misleading facts and /or failing to report information may affect eligibility or benefits for Cash Aid /Assistance /Services.
- I understand my case may be selected for additional review to ensure my eligibility was accurately determined and I must cooperate fully with tribal personnel in any temporary investigations or reviews, including quality review.
- I understand the North Fork Rancheria Tribal TANF Program is a temporary assistance program.
- I understand, as a condition of receiving assistance, parents or needy caretakers are required to participate in a work participation program.
- I understand I will be required to develop a work participation plan (Responsibility and Service Plan, "RSP") with the North Fork Rancheria Tribal TANF staff.
- I understand I have the right to bring a translator with me to read the application to me in my language.
- I understand I have the right to full and complete confidentiality of all information pertaining to my application or verification.
- I understand I have the right to an appeal if dissatisfied with any adverse action, sanction or denial of benefits affecting my application or ongoing TANF case.
- I understand my family may not receive duplicative assistance from a state or other Tribal TANF program.
- I understand in order to comply with TANF regulations, clients are required to undergo drug testing.

Client Certification:

My signature below indicates I have been informed and understand the information contained in this application. I certify under penalty of perjury all of the above information is true and complete. I agree any information I have supplied is subject to verification. I understand falsification of any information is grounds for termination from the North Fork Rancheria Tribal TANF Program and may result in recovery of any monies paid to me while in the program and possible denial of Tribal TANF assistance.

Applicant Signature

Date

Spouse/Co-Habitant Signature

Date

NFRTT Representative Signature

Date

Witness Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker supervisor.

FAIR HEARING: If you disagree with an action by the North Fork Rancheria Tribal TANF Program affecting benefits or services you receive, you can ask for a **Fair Hearing**. You may do this by phone, in person, or in writing by contacting anyone in the North Fork Tribal TANF office. You must ask for a **Fair Hearing** within **10 days** from the date of the NFRTT notice.

SOCIAL SECURITY NUMBERS: You must provide or apply for a Social Security number for yourself and each household member for whom you are seeking benefits from the North Fork Tribal TANF Program.

PRIVACY ACT STATEMENT: The collection of information including Social Security numbers will be used to determine whether your household is eligible to participate in the North Fork Rancheria Tribal TANF Program. This information will be verified, and may be disclosed to other Federal and State Agencies for official examination and to Law Enforcement Officials for the purpose of apprehending persons fleeing to avoid the law. If a FRAUD claim arises against your household, the information on this application including all Social Security numbers may be referred to **Federal and State Agencies** as well as private collection agencies for claims action. Providing the requested information including the Social Security number of each household member is voluntary. Failure to provide this information may result in denial of temporary assistance to your household.

HOME VISITS: North Fork Rancheria Tribal TANF Staff may visit your home and may contact other people to verify your eligibility for assistance.

CHANGE IN HOUSEHOLD COMPOSITION: You are primarily responsible for providing proof of your household situation. You must report changes within **10 days**. You may do this by contacting the North Fork Rancheria Tribal TANF Program by phone, in person or in writing.

You are required to report:

1. Changes to employment- starting or stopping a job, change in wages, rate change from part-time to full-time or full-time to part-time.
2. Changes in source of unearned income or in the amount of total unearned income.
3. Changes in your households' expenses including shelter, dependent care medical and child support paid (you must report and verify changes in household expenses, before we can use them to figure your benefit amount).
4. When someone moves in or out of your home (report within **5 days** when a child leaves your home).
5. If you move or get a new mailing address, or any of your contact information changes (including home & cell phone numbers).
6. If anyone in your household gets a vehicle.
7. If your household has a total of \$2000 or more in cash and money in bank account(s).
8. Changes in medical insurance, if your household gets medical insurance.

WORK REQUIREMENTS: To receive North Fork Rancheria Tribal TANF, you are required to participate in work activities. The North Fork Rancheria Tribal TANF Program must prepare a family Responsibility and Service Plan (RSP) listing the steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Temporary Assistance you must live with a parent or other approved living arrangement and attend school. If you do not fulfill these work requirements, your benefits may reduce or denied.

DRUG TESTING: To receive North Fork Rancheria Tribal TANF, you must agree and submit to Drug and Alcohol testing. This will not result in a denial of benefits but you may be required to address these issues within the Responsibility and Service Plan.

FRAUD PENALTY: You may be prosecuted if you knowingly give false, incorrect or incomplete information to receive or try to receive assistance from North Fork Rancheria Tribal TANF Program for benefits. You must repay benefits wrongfully received. If you misrepresent residency or identity to receive multiple benefits, you can be barred from receipt of North Fork Rancheria Tribal TANF funds for a minimum of **3 years**.

Signature of Applicant

Date

Signature of Spouse/Co-Habitant

Date



NORTH FORK RANCHERIA TRIBAL TANF

VERIFICATION OF MONETARY DISTRIBUTION

I, _____, am a North Fork Rancheria Tribal TANF (NFRTT) client. In order to process my application or to continue receiving assistance with the NFRTT Program, my case manager will need to verify if I receive per capita, RSTF, and/or any other monetary distributions from my Tribe.

Please provide the type and reoccurrence of any monetary distributions on my behalf for the NFRTT Program by filling out the below information for me to give to my case manager.

If you should have any questions, please contact the North Fork Rancheria Tribal TANF office at (559) 877-5500 or Toll Free at (877) 637-8263.

Thank you,

Client Signature

Date

OFFICIAL TRIBAL USE ONLY

Dear North Fork Rancheria Tribal TANF Case Manager,

The following pertains to _____ and her /his household.

Receives the following monetary distributions:

Per Capita RSTF Other _____

Amount received _____ Frequency of distribution _____

Date last received _____ Notes _____

If client receives any distribution, please explain _____

Tribal Official Name

Tribal Official Title

Tribal Official Signature

Tribal Official Phone Number



NORTH FORK RANCHERIA TRIBAL TANF

RELEASE OF INFORMATION

I hereby authorize the North Fork Rancheria Tribal TANF (NFRTT), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the NFRTT necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that NFRTT has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release NFRTT and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

1- Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number
2-Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number

Children:

Child 1 – Name (Last, First, Middle Initial)	Child 2 – Name (Last, First, Middle Initial)
Child 3 – Name (Last, First, Middle Initial)	Child 4 – Name (Last, First, Middle Initial)
Child 5 – Name (Last, First, Middle Initial)	Child 6 – Name (Last, First, Middle Initial)

Applicant Signature

Date

Co-Applicant Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

RESIDENCY VERIFICATION FORM

- I own the home I live in (*Owner to fill out owner information*).
- I rent the home that I live in (*Landlord or home owner to fill out owner information*).
- I live in this home, but do not pay rent (*Landlord or home owner to fill out owner information*).

CURRENT PHYSICAL ADDRESS	MOVE IN DATE
Home – Address (Number, Street)	(mm/dd/yyyy)
City, State and Zip Code	

I, _____, certify the information above is true and correct. If any false statements are made; they may be used against me resulting in penalties up to and including dismissal from North Fork Rancheria Tribal TANF Program and loss of re-application rights for three (3) years.

I authorize North Fork Rancheria Tribal TANF (NFRTT) to contact my landlord for information regarding my tenancy. I further authorize the release of documents or information to NFRTT.

Applicant Signature

Date

OWNER /LANDLORD VERIFICATION ONLY

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Name	Phone (please include extension)
Mailing Address	City, State and Zip Code

Owner /Landlord Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name School Official Signature Date Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name School Official Signature Date Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address		School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2013-14 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO

School Official Name School Official Signature Date Phone



NORTH FORK RANCHERIA TRIBAL TANF

EMPLOYMENT VERIFICATION

Employee Name		
Employer /Company Name		Employer Address
Supervisor Name		Supervisor Title
Dates of Employment		Position Held
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Varied Schedule <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination		
Work Schedule (please include hours) <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____		
Duties		
Start Salary		End Salary
Reason for Leaving (please include last day of Employment)		
Attendance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		Overall Performance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor
Required Clothing /Supplies (please be specific)		
Additional Comments		

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Employer or Official Verifying Information /Title		Phone (please include extension)	
Headquarter Address		City, State and Zip Code	
Official Signature		Date	



NORTH FORK RANCHERIA TRIBAL TANF

STATEMENT OF FACTS

I, _____, make the following statement:

I hereby grant permission to *North Fork Rancheria Tribal TANF* to investigate and verify that the above information provided by me to determine eligibility.

Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge and belief. I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud, disqualifying me for *North Fork Rancheria Tribal TANF*, or resulting in an overpayment that I may be required to reimburse *North Fork Rancheria Tribal TANF*.

Applicant /Client Signature

Date

NFRTT Representative Signature

Date