



Karuk Tribal TANF Program (KTTP) Administered by The Karuk Tribe Other Eligible Risk Assessment/Extra-Curricular Activity Request



Before any services are provided for this activity, the client must be determined eligible to receive services.

Child Information

FIRST NAME	
LAST NAME	
Date of birth	
Name of School Child's Enrolled	
Current School Grade	
Student's Report Card	

Activity Information

Name of Activity		
Dates of Activity		
Activity Requirements Clothing & Equipment	Req'd Clothing	
	Req'd Shoes	
	Req'd Equipment	
Travel Requirements to Activity	Mileage	
	Hotel	

Client supporting documentation (Required)

- | | |
|--|--|
| 1. Completed other Eligible Assessment | 2. Completed Extra-Curricular Activity Request |
| 3. Tribal Affiliation Card/Certification | 4. Proof of Residency |
| 6. Current School Report Card | |

Activity supporting documentation

1. Activity (Proof - Flyer, Registration, proof enrolled in activity)
2. Proof of clothing and equipment requirement.

Maximum Allowance

1. Maximum allowance for sport clothing/equipment/Shoes (up to **\$50.00**).
1. **Activity requests must be submitted with/supporting documentation and approved, 21 days prior to the start of the activity.**
2. **The eligible child will only receive assistance for one TANF approved activity.**
3. **If activity has travel to other cities, a travel request must be submitted prior to travel date to receive reimbursement. This travel must reconciled before the next scheduled activity. If the current travel is not reconciled, there will be a delay in receiving additional travel assistance.**

Office Use Only Event # _____ CIF # _____

- | | |
|---|---|
| (Circle one) | (Circle one) |
| 1. Completed other Eligible Assessment <u>Y/N</u> | 2. Tribal Affiliation Card/Certification <u>Y/N</u> |
| 3. Proof of Residency <u>Y/N</u> | 4. Current School Report Card <u>Y/N</u> |
| 5. Proof of activity clothing and equip req'd <u>Y/N</u> | 6. Activity (Proof - Flyer, Reg., proof enrolled.) <u>Y/N</u> |
| 7. Completed Extra-Curricular Activity Request <u>Y/N</u> | |

I have received the above listed supporting documentation. I am approving this activity request.

TANF Director/Family Service Manager Signature: _____ Date: _____