



Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS (NRSTB)

The Karuk Tribe, through the Tribal TANF program will be providing emergency services in response to the COVID-19 crisis.

This assistance will be provided for up to 4 months, depending on the crisis.

Because of the COVID-19 crisis, and the health and safety of our employees, TANF will not accept applications at any of the offices. ALL applications with supporting documentation will be sent via Regular Mail, Fax or Email to the Yreka TANF office **ONLY!!!**

TANF will expedite the processing of all applications.

The application can be found on our web site www.karuk.us. Under the TANF department program page. Applications are to be mailed, dropped off, emailed to the following address: TANFdistribution@karuk.us

—

All application must be determined eligible, prior to receiving services.

—

TANF cash assistance clients, who are experiencing a family crisis situation or episode of need are to contact their case worker.

Please do not fill out this application.



Karuk Tribe

Karuk Tribal TANF Program

Happy Camp Administration
533 Jacobs Way - PO Box 1016
Happy Camp, CA 96039
(530) 493-1440 Fax (530) 493-1441

Yreka TANF Office
1501 S. Main Street - P.O. Box 1730
Yreka, CA 96097
Tel (530) 842-4775 Fax (530) 842-4702

Happy Camp TANF Office
64105 Hillside Road - PO Box 1016
Happy Camp, CA 96039
(530) 493-1440 Fax (530) 493-1441

Orleans TANF Office
37960 Highway 96 - PO Box 1730
Orleans, CA 95556
Tel (530) 627-3471 Fax (530) 627-3459

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE (NRSTB)

THIS APPLICATION AND SUPPORTING DOCUMENTATION MUST BE MAILED, FAXED OR E-MAILED TO THE YREKA OFFICE. THERE WILL BE NO DROPPING OFF OF APPLICATIONS.

**USE EMAILS ADDRESSE:
(TANFdistribution@karuk.us)**

HOW TO APPLY FOR KARUK TRIBAL TANF NRSTB ASSISTANCE

For families you must be a:

- A. Member of a Federally Recognized Tribe, and
- B. Live within the boundaries of the Karuk Tribal Service Area, and
- C. Have a child under the age of 18, and (Does not apply to Individual applicants)
- D. Be under the 300% poverty guideline.
- E. Additionally, if you are applying as an individual, you must be between the ages of 16 to 24 years old.

Income Guidelines	
300% poverty guideline	
Your income must be below the following:	
Family of 1	\$3,190.00 / Month
Family of 2	\$4,310.00 / Month
Family of 3	\$5,430.00 / Month
Family of 4	\$6,670.00 / Month
Family of 5	\$7,670.00 / Month
Family of 6	\$8,790.00 / Month
Family of 7	\$9,910.00 / Month
Family of 8	\$11,030.00 / Month
Family of 9	\$12,150.00 / Month
Family of 10	\$13,270.00 / Month

Required Documents:

- Tribal Verification/ Certificate Degree of Indian Blood/California Judgment Role Certification
- Original Birth Certificates
- Proof of Income (past 30 days)
- Valid CA DL or CA ID Card or Military ID
- Social Security Cards (Adults must be signed)
- Proof of Residency
- Last Pay Stub
- Unemployment/Disability/SSI/Veteran Benefits (Applied for)
- Guardianship Papers (For non-needy caretakers of minor children)
- Monthly Budget Form enclosed
- Release of Information (ROI)

TANF reserves the right to evaluate services based on available funding.



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

A

APPLICATION

Application Date: _____

Applying for:

DIVERSION (Non Assistance) Initial Application - **NRSTB** Family -or- Individual

Applicant Information:

Name _____ DOB: ____/____/____ SSN: ____/____/____

SEX: Male Female Tribe Affiliation _____ Roll# _____

Home Address: _____ City _____ State ____ Zip Code _____

Mailing Address: _____ City _____ State ____ Zip Code _____

Home Telephone _____ Message Number: _____

Marital Status: Married Divorced Separated Widowed Single (Never Married)

TANF - Are you currently receiving cash assistance services from the county or other tribal TANF Programs?

Siskiyou County Humboldt County Yurok Tribal TANF Hoopa Valley Tribal TANF CTPP

Karuk Tribal TANF Other Program: _____

Income - (What is your primary sources of Income):

Employment Unemployment SSA SSI State Disability Retirement

Other: _____

If you were employed what is your status: Still Employed Laid off Terminated

Spouse (What is Your primary source of income)

Employment Unemployment SSA SSI State Disability Retirement

Other: _____

If you were employed what is your status: Still Employed Laid off Terminated

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

Owner	Source	Amount



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

B

LIST ALL MEMBERS IN THE HOUSEHOLD

Name family members (print)	Relationship	Birth Date	Age	SEX	Social Security Number	Tribe	CIF#
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

List how much your family pays each month for rent/mortgage and utilities

YES NO Rent/Mortgage Amount \$ _____

YES NO Do you pay for your home energy costs? Energy Amount \$ _____

YES NO Does anyone in your household have child care expense? Amount \$ _____

YES NO Has anyone in your household received public assistance in California or any other state?

YES NO Are you receiving Medi-CAL or are you paying for your own insurance (i.e., Cobra)

YES NO Are you receiving Food Stamps? (Amount \$ _____)

YES NO Are you receiving Tribal Commodities? (Amount _____)

Yes NO Are you or anyone in the household a military veteran?

YES NO Have you received any other crisis assistance from Federal, State, County or Tribal organization?

AUTHORIZED REPRESENTATIVE

I authorize the below listed person to help me apply for TANF services.

Name: _____ Telephone/Message Number _____

ALTERNATE PAYEE

I want the below listed person to be able to receive and spend these NRSTB assistance on behalf of my household.

Name of Payee Telephone/Message Number

Address _____ City _____ State _____ Zip Code _____



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

D

KARUK TRIBAL TANF Budget Sheet						
Monthly Income	Total income	Due Date	Date Mailed	Check #	Paid	Comments
Your Income	\$					
Spouse Income	\$					
Miscellaneous Income	\$					
Total Income	\$					
Supplemental Asst. Receive ?						
Food Stamps	YES or NO					
Food Commodities	YES or NO					
WIC	YES or NO					
Child Care	YES or NO					
Bills Payment Due						
Mortgage/Rent	\$					
Food	\$					
Child Care	\$					
Utilities (Propane, Electric, Garbage, Water)	\$					
Telephone	\$					
Cell Phone	\$					
Internet Service	\$					
Cable TV	\$					
Total	\$					
Insurance Payment Due						
Auto	\$					
Life	\$					
Medical	\$					
Disability	\$					
Misc	\$					
Total	\$					
Your Auto Payments						
Your Auto Payments	\$					
Spouse Auto Payments	\$					
Miscellaneous Loans	\$					
Total	\$					
Total Income	\$					
Total Bills Due	\$					
Cash After Bills Paid +/-	\$					



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

E

(Initials)

STATEMENT OF FACT:

- _____ I understand that this NRSTB's are not CARES Act emergency funding. The Karuk tribes TANF's Temporary Family Assistance Plan (TFAP) allows for Non-reoccurring Stort-Term Benefits NRSTB for crisis situations. This service is primarily designed to help families or individuals who have lost their primary source of income.
- _____ I understand that being determined eligible to particiapte in TANF NRSTB assistance does not mean that I will receive maixmum benefits for family size. All income received in the prior month of eligibility, will be evaluated to determine if the income will be counted against the NRSTB assistance amount for the size of the assisted unit. (See NRSTB Assistance Chart below)
- _____ TANF reserves the right to evaluate services based on available funding.
- _____ I understand the emergency services received will be based on the following formula:

NRSTB Assistance Example	
Earned Income	\$1,000.00
Disregard	<u>\$ 300.00</u>
	\$ 700.00
Divided by 50%	<u>\$ 50%</u>
	\$ 350.00
Un-earned Income	<u>\$ + 50.00</u>
Countable Income	\$ 400.00
NRSTB Family Size = 4	\$1,522.00
Countable Income	<u>\$ 400.00</u>
NRSTB Assistance Amount	\$1,122.00

_____ I under penalty of perjury, certify that the above statements and supporting documentation in support of this application is true and correct to the best of my knowledge.

Signature of Applicant Date

Signature of other Adult Applicant Date

I have received, evaluated and verified this application and all required supporting documentation.

I **approve** this application I **disapprove** this application

The formula for benefits is as follows:
 (TANF Eligible Benefit - (Minus) - All emergency benefits received from other sources + TANF countable Resources) =
 Family or Individual Benefit Amount)

This family or individual is eligible for \$ _____

This family will be evaluated 10 days prior to additional payments.

This family or individual is eligible for a maximum of four (4) months of NRSTB assistance.

NRSTB Assistance	
Family of 1	\$976.00
Family of 2	\$1,139.00
Family of 3	\$1,334.00
Family of 4	\$1,522.00
Family of 5	\$1,716.00
Family of 6	\$1,910.00
Family of 7	\$2,102.00
Family of 8	\$2,398.00
Family of 9	\$2,489.00
Family of 10	\$2,686.00

_____	_____	_____	_____
TANF Application Approving Signature	Date	Executive Director's Signature	Date



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

F

Consent for Release of Information

PARTICIPANT'S NAME: _____ DOB: _____

I, _____, authorize the following entities to use, verbal and written, protected health, personal, legal, educational and social welfare information with the Karuk Tribal Temporary Assistance for Needy Families Program (KTTP).

NOTICES: Participant must initial each Statement:

_____ I understand the purpose of this Release of Information is to aid in the assessment, collaboration, reporting requirements, treatment and coordination of services.

_____ I understand that if I choose to disclose my Protected Information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected.

_____ I understand by signing this authorization, the Karuk Tribal TANF Program, may exchange, disclose, or request information in any manner that the program deems appropriate and consistent with applicable state, federal and tribal laws.

_____ I understand this authorization for the Use or Disclosure of Protected Information is to remain valid for one (1) year or until permission is withdrawn. Revocation may occur at any time, except as to information already exchanged, and I understand it must be submitted in writing and submitted to: Lester Alford, TANF Executive Director, Yreka TANF office, 1501 S Main Street, Yreka, CA 96097.

DEPARTMENTAL RELEASE: Participant must initial next to each department they authorize.

_____ Karuk Tribal Council
PO Box 1016
Happy Camp, CA 96039
(530) 493-1440

_____ Siskiyou Co. Human Services
818 South Main Street
Yreka, Ca 96097
(530) 841-2700

_____ Adult and Children Services
2060 Campus Drive
Yreka, Ca 96097
(530) 841-4200

_____ Siskiyou Co. Probation (A)
805 Juvenile Lane
Yreka, Ca 96097
(530) 841-4155

_____ Siskiyou Modoc Regional
Dept. of Child Support
Services
1215 South Main Street
PO Box 1047
Yreka, Ca 96097
866-901-3212

_____ Quartz Valley Indian Res.
13601 Quartz Valley Rd.
Fort Jones, CA 96032
(530) 468-5907

_____ Social Security
1960 S. Oregon St.
Yreka, CA 96097
888-366-6145

_____ Modoc-Lassen Indian
Housing Authority
401 Peninsula Drive, Suite 6
Lake Almanor, CA 96137
(530) 596-4127

_____ Other: _____



Karuk Tribe

Karuk Tribal TANF Program

NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

Consent for Release of Information-2

INFORMATION THAT MAY BE RELEASED: Participant must initial each item to be disclosed.

- Assessment/evaluations
- Demographic Information
- Reports
- Reunification Service Plan
- Income Information
- Tribal Enrollment
- Educational Tests/Reports
- Medication Records
- Physicians Orders
- Discharge/Transfer Summary
- Employment Information
- Tax Information
- Lab/X-ray Reports
- Case Plan/Information
- Continuing Care Plan
- Housing Status
- Child Support Information
- Other: _____

I understand in signing this authorization that I am allowing the release, exchange and disclosure of the information identified above to entities outside the Karuk Tribal TANF Program. I acknowledge I may refuse to sign this authorization and that refusal may effect eligibility for benefits and services.

 (Signature of Participant) Date _____

 (Printed Name)

 (Signature of Parent, Guardian or Personal Representative) Date _____