Karuk Tribal TANF Program (KTTP)
Project Activity Request

Before any services are provided for this activity, the client must be determined <u>eligible</u> 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	

Activty 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 Project 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.

Financial Assistance –

1. **A activity needs assessment will be completed with the individual listed above.**

Approval Process

I. **Activity requests must be submitted with/supporting documentation and approved 21 days prior to the start of the activity.**
II. **The eligible child will only receive assistance for one TANF approved activity at a time.**
III. **If activity has travel to other cities, a travel request must be submitted prior to travel date to receive reimbursement. This travel must reconciled prior to the next scheduled activity event/session. If the current travel is not reconciled, there will be a delay in receiving additional travel assistance.**

<u>**Office Use Only**</u> Event # _____ CIF # _____

(Circle one)   (Circle one)

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

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

TANF Staff Signature: _____ Date: _____