



# Karuk Tribe

## Karuk Tribal TANF Program

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### HOW TO APPLY FOR KARUK TRIBAL TANF ASSISTANCE

KTTP serves Federally Recognized Native American Indians who live in the KTTP service area.

You or your child(ren) **MUST** be a member of a federally recognized tribe, live within the Karuk Tribe's service area, and the minor child(ren) **MUST** be living in the home to receive services.

Type of Case:

DIVERSION

CASH AID

New  
 Renewal

One Parent Family  
 Two Parent Family  
 Non-Needy Care Giver

If you have been convicted of a felony drug or domestic violence charge within the past three years and have not completed any treatment program, you will not be eligible to receive Tribal TANF assistance. If you have completed a certified treatment program you must provide proof of completion. Your minor children will remain eligible.

When you apply for assistance, you will need to submit the following documents to be eligible:

- Tribal Verification/ Certificate Degree of Indian Blood
- Valid CA DL or CA ID Card or Military ID
- Original Birth Certificates (photocopies will not be accepted)
- Social Security Cards (must be signed)
- Proof of Income (past 30 days)
- Proof of Residency
- Immunization Records
- Auto Registration
- Current Student Enrollment and Attendance Record(s)
- Unemployment/Disability/SSI/Veteran Benefits
- Current Bank/Savings Statement
- Guardianship Papers (For non-needy caretakers of minor children)
- Recent Utility Statements
- Previous Year Taxes
- Medi-Cal/Food Stamps/Tribal Food Commodities (Proof of Application for)
- Unborn Child/Doctor's statement of expected birth date
- Other \_\_\_\_\_
- Other \_\_\_\_\_

## KARUK TRIBAL TANF PROGRAM Audit Sheet for TANF Eligibility / Certification / Recertification

CIF#: \_\_\_\_\_

Date: \_\_\_\_\_

Please Circle:

	Single Parent Family
TANF CASH AID	Two-Parent Family
	Non-Needy

DIVERSION
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\*-Adding an Adult(s) ^-Adding a Child(ren) T-TAS Entry

CW OK	FORMS:	*	^	T	EXPLANATION:	ACTION TAKEN:
	Intake Record (request for services)	*		T	Form(s) Completed & Signed	
	Convicted of a Felony/Misdemeanor	*		T	Minutes from last court date	
	Tribal Verification	*	^	T	For all household members	
	Valid CA DL or ID *	*			For all adults in the home	
	Birth Certificates	*	^	T	Certified copies ONLY	
	Social Security Cards	*	^	T	Actual cards (COPIES)	
	Proof of Income	*			For all household members	
	Proof of Residency	*	^	T	Home Visit	Date: _____
	Immunization Records		^		For all minor children	
	Auto Registration	*		T	For all vehicles	
	Proof Student Enrollment		^	T	For all school-age children	
	Current Bank Statement	*				
	Unemployment/SSI/Veteran's	*	^	T	Proof of SSI for Child(ren) also	
	Guardianship		^		Custody Paperwork	
	Recent Utility Statements	*	^		PG&E, Propane, PUD, etc.,	
	Medi-Cal/Food Stamps	*	^		Passport to Services	
	Tribal Commodities	*	^		For all household members	
	Case Check List	*	^	T	Must be completed	
	Previous Years Taxes	*	^	T	Diversion	
	Landlord Tenant Agreement	*				
	Prior TANF Verification	*	^	T		
	Substance Test (drug test)	*		T		
	Protective Payee	*		T	SAS & Minor Children	
	Prohibition of Improper Conduct	*			Signed	
	Individual Self-Sufficiency Plan	*			Signed	
	Release of Information	*			Signed	
	Child Support (assessment/referral)	*			Signed	
	Personal Information (signed)	*	^	T		
	Other:					

Packet Incomplete Contacted: _____ Comments: _____	Packet Complete _____ Date Complete	File Reviewed By: _____ Family Service Manager
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# Karuk Tribal TANF

## Statement of Facts

Date: \_\_\_\_\_

CASH AID

DIVERSION

New  
 Renewal

One Parent Family  
 Two Parent Family  
 Non-Needy Care Giver

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Message Number: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

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

Military History: \_\_\_\_\_ Branch: \_\_\_\_\_ Discharge Status & Date: \_\_\_\_\_

Are you currently receiving cash aid services from the county or other tribal TANF programs? If so, which one(s)?

- Humboldt County  Siskiyou County  
 Yurok Tribal TANF  Hoopa Valley Tribal TANF  
 CTPP  Other: \_\_\_\_\_

What is your current source of income? (i.e. unemployment, gaming percapita, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## KARUK TRIBAL TANF PROGRAM

### LIST ALL MEMBERS OF THE HOUSEHOLD

Name of people who live with you: (Please Print)	Relationship to you. If not related, write "NR"	Birth Date	Age	Social Security Number	US Citizen or National	CIF #	<input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Unborn (U)	TRIBE
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

# KARUK TRIBAL TANF PROGRAM

## INCOME & ASSETS

1. Is anyone in your household working and/or self-employed?     Yes     No    If yes, complete below.

Person Employed	Employer	# of Hours Worked	Monthly Gross Income
		/month	
		/month	
		/month	
		/month	

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

Owner/Source/Amount	Owner/Source/Amount	Owner/Source/Amount

3. List how much money your household has in cash or bank/credit union accounts.

Amount in cash	Amount in Bank/Credit Union	Account Holder	Bank/Credit Union Name	Account Number
\$	\$			
\$	\$			
\$	\$			
\$	\$			

4. List any houses, cabins, property, stock, bonds, or other assets owned by anyone in your household.

Owner Type of Property/Asset - Value	Owner Type of Property/Asset - Value	Owner Type of Property/Asset - Value
\$	\$	\$
\$	\$	\$

5. List all vehicles owned by anyone in your household (including cars, trucks, motorcycles, boats, RVs, snowmobiles, etc.)

Owner/Type of Vehicle	Model	Year	Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

# KARUK TRIBAL TANF PROGRAM

## INCOME & ASSETS

- |     |   |     |    |
|-----|---|-----|----|
| 6.  | List how much your family pays each month for rent/mortgage and utilities   | Yes | No |
|     | Do you pay for your home heating costs?   |     |    |
|     | Rent/Mortgage Amount \$ _____   |     |    |
|     | Utilities Amount \$ _____   |     |    |
| 7.  | Does anyone in your household have child/dependent care expense?  | Yes | No |
|     | Amount \$ _____   |     |    |
| 8.  | Are you requesting assistance for anyone in your household who is pregnant?   | Yes | No |
| 9.  | Is anyone in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? If yes, who _____                      | Yes | No |
| 10. | Has anyone in your household received public assistance in California or any other state?   | Yes | No |
| 11. | Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? If yes, who? _____ | Yes | No |
| 12. | Are you receiving Medical CAL   | Yes | No |
| 13. | Are you receiving Food Stamps Amount \$ _____   | Yes | No |
| 14. | Are you receiving Tribal Commodities  | Yes | No |
| 15. | Does anyone in your household have unpaid medical bills from the last three months?   | Yes | No |
| 16. | Does anyone in your household have medical problems or medical costs due to an accident?  | Yes | No |

### AUTHORIZED REPRESENTATIVE

I have asked this person to help with my KTCP case.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Phone/Message Number

### ALTERNATE PAYEE

I want this person to be able to spend my KTCP (cash aid) benefits on behalf of my household.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Phone/Message Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### STATEMENT OF TRUTH

Under penalty of perjury or un-sworn falsification, I certify that the statements made on this application and during my interview for assistance regarding the persons in my home, the income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

I have read or had read to me and understand my rights and responsibilities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TANF Authorized Representative

\_\_\_\_\_  
Date

# TRIBAL TANF OFFICE

## PROHIBITION OF IMPROPER CONDUCT AT TRIBAL OFFICES AND SURROUNDING PREMISES

Improper Conduct at Tribal Offices and Surrounding Premises shall be grounds for the removal of any person or persons from any meeting or tribal office or said office's surrounding premises. Any person found to be engaging in such improper conduct shall be requested to voluntarily remove himself or themselves from the premises by the Chairman of the meeting or immediate supervisor of the respective tribal office. If removal is not done on a voluntary basis, the assistance of local police authorities shall be employed and any and all legal action shall be taken against a person requested to leave on the basis of the foregoing herein.

That "Improper Conduct at Tribal Offices and Surrounding Premises" shall mean any conduct which threatens the health and safety of participants at meetings, disrupts the orderly functioning of a tribal office and tribal employees, endangers tribal property, or obstructs the orderly functioning of a meeting or tribal office, and more specifically, includes but is not limited to the following:

1. Partaking of intoxicating beverages or illegal non-prescription drugs;
2. Use and/or possession of firearms or other dangerous weapons;
3. Continuation of any action or behavior after the immediate supervisor of a tribal office or department has requested that such activity be refrained from for the benefit of maintaining a safe and business-like atmosphere for tribal employees and other personnel;
4. Verbal and/or physical assaults upon tribal officials, employees or guests which threaten the efficient working atmosphere of tribal offices and their immediate premises.

I have read the Tribal TANF Office Prohibition of improper conduct at Tribal Offices and Surrounding premises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Karuk Tribal TANF Program**  
**Temporary Assistance for Needy Families**  
**Consent for Drug/Alcohol Testing**

I understand it is the policy of the Karuk Tribal TANF Program (KTTTP) to conduct drug and/or alcohol tests of TANF participants for the purpose of detecting drug and/or alcohol abuse, TANF services will not be denied if you test positive, I hereby agree to submit to a drug and/or alcohol test.

If I am eligible for KTTTP benefits, I understand that random drug testing and/or for cause drug and/or alcohol tests may be required by KTTTP, and I understand that the taking of such tests is a condition of receiving TANF benefits.

I also give consent to the testing agency to release to the KTTTP the results of my tests.

At this time I consent to a drug and/or alcohol test.

**Confidentiality Agreement**

Tribal TANF agrees to maintain the confidentiality of the results of any urinalysis tests that are taken by this program.

No part of this agreement can be breached by Tribal TANF employees.

Participant(s) agrees to cooperate and understands that the testing is not a punitive measure.

Signature of Applicant <small>(If applicant is a minor, need Parent or Legal Guardian Signature)</small>	Date Signed	Print Name of Applicant
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Signature of Applicant <small>(If applicant is a minor, need Parent or Legal Guardian Signature)</small>	Date Signed	Print Name of Applicant
---	-------------	-------------------------

I am the parent/legal guardian of the Applicant(s) listed above and consent to drug and alcohol testing.

Signature of Parent/Legal Guardian	Date Signed	Print Name of Parent/Legal Guardian
------------------------------------	-------------	-------------------------------------

I am the parent/legal guardian of the Applicant(s) listed above and consent to drug and alcohol testing.

Signature of Parent/Legal Guardian	Date Signed	Print Name of Parent/Legal Guardian
------------------------------------	-------------	-------------------------------------

Signature of TANF Representative	Date Signed
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**KARUK TRIBAL TANF PROGRAM  
INDIVIDUAL SELF-SUFFICIENCY PLANNING (ISSP)  
INFORMED CONSENT AND RELEASE OF INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

I understand that the Karuk Tribal TANF Program (KTTP) has been developed to assist qualified KTTP applicants with cash aid benefits, supportive services and prevention activities in order to help people get the necessary services that they need to achieve self-sufficiency. KTTP is designed to provide services.

I hereby waive my rights to confidentiality and authorize KTTP to release/exchange records or information in their possession obtained in the course of psychiatric and/or drug and/or alcohol diagnoses, domestic violence and treatment for the purpose of assisting my family with self-sufficiency planning. Information to be released includes disability educational/employment, financial, social and health information. I further authorize KTTP, their contractors, Siskiyou County Human Services Department, and/or Humboldt County Department of Health and Human Services to release information about my past and current history of employment, and use of social and health services in order to evaluate the need for meaningful family self-sufficiency planning. I understand this information will be kept confidential. I understand that the information KTTP and their contractors collect about me is confidential and will be protected under the Privacy Act. KTTP will use this information to help TANF families achieve family self-sufficiency. I understand KTTP will share this information with other organizations involved in assisting families to achieve their self-sufficiency plan. I understand this information may affect my ability to receive Tribal TANF cash aid benefit payments, or my continuing eligibility. I further recognize that it is my responsibility to continue reporting earnings information, related income changes, and other pertinent information which could affect my benefits. A KTTP staff representative will be available to help me understand and provide resources to help me plan my family self-sufficiency plan. A KTTP staff representative explained this release of information to me.

My signature below indicates that I want to be part of the KTTP program, including prevention activities. I may withdraw at any time. If not earlier revoked, this authorization shall be renewed on a yearly basis. I understand that without providing my consent, I may not be eligible for cash aid benefits.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

***Privacy Act Language - Informed Consent***

***KTTP is allowed to collect information while you participate in the Tribal program. We use the information to decide what services would best help you. You do not have to give us this information. However, if you do not, we will be unable to offer you services.***

***Explanation about these and other reasons why information you provide us may be used or given are available in the Tribal TANF policies and procedures. If you want to learn more about this, contact your case worker.***

***I have read the above information to the applicant, and I believe that s/he understands it.***

\_\_\_\_\_  
KTTP Staff

\_\_\_\_\_  
Date

# KARUK TRIBAL TANF PROGRAM

## CONSENT FOR RELEASE OF INFORMATION

I \_\_\_\_\_, hereby authorize and request that the Karuk Tribal TANF Program may release and/or exchange all confidential professional information pertaining to me (or my minor children) to the following individuals and agencies.

- All Courts (Tribal, Federal, State, and County): \_\_\_\_\_
- TANF: \_\_\_\_\_
- Social Services: \_\_\_\_\_
- ICW/CWS/CPS: \_\_\_\_\_
- Probation Officer: \_\_\_\_\_
- Parole Officer: \_\_\_\_\_
- Prop. 36 Programs: \_\_\_\_\_
- Housing Authority: \_\_\_\_\_
- Mental Health: \_\_\_\_\_
- Education/School: \_\_\_\_\_
- Karuk Community Medical Clinics: \_\_\_\_\_
- Other Medical Facilities: \_\_\_\_\_
- Other: \_\_\_\_\_

**I understand that this Release of Information will remain in effect for one (1) year and that I may revoke this consent at any time by informing the above parties in writing. My signature below indicates that I have read and thoroughly understand the terms of this consent for release of confidential information.**

### SIGNATURE:

\_\_\_\_\_  
TANF Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print Name Legibly

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
ID Number / CA DL / Tribal ID

\_\_\_\_\_  
CIF#

\_\_\_\_\_  
TANF Representative

\_\_\_\_\_  
Date

**Karuk Tribal TANF Program  
TANF ASSIGNMENT OF CHILD SUPPORT  
(Agreement, Consent and Limited Power of Attorney)**

Mother's Full Name				Social Security Number			
Child's Name	SSN	DOB	SEX	Child's Name	SSN	DOB	SEX
1.				7.			
2.				8.			
3.				9.			
4.				10.			
5.				11.			
6.				12.			
If the children do not live with the Mother or Father, complete this section							
Your Name				Your P.O. Box or Street Address			
Your Social Security Number				Your City			
Your Telephone Number				Your Relationship to the Children			

**READ THIS FORM BEFORE YOU SIGN AND DATE IT**

When you apply and accept cash assistance, you assign your child and spousal support rights to the Karuk Tribal TANF program. When you assign your support this means you agree the Karuk Tribal TANF Program will pursue child support enforcement and the program will apply collections to pay the tribal and federal government for the assistance paid to your family.

When you accept Karuk Tribal TANF grant, you agree to cooperate with the Karuk Tribal TANF and the Humboldt and/or Siskiyou County Department of Child Support Services (except if you have good cause not to cooperate) by:

1. Helping to establish paternity (if necessary).
2. Helping establish or modify your support order.
3. Sending all payments you receive to the Karuk Tribal TANF office or the Humboldt County Department of Child Support Services or Siskiyou County Department of Child Support Services (if requested).
4. Appointing Karuk Tribal TANF and/or the Humboldt County Department of Child Support Services and/or Siskiyou County Department of Child Support Services to accept and endorse all child and spousal support.
5. When you stop receiving a Karuk Tribal TANF Program grant, child support will continue to be enforced and payments sent to you directly by Humboldt County Child Support Services and/or Siskiyou County Department of Child Support Services. You must inform Humboldt County Child Support Service and/or Siskiyou County Department of Child Support Services in writing when you no longer want child support enforcement services.

I have read and understand the above listed rules and requirements and have had my rights explained and responsibilities explained to me. I understand that the information I have provided will be used in determining eligibility for Karuk Tribal TANF Program benefits, and I certify under penalty of perjury that this information is true, complete and accurate to the best of my knowledge. I understand that I can be terminated from the Karuk Tribal TANF Program for fraud, falsifying information, or intentionally hiding information.

Date:

Signature:

**KTTP Use Only**

CIF Number:

Child Support Services Number:

Cash Aid Start Date:

# KARUK TRIBAL TANF PROGRAM

## CHILD SUPPORT REFERRAL

**The Division of Child Support will use your social security number for child support enforcement purposes as defined in Title-IV-D of the Social Security Act.**

### A. INFORMATION ABOUT THE CHILDREN'S PARENTS

MOTHER OF CHILDREN					FATHER OF CHILDREN				
Name (First/Middle/Last):					Name (First/Middle/Last):				
Other Name Used:					Other Names Used:				
P.O. Box or Street Address:					P.O. Box or Street Address:				
City:		State:	Zip Code:		City:		State:	Zip Code:	
Home Telephone Number: (    )		Message Telephone Number: (    )			Home Telephone Number: (    )		Message Telephone Number: (    )		
Social Security Number			Date of Birth (mm/dd/yyyy)		Social Security Number			Date of Birth (mm/dd/yyyy)	
Place of Birth (City/County/State/Country)					Place of Birth (City/County/State/Country)				
Race:	Height:	Weight:	Hair Color:	Eye Color	Race:	Height:	Weight:	Hair Color:	Eye Color
Native Language (If correspondence needed in other than English)					Native Language (If correspondence needed in other than English)				
If enrolled in an Indian tribe, name of the tribe:					If enrolled in an Indian tribe, name of the tribe:				
Lives on an Indian Reservation? YES NO					Lives on an Indian Reservation? YES NO				
Last-Known Employer's Name:					Last-Known Employer's Name:				
Employer's P.O. Box or Street Address					Employer's P.O. Box or Street Address:				
Employer's City:		State:	Zip Code:		Employer's City:		State:	Zip Code:	
Employer's Telephone Number: (    )					Employer's Telephone Number: (    )				
Mother's Name:		Mother's Maiden Name:			Father's Name:		Mother's Maiden Name:		

### B. THE CHILDREN'S RESIDENCE

The children listed below, live with:    Mother    Father    Other (specify): \_\_\_\_\_

Birth Place		Birth Place	
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

# KARUK TRIBAL TANF PROGRAM

## CHILD SUPPORT REFERRAL - TRIBAL TANF

### C. IF THE CHILDREN DO NOT LIVE WITH THE MOTHER OR FATHER, COMPLETE THIS SECTION

Your Name:	Date of Birth:	Your P.O. Box or Street Address:		
Your Social Security Number :	Your City:	State:	Your Zip Code:	
Your Telephone Number: (     )	Your Relationship to the children:			
Were the parents ever married? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, Date of Marriage _____				
Is there a divorce pending? <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, Court Docket No. _____ County _____				
Is there an Order for Child Support? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Has child support ever been received? <input type="checkbox"/> No <input type="checkbox"/> Yes, From _____				



## KARUK TRIBAL TANF PROGRAM Employment History Form

CIF# \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>
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Employment Status: (Check One)    Employed    Unemployed    Not in Labor Force

Receives Federal Disability Insurance Benefits under the Social Security OASDI Program:	YES	NO
Receives Benefits Based on Federal Disability Status under Non-Social Security Act Programs: (These programs include: Veteran's Disability Benefits, Worker's Disability Compensation, Black Lung Disease, Disability Benefits)	YES	NO
Receives Aid to the Permanently and Totally Disabled Under Title XIV-APDT of the Social Security Act.	YES	NO
Receives Supplemental Security Income under Title XVI-SSI of the Social Security Act.	YES	NO

### Work History (Beginning with your most recent employment)

From: _____ Month/Year  To:    _____ Month/Year  Salary: _____	Name of Employer: _____  Address of Employer: _____  Supervisor: _____  Position: _____                      Telephone: _____  May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO  Reason For Leaving: _____
--	--

**Duties Performed:**

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From: _____ Month/Year  To:    _____ Month/Year  Salary: _____	Name of Employer: _____  Address of Employer: _____  Supervisor: _____  Position: _____                      Telephone: _____  May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO  Reason For Leaving: _____
--	--

**Duties Performed:**

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From: _____ Month/Year  To:    _____ Month/Year  Salary: _____	Name of Employer: _____  Address of Employer: _____  Supervisor: _____  Position: _____                      Telephone: _____  May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO  Reason For Leaving: _____
--	--

**Duties Performed:**

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# KARUK TRIBAL TANF PROGRAM

## Work Study (Beginning with most recent employment)

(Employment History Form Continued)

From: \_\_\_\_\_  
Month/Year

To: \_\_\_\_\_  
Month/Year

Salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we call your previous employer for reference?  YES  NO

Reason For Leaving: \_\_\_\_\_

Duties Performed:

From: \_\_\_\_\_  
Month/Year

To: \_\_\_\_\_  
Month/Year

Salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we call your previous employer for reference?  YES  NO

Reason For Leaving: \_\_\_\_\_

Duties Performed:

From: \_\_\_\_\_  
Month/Year

To: \_\_\_\_\_  
Month/Year

Salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we call your previous employer for reference?  YES  NO

Reason For Leaving: \_\_\_\_\_

Duties Performed:

From: \_\_\_\_\_  
Month/Year

To: \_\_\_\_\_  
Month/Year

Salary: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

May we call your previous employer for reference?  YES  NO

Reason For Leaving: \_\_\_\_\_

Duties Performed:



# KARUK TRIBAL TANF PROGRAM

## PERSONAL INFORMATION

1. Do you have limitations on the job due to your medical situation?  YES  NO

If yes, please explain:

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2. Are you taking prescribed medications?  YES  NO

If yes, please explain:

---

---

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3. Do your medications cause any side effects that may affect your job performance or schooling?  YES  NO If yes, please explain?

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---

---

4. Do you have any legal (civil/criminal) cases pending? YES NO

If yes, list charge(s) and court dates:

---

---

5. Do you have any felony convictions? YES NO

If yes, please list charge, date, and if charge is resolved, if not, explain the circumstances:

---

---

6. Do you have a probation or parole officer? YES NO

If yes, please explain:

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---

7. If you were to be selected for training, do you have any planned events that would require you

To be absent (vacation, surgery, family reunion, court appearance, etc.)? YES NO

If yes, please explain:

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# KARUK TRIBAL TANF PROGRAM

## DAYCARE

1. If you have small children, do you have childcare arranged?  YES  NO

If yes, list the name of the primary provider:

\_\_\_\_\_

Secondary Provider:

\_\_\_\_\_

## TRANSPORTATION

1. Please check your method of transportation.

Automobile

Bus

Walk/Bicycle

Other: Please Explain:

\_\_\_\_\_

\_\_\_\_\_

2. Do you have a valid driver's license?  YES  NO

If no, why?

\_\_\_\_\_

\_\_\_\_\_

3. Do you have vehicle insurance?  YES  NO

If yes, you will have to provide proof of Insurance.

4. Do you live on the bus line?  YES  NO

If yes, when does the bus run by your home?

\_\_\_\_\_

5. What would you do if your car broke down and you needed to get to work or job training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Release of information to obtain a background check:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By signing below, you are giving the Karuk Tribal TANF Program the right to obtain a background check regarding your personal information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date