Karuk Tribe 🐼 😿

Native Employment Works Program Application for Services

Personal Information: (PI	lease Print)	Social Security Nu	mber:		_//	
Name:			-		1 P 1 M	2
Address:				State:	Middle County:	
Telephone Number:		Message Numbe	er:			-
Date of Birth:	Age:	Gender: (Circle One)	Male	Female		
			(Circle	One)	100	
1. Are you a Karuk memb	er?		Yes	No	2	
2. Do you live within The	Karuk service are	ea?	Yes	No		
3. Are you currently in the	military?		Yes	No		
4. If you are male, are you	u registered with	Selective Service?	Yes	No		
5. Are you a Veteran or th	e Spouse of a Ve	eteran?	Yes	No		
6. Are you a Foster Youth	?		Yes	No		
7. Are any auxiliary aids, s	services or accom	modations needed?	Yes	No		
1 2 3 4 5 6 7 8	9 10 11		5 1	6 17	18	
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publi	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔤 N	0			
Public Assistance:	9 10 11 ic assistance?	12 13 14 1	0			ım
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publi	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔲 N s 🗌 Food Commo	o dities	Food [Distribution Progra	Same and
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publi	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔲 N s 🗌 Food Commo	o dities	Food [Distribution Progra	201
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publi	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔲 N s 🗌 Food Commo	o dities	Food [Distribution Progra	201
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publit TANF GA SSI Services Needed: Briefly explained	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔲 N s 🗌 Food Commo	o dities	Food [Distribution Progra	201
1 2 3 4 5 6 7 8 Public Assistance: Are you currently receiving publi	9 10 11 ic assistance?	12 13 14 1 Yes 🗌 🔲 N s 🗌 Food Commo	o dities	Food E Native Em	Distribution Progra	n.

	~ K	aru	k Tı	ribe 🥆					
	bal Nati	ve Emplo	The season of the season	orks (NEW) I	and the state of the state	and the			
Eligibility Determination	Date Approved		Remarks:	The state of the s	the second states and				
This applicant is eligible for the NEW Program (YES) or (NO)			- Martin						
 If an answer does not apply to Print clearly in <u>ink</u>. If you make Applicants must provide verification 	a mistake, o	N/A" DO NOT LE draw a single lir	he through the o			e answer.			
Tribal Afilliation				and the second					
 Are you a Karuk Tribal member or a lineal descendant residing in Siskiyo county, California? Yes No Do you have a outstanding delinquent or default loan with the tribe? 				Tribal Membership Enrollment #	Tribal Affiliation Eligible? Yes No Verified: TAS Entry Initials				
2 Applicant: Name:				(2a) Family Size (2b) Family income \$ per The Karuk Tribal TANF Program (KTTP) gross family income limits for NEW Program; Family Annual Income per Month per Week per Hour					
Phone: ()				15,080 \$ 20,426 \$	1,862 \$ 429 2,522 \$ 581				
Daytime Phone: ()				25,772 \$ 31,118 \$	3,182 \$ 734. 3,842 \$ 886	. \$ 18.			
Address: (Number, Street)		1- <u>5-41</u> -5-1-94.5.		36,463 \$ 41,565 \$	4,502 \$ 1,038 5,162 \$ 1,191 nds or other disbursements that are ex	\$ 25. \$ 29.			
City	State	Zip Code	Required El	igibility Documents	TANF Office Use Only (Rose Shaded Areas)				
(3a) Mailing Address (If different)			Deed or (KTTP)	ase Agreement / Trust Residency Form	Orig. Date	TAS			
City	State	Zip Code	Current Utili	ity Bill:	Date of Last Service:	TAS			
Is there a crisis situation? (Such as don interruption in utilities, food or other basic ne If yes, explain:		e, homelessness Yes No	s, eviction, no trar	nsportation, or an	Referral Date Notify CM / SM Date:	TAS			
Family									
Please list spouse & children living in yo	our home.	-		1	C# CIE#	AU2 🗖			
Child's Name (First, Middle, Last)	admin og		Age	Relationship	C# CIF#	AU? 🔲			
A STATE OF A	As other cases - day	Surger and the	A DAY OF A DAY		C# CIF#	AU? 🔲			
	ter aller and	Call Street			C# CIF#	AU? 🔲			
A REAL PROPERTY OF THE REAL PROPERTY OF	CHINERY	And Party and	ALC: NO.	A Real Proved	C# CIF#	AU? 🔲			
A REAL PROPERTY OF	the of the territ	And the case of the second	A stand of the second		CIF#	AU? 🔲			
	and the second	Silling and			CIF#	AU? 🔲			
The second s	ALC: NO.	State in some	1	and the second s	C# CIF#	AU? []			
the second second	Population of	endonie setting			C#CIF#	AU? 🔲			
			Constant No.		C#CIF#	AU? 🖸			
	- Constantion	Sector Sector	C AND DO T		C# CIF#	AU? 🔲			
	CALIFORNIA CONTRACTO				C# CIF#	AU? 🔲			

Educational /	Veteran / Misc	ellaneous (Circle Oi	1e)						a dina		
Citizenship 1. Citizen 2. Eligible Non-	Marital Status 1. Single 2. Married	Educational Status 1. In-School, H.S. or Less 2. In-School, Post H.S.	School Attendend 1. Elementary 2. Secondary		1. Full-Time 1. Eligit		1. Eligible	Veteran Status igible Veteran, less		Selective Service	
Citizen 3. Non-Eligible Non-Citizen	 Divorced Widowed Separated Common Law 	 Not Attending School High School Graduate H.S. Drop Out Other 	3. Trade/Tech/Voc		2. Part-Time 3. Not Attending School 4. Last Grade Completed		than or equal to 180 days 2. Eligible Veteran 3. Eligible Spouse 4. Not an Eligible Veteran		 Tes Exempt Not required to register or document Registration Beyond Registration Age; failure to register unintential. 		
Employment Sta 1. Employed	atus at Intake(Ci	rcle One) 2. Employed			3. Not Empl	oved	<u>Mananana</u>	A CARLES			
a. Employed b. Employed c. Underem	d Half-time	a. But receive	ed notice of termin nent or military	ation	a. Was e	employment so 3 days?	ought in the				
Barriers to Emp					n = 3 = 40 - 11		Carlabay		1997	然后没想的 了。	
 Basic Skills d Low Income 	eficient	 6. Single Head of 7. Limited Englis 						14. Pregnant 15. Runaway		t/Parenting Teen	
3. Long-term Ur	Long-term Unemployed 8. Individual with Disabili Offender/ Criminal Justice 9. Learning Disability		Disability	12. 13.	Displaced Homemaker		1	16. Youth Addition 17. Not Applicable		I Services	
Work History	Store and the store of the store			and warm							
Work History #1			an a		in summer a total state						
		-program Current/Last Job F	irst) Enter the employe	er's name	e, address, zip co	ode and telephon	ie number.	From: Mo/C)ay/Yr	To: Mo/Day/Yr	
	Job Title		Hourly Wage	Hour	s Per Week		R	leason for lea	aving		
	JOD TILLE	White in second second	Houny wage	noui	S Fel Week				aving	the encounter and the second	
-											
Work History #2			an a							an address in the second	
EMPLOYMENT HIST	ORY (26 Weeks Pre	-program Current/Last Job F	rst) Enter the employe	er's name	e, address, zipd o	code and telepho	ne number.	From: Mo/D	ay/Yr	To: Mo/Day/Yr	
Job Title		Hourly Wage Hours		s Per Week		Reason for leaving			and the second		
information I have documents to sup	formation provide provided will be port this intake. I	ed is true and complete used to determine eligit t has been explained to	ility for program s me and I understa	ervices and that	and is subject:	t to review an	d verificatio	on and that I	may ha	ve to provide	
Information collect record will be prof	ted on this intake tected in accorda	record will be entered ince with the privacy act.	nto the NEW prog	ram col	llection syster	n. I also unde	rstand that	the information	on reco	rded on the intake	
received by me. A	Anyone who make	n on my part on this or o as a false statement or n be fined or put in jail for	nisrepresentation	of facts	e cause for d in an applica	ismissal and p tion for detern	oossible act nination of p	ions for the c program eligi	collectio bility m	n of any payments ay be commiting a	
Should I be deem training and I may	ed ineligible for the liable for the liable for all p	ne Native Employment V payments made to me a	Vorks Program by nd/or on my behal	the off	icial verification	on process, I a Native Empl	agree to imr oyment Pro	mediately cea gram.	ase emp	ployment or	
the second s		e client and/or parent/G	uardian is acknow	vledgem	nent of the Ce	rtification Stal		ve.			
Client Signatu	re						Date				
Parent/Guardi	ian Signature			Intro The second			Date				
Interviewer Sig		NUMERAL AND		-	Date						
Certifier Siganture				-	Date				almania a company		
Reviewer Signature Date											

NAKUN IKIBE NATIVE EMPLOYMENT WORKS PROGRAM Happy Camp Tribal TANF Office 64101 Second Avenue P.O. Box 1016 Happy Camp, CA 96039 Telephone (530) 493-1440 FAX (530) 493-1442

INTAKE DOCUMENTATION REQUIREMENT

Eligibility Document Requirement

APPLICANT:

Date of Intake

Indian Certification

The applicant must provide copy of their Karuk tribal membership card.

1. Types of documentation may include:

- Karuk Tribal Membership Card
- Karuk Tribal Descendancy Card b.

Proof of Residence

The applicant must verify residency in Karuk tribe's service area as of the date of intake. Documents may not be older than thirty (30) days from the date of the Intake.

Types of documentation may include:

- Utility Bill
- Rent Receipt
- **Cancelled** Check
- Voter Registration Card
- Postmarked Mail addressed to the applicant
- School Records/Work permit

Selective Service Status

Male applicants 18 years of age and older, born on or after 1/1/60 must provide proof of having complied with the Military Selective Service Act, i.e. must have registered with the Selective Service System. Those applicants 26 and older who failed to register must provide a Status Information Letter and documentation that they did not knowingly and willing fail to register. Veterans who did not register may provide a DD214, current full-time active duty orders or military ID.

п **Proof of Income**

The applicant must verify the level of family income for the past six (6) months

Types of documentation may include:

- Payroll Check Stubs
- Wage Statement from Employer
- Unemployment Insurance documents.

Correction Action:

Please submit the required documents within two (2) weeks of the date of the intake and must be received by the Karuk Tribal NEW Program within (2) two weeks of the date of intake. The documents can be dropped off at any Karuk Tribal TANF Program.

Acknowledgement:

I understand that I will not be able to participate in the Karuk Tribal NEW Program until the items checked are provided to and approved by the Karuk Tribal NEW Program. I further understand that eligibility is not a guarantee of services.

Signature:

Applicant or	Parent/Guardian:	

Eligibility Document Requirement notice must be completed at the time of Intake. The required documents must be received by the Karuk Tribal NEW Program within (2) two weeks of the date of intake.

Public Assistance

The applicant must provide verification of receipt of public assistance or applicant family dated within thirty (30) days of the date of Intake.

Types of documentation may include:

- Current Award Letter
- Passport to Services
- Notice of Action
- Food Stamps/Food commodities

Labor Force Status

Applicant must provide verification of their labor force status.

Types of documentation may include:

- **UI** benefits claim
- UI benefits check copy
- EDD Job Registration
- Lay-off notice within last 28 days
- Work Permit

Proof of Age (Youth Services)

The age of the applicant must be verified.

Types of acceptable documentation may include:

- **Birth Certificate**
- CA ID Card ٠
- Tribal ID Card
- School Records/Work Permit

NEW Interviewer

Date:

Date: