Karuk Tribe

Karuk Tribal TANF Program

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

This emergency services 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 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.

—

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**.

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) 842-4270

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
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Tel (530) 627-3471 Fax (530) 627-3459

Karuk Tribe

Karuk Tribal TANF Program

COVID-19 Crisis - Non-Recurrent Short-Term Benefits (NRSTB)

The **definition** of a **non**-recurrent, **short-term benefit** (45 CFR 260.31(b)(1)) states that such a **benefit**: (1) is designed to deal with a specific crisis situation or episode of need; (2) is **not** intended to meet recurrent or ongoing needs; and (3) will **not** extend beyond four months.

The Karuk tribe is providing NRSTB assistance in response to the current pandemic crisis. To offset the financial burden to this crisis.

The previsions for these NRSTB is based on the current Karuk TANF plan and the initial evaluation of the family or individual crisis situation or episode of need request, as it relates to the current pandemic crisis. Crisis services will be evaluated and provided on a month-by-month basis, up to 4 months.

NRSTB for this crisis based on the availability of funding.

Recipients receiving services for this pandemic disaster will not be eligible for a period of 1 year from the start date of this crisis.

Examples of Non-Recurrent Short-Term Benefits include, but limited to, the following:

- Food & incidentals (Replacement of food, clothing, and other basic needs for families who have lost food, clothing, and other basic needs due to pandemic disaster.
- Utilities and Energy Assistance. (Monthly utilities or energy assistance payment for families who have lost their jobs due to COVID-19, paid on a month-by-month basis, up to 4 months.
- Housing Assistance (Monthly rent or mortgage payment for families who have lost their jobs due to COVID-19, paid on a month-by-month basis, up to 4 months.
- Emergency Housing Assistance (Emergency housing (including deposits) for families who have lost their home due to, paid on a month-to-month basis, up to 4 months.
- Domestic Violence Services (Domestic violence and counseling services for families who have been directly impacted by a natural disaster or widespread pandemic and still in need of crisis or trauma-related services.)
- Diversion and Welfare Avoidance.
- Vehicle Support. (Emergency vehicle repairs for families who have lost their employment due to a natural disaster or widespread pandemic.)

Other Eligible Members

The Karuk Tribe may provide non-assistance to "other eligible families" or "individuals" based on the criteria listed below. This non-assistance will be evaluated and provided on a month-by-month basis, for up to four (4) months. The need from the original crisis situation or episode of need, will be evaluated each month to ensure the need is still valid and/or needed, prior to issuing any payment.

Eligibility:

1. Must be below the KTTP 300% Federal Poverty guideline Limit
2. Must be a member of a federally recognized tribe and at least one child must be a member.
3. Live within the KTTP service area (Siskiyou County and the Karuk tribal member living in north-east corner of Humboldt County above State Highway 96, mile marker 28.6).
4. 60 Month Time clock limit is excluded.
5. Provide justification for the crisis situation or episode of need.
6. Individual (At-risk youth) between the ages of 18 and 24 living independently, may apply.

KTTPs 300% poverty guideline Your income must be below the following:		**NRSTB Assistance Non-Needy MAP+$300**	
Family of 1	$3,190.00 / Month	Family of 1	$976.00
Family of 2	$4,310.00 / Month	Family of 2	$1,139.00
Family of 3	$5,430.00 / Month	Family of 3	$1,334.00
Family of 4	$6,670.00 / Month	Family of 4	$1,522.00
Family of 5	$7,670.00 / Month	Family of 5	$1,716.00
Family of 6	$8,790.00 / Month	Family of 6	$1,910.00
Family of 7	$9,910.00 / Month	Family of 7	$2,102.00
Family of 8	$11,030.00 / Month	Family of 8	$2,398.00

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COVID-19 EMERGENCY ASSISTANCE

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:
(llalford@karuk.us or crbearchild@karuk.us or ltello@karuk.us)

HOW TO APPLY FOR KARUK TRIBAL TANF COVID-19 EMERGENCY 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

A

COVID-19 EMERGENCY ASSISTANCE

APPLICATION

Application Date: _____

Applying for:

DIVERSION (Non Assistance) ☐ Initial Application - **COVID-19** ☐ 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 ☐ CTTP

☐ 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

COVID-19 EMERGENCY 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 emergency services on behalf of my household.

_____ _____

Name of Payee Telephone/Message Number

Address _____ City _____ State ____ Zip Code _____

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COVID-19 EMERGENCY ASSISTANCE

C

STATEMENT OF FACTS CONCERNING YOUR SITUATION AS IT RELATES TO THE CURRENT CRISIS

CLIENT NAME _____

I, _____ declare under penalty of perjury, the following:

I certify that the above statement is true and correct. I make this statement under the penalty of perjury and understand that if I do not report all facts or give false statements to get or keeping getting benefits, I can be legally prosecuted with penalties of fine and/or imprisonment.

_____ _____
Client Signature Date

_____ _____
TANF Staff Signature Date

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COVID-19 EMERGENCY 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	$					
Spouse Auto Payments	$					
Miscellaneous Loans	$					
Total	$					
Total Income	$					
Total Bills Due	$					
Cash After Bills Paid +/-	$					

Karuk Tribe

Karuk Tribal TANF Program

COVID-19 EMERGENCY ASSISTANCE

E

(Initials)

STATEMENT OF FACT:

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

____ I understand the emergency services received will be based on the following formula:
(TANF Eligible Benefit - (Minus) - All emergency benefits received from other sources (Plus) TANF countable resources = Family or Individual Benefit Amount)

____ 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**

TANF USE ONLY

Required Documents:		#
☐ Tribal Verification/CDIB/CA Judgment Role	☐ Received	_____
☐ Birth Certificates (One for each family member)	☐ Received	_____
☐ Proof of Income (past 30 days)	☐ Received	_____
☐ Medi-Cal/Food Stamps/Tribal Food Commodities	☐ Received	_____
☐ Valid CA DL or CA ID Card or Military ID	☐ Received	_____
☐ Social Security Cards (Adults must be signed)	☐ Received	_____
☐ Proof of Residency	☐ Received	_____
☐ Last Pay Stub	☐ Received	_____
☐ Unemployment/Disability/SSI/Veteran Benefits	☐ Received	_____
☐ Guardianship Papers	☐ Received	_____
☐ Monthly Budget Form Completed	☐ Received	_____
Release of Information (ROI) (Signed)	☐ Received	_____

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 emergency services.

MAP+300.00 (Non-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

Consent for Release of Information

G

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

____ 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: _____.

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

Consent for Release of Information

G

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.

_____ Date _____

(Signature of Participant)

_____

(Printed Name)

_____ Date _____

(Signature of Parent, Guardian or Personal Representative)