NON-REOCCURING 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.**
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 ADDRESS:
(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:

<table>
<thead>
<tr>
<th>Family size</th>
<th>Income limit / Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of 1</td>
<td>$3,190.00</td>
</tr>
<tr>
<td>Family of 2</td>
<td>$4,310.00</td>
</tr>
<tr>
<td>Family of 3</td>
<td>$5,430.00</td>
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<tr>
<td>Family of 4</td>
<td>$6,670.00</td>
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<tr>
<td>Family of 5</td>
<td>$7,670.00</td>
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<tr>
<td>Family of 6</td>
<td>$8,790.00</td>
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<tr>
<td>Family of 7</td>
<td>$9,910.00</td>
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<tr>
<td>Family of 8</td>
<td>$11,030.00</td>
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<tr>
<td>Family of 9</td>
<td>$12,150.00</td>
</tr>
<tr>
<td>Family of 10</td>
<td>$13,270.00</td>
</tr>
</tbody>
</table>

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-REOCCURING SHORT-TERM BENEFITS ASSISTANCE
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  □ 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)

<table>
<thead>
<tr>
<th>Owner</th>
<th>Source</th>
<th>Amount</th>
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</table>

LIST ALL MEMBERS IN THE HOUSEHOLD

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<thead>
<tr>
<th>Name family members (print)</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Age</th>
<th>SEX</th>
<th>Social Security Number</th>
<th>Tribe</th>
<th>CIFR</th>
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</tbody>
</table>

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-REOCCURING SHORT-TERM BENEFITS ASSISTANCE

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 ______________
## Karuk Tribe
Karuk Tribal TANF Program
NON-REOCCURRING SHORT-TERM BENEFITS ASSISTANCE

### KARUK TRIBAL TANF Budget Sheet

<table>
<thead>
<tr>
<th>Monthly Income</th>
<th>Total income</th>
<th>Due Date</th>
<th>Date Mailed</th>
<th>Check #</th>
<th>Paid</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Income</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Income</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

NON-REOCCURING SHORT-TERM BENEFITS ASSISTANCE 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 participate in TANF NRSTB assistance does not mean that I will receive maximum 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:

<table>
<thead>
<tr>
<th>NRSTB Assistance Example</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Disregard</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td>$700.00</td>
</tr>
<tr>
<td>Divided by 50%</td>
<td>$50%</td>
</tr>
<tr>
<td></td>
<td>$350.00</td>
</tr>
<tr>
<td>Un-earned Income</td>
<td>$50.00</td>
</tr>
<tr>
<td>Countable Income</td>
<td>$400.00</td>
</tr>
<tr>
<td>NRSTB Family Size = 4</td>
<td>$1,522.00</td>
</tr>
<tr>
<td>Countable Income</td>
<td>$400.00</td>
</tr>
<tr>
<td>NRSTB Assistance Amount</td>
<td>$1,122.00</td>
</tr>
</tbody>
</table>

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:

\[(\text{TANF Eligible Benefit} - \text{Minus} - \text{All emergency benefits received from other sources + TANF countable Resources}}) = \text{Family or Individual Benefit Amount}\]

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.

<table>
<thead>
<tr>
<th>NRSTB Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family of 1</td>
</tr>
<tr>
<td>Family of 2</td>
</tr>
<tr>
<td>Family of 3</td>
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<tr>
<td>Family of 4</td>
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<td>Family of 7</td>
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<tr>
<td>Family of 8</td>
</tr>
<tr>
<td>Family of 9</td>
</tr>
<tr>
<td>Family of 10</td>
</tr>
</tbody>
</table>

__________________________
TANF Application Approving Signature

__________________________
Date

__________________________
Executive Director's Signature

__________________________
Date
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 (KTPP).

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: ____________________________
______________________________
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)  
Date __________________________

_________________________________________  
(Signature of Parent, Guardian or Personal Representative)  
Date __________________________