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
- ☐ Navr
- ☐ One Parent Family
- ☐ Recertification
- ☐ 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 of Indian Blood
- ☐ Original Birth Certificates (photocopies will not be accepted)
- ☐ Proof of Income (past 30 days)
- ☐ Immunization Records
- ☐ Student Enrollment and Attendance Record(s)
- ☐ Currant Bank/Savings Statement
- ☐ Recent Utility Statements
- ☐ Medi-Cal/ Food Stamps/ Tribal Food Commodities
- ☐ Medicare/ Veteran Benefits
- ☐ Social Security Card(s) (must be signed)
- ☐ Proof of Residency
- ☐ Auto Registration
- ☐ Unemployment/ Disability/ SSI/ Veteran Benefits
- ☐ Guardianship Papers (For non-needy caretakers of minor children)
- ☐ Previous Year Taxes
- ☐ Unborn Child/ Doctor's statement of expected birth date
- ☐ 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

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

<table>
<thead>
<tr>
<th>CW OK</th>
<th>FORMS:</th>
<th>EXPLANATION:</th>
<th>ACTION TAKEN:</th>
</tr>
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Intake Record (request for services)  
Convicted of a Felony/Misdemeanor  
Tribal Ventilation  
Valid CA DL or ID  
Birth Certificates  
Social Security Cards  
Proof of Income  
Proof of Residency  
Immunization Records  
Auto Registration  
Proof Student Enrollment  
Current Bank Statement  
Unemployment/SSI/Veteran's  
Guardianship  
Recent Utility Statements  
Medi-Cal/Food Stamps  
Tribal Commodities  
Case Check List  
Previous Years Taxes  
Landlord Tenant Agreement  
Prior TANF Verification  
Substance Test (drug test)  
Protective Payee  
Prohibition of Improper Conduct  
Individual Self-Sufficiency Plan  
Release of Information  
Child Support (assessment/referral)  
Personal Information (signed)  
Other:

Packet Incomplete  
Packet Complete  
File Reviewed By:  Family Service Manager

Packet Incomplete: ____________________________  Packet Complete: ____________________________

Contacted: ____________________________  Comments: ____________________________

Date: ____________________________  Date Complete: ____________________________

KTTP Statement of Facts
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Karuk Tribal TANF
Statement of Facts

Date: ____________________

☐ CASH AID
☐ New  ☐ One Parent Family
☐ Renewal  ☐ Two Parent Family
☐ Diversion  ☐ Non-Needy Care Giver

Names: ____________________ 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
☐ CTTP  ☐ Other: ____________________

What is your current source of income? (i.e. unemployment, gambling parapita, etc.) ____________________
________________________
________________________
________________________
________________________
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KTTP Statement of Facts
Rev. 09/17/2009
1. Is anyone in your household working and/or self-employed?  □ Yes  □ No  If yes, complete below.

<table>
<thead>
<tr>
<th>Person Employed</th>
<th>Employer</th>
<th># of Hours Worked</th>
<th>Monthly Gross Income</th>
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<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Owner/Source/Amount</th>
<th>Owner/Source/Amount</th>
<th>Owner/Source/Amount</th>
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3. List how much money your household has in cash or bank/credit union accounts.

<table>
<thead>
<tr>
<th>Amount in cash</th>
<th>Amount in Bank/Credit Union</th>
<th>Account Holder</th>
<th>Bank/Credit Union Name</th>
<th>Account Number</th>
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4. List any houses, cabins, property, stock, bonds, or other assets owned by anyone in your household.

<table>
<thead>
<tr>
<th>Owner Type of Property/Asset - Value</th>
<th>Owner Type of Property/Asset - Value</th>
<th>Owner Type of Property/Asset - Value</th>
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</table>

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

<table>
<thead>
<tr>
<th>Owner/Type of Vehicle</th>
<th>Model</th>
<th>Year</th>
<th>Value</th>
<th>Amount Owed</th>
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</thead>
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</table>
6. List how much your family pays each month for rent/mortgage and utilities
   Do you pay for your home heating costs?
   Rent/Mortgage Amount: $ ____________________
   Utilities Amount: $ ____________________

7. Does anyone in your household have child/dependent care expense?
   Amount: $ ____________________

8. Are you requesting assistance for anyone in your household who is pregnant?

9. Is anyone in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? If yes, who ____________________

10. Has anyone in your household received public assistance in California or any other state?

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 ____________________

12. Are you receiving Medical CAL.

13. Are you receiving Food Stamps Amount: $ ____________________

14. Are you receiving Tribal Commodities

15. Does anyone in your household have unpaid medical bills from the last three months?

16. Does anyone in your household have medical problems or medical costs due to an accident?

### AUTHORIZED REPRESENTATIVE
I have asked this person to help with my KTTP case:

Name of Person ____________________ Phone/Message Number ____________________

### ALTERNATE PAYEE
I want this person to be able to spend my KTTP (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 unsworn 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 (KTTP) 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 KTTP benefits, I understand that random drug testing and/or for cause drug and/or alcohol tests may be required by KTTP, 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 KTTP 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 Date Signed Print Name of Applicant
(If applicant is a minor, need Parent or Legal Guardian Signature)

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

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
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 (KTP) has been developed to assist qualified KTP 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. KTP is designed to provide services.

I hereby waive my rights to confidentiality and authorize KTP 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 KTP, 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 kept confidential. I
understand that the information KTP and their contractors collect about me is confidential and will be protected under
the Privacy Act. KTP will use this information to help TANF families achieve family self-sufficiency. I understand KTP
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 KTP staff representative will be available to
help me understand and provide resources to help me plan my family self-sufficiency plan. A KTP staff representative
explained this release of information to me.

My signature below indicates that I want to be part of the KTP 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

KTP 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.

KTP Staff ____________________________ Date __________
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 ________

KTTP Statement of Facts
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# Karuk Tribal TANF Program

**TANF ASSIGNMENT OF CHILD SUPPORT**

(Agreement, Consent and Limited Power of Attorney)

<table>
<thead>
<tr>
<th>Mother's Full Name</th>
<th>Social Security Number</th>
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<tbody>
<tr>
<td>Child's Name</td>
<td>SSN</td>
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</table>

If the children do not live with the Mother or Father, complete this section:

<table>
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<tr>
<th>Your Name</th>
<th>Your P.O. Box or Street Address</th>
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<table>
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<tr>
<th>Your Social Security Number</th>
<th>Your City</th>
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<tr>
<th>Your Telephone Number</th>
<th>Your Relationship to the Children</th>
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**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 any 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 enforce 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 Services 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**

<table>
<thead>
<tr>
<th>CIF Number:</th>
<th>Child Support Services Number:</th>
<th>Cash Aid Start Date:</th>
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**KARUK TRIBAL TANF PROGRAM**

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

<table>
<thead>
<tr>
<th>A. INFORMATION ABOUT THE CHILDREN'S PARENTS</th>
<th>B. FATHER OF CHILDREN</th>
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<tbody>
<tr>
<td><strong>MOTHER OF CHILDREN</strong></td>
<td><strong>FATHER OF CHILDREN</strong></td>
</tr>
<tr>
<td>Name (First/Middle/Last):</td>
<td>Name (First/Middle/Last):</td>
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<td>Other Name Used:</td>
<td>Other Name Used:</td>
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<td>Home Telephone Number:</td>
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<td>Message Telephone Number:</td>
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<tr>
<td>Social Security Number:</td>
<td>Social Security Number:</td>
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<td>Date of Birth (mm/dd/yyyy):</td>
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<td>Place of Birth (City/County/State/Country)</td>
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<td>Native Language (if correspondence needed in other than English):</td>
<td>Native Language (if correspondence needed in other than English):</td>
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<td>If enrolled in an Indian tribe, name of tribe:</td>
<td>If enrolled in an Indian tribe, name of the tribe:</td>
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<td>Lives on an Indian Reservation? YES NO:</td>
<td>Lives on an Indian Reservation? YES NO:</td>
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<tr>
<td>Last-Known Employer's Name:</td>
<td>Last-Known Employer's Name:</td>
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<td>Employer's P.O. Box or Street Address:</td>
<td>Employer's P.O. Box or Street Address:</td>
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<td>Employer's City:</td>
<td>Employer's City:</td>
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<td>State:</td>
<td>State:</td>
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<tr>
<td>Zip Code:</td>
<td>Zip Code:</td>
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<tr>
<td>Employer's Telephone Number:</td>
<td>Employer's Telephone Number:</td>
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<tr>
<td>Mother's Name:</td>
<td>Father's Name:</td>
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<tr>
<td>Mother's Maiden Name:</td>
<td>Mother's Maiden Name:</td>
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**E. THE CHILDREN'S RESIDENCE**
The children listed below, live with: ☐ Mother ☐ Father ☐ Other (specify):  

<table>
<thead>
<tr>
<th>Birth Place</th>
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**CHILD SUPPORT REFERRAL - TRIBAL TANF**

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

<table>
<thead>
<tr>
<th>Your Name:</th>
<th>Date of Birth:</th>
<th>Your P.O. Box or Street Address:</th>
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</thead>
<tbody>
<tr>
<td>Your Social Security Number:</td>
<td>Your City:</td>
<td>State:</td>
</tr>
<tr>
<td>Your Telephone Number:</td>
<td>Your Relationship to the children:</td>
<td></td>
</tr>
</tbody>
</table>

Were the parents ever married?  □ No  □ Yes  If yes, Date of Marriage: __________

Is there a divorce pending?  □ No  □ Yes  If yes, Court Docket No.: __________  County: __________

Is there an Order for Child Support?  □ No  □ Yes

Has child support ever been received?  □ No  □ Yes  From: __________
KARUK TRIBAL TANF PROGRAM

EDUCATION/TRAINING HISTORY FORM

Name: ___________________________ CIF# ___________________________

EDUCATION

1. Have you completed secondary school? High School GED

2. If you have not received your high school diploma or complete the GED, circle the highest grade level completed:
   1 2 3 4 5 6 7 8 9 10 11 12

3. Have you completed post-secondary school? Jr./Community College / University / Four (4) Year University
   Do you have a degree? ☐ NO ☐ YES If yes, what is your degree in? ________________________________
   (Bring a copy of degree or transcript)

4. Are you participating in any of the following at the current time?
   G.E.D. Classes College Level Courses
   Reading Skills Class Vocational Training Courses
   High School Other ________________

In what areas have you received (all types) training? ______________________________________________________
   ______________________________________________________
   ______________________________________________________

WORK STUDY

1. Please explain what you expect from the Karuk Tribal TANF Program? ______________________________________
   ______________________________________________________
   ______________________________________________________

2. What kind of help do you feel that you need? ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. Do you have a job goal? ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. Why do you want to do this type of work? ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Do have skills related to your job goal? ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. Do you have a Resume or generic application completed? ☐ YES ☐ NO (If yes, please provide a copy)
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

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# Karuk Tribal YAF Program

## Employment History Form

### Current Employment Status:
- [ ] Employed
- [ ] Unemployed
- [ ] Not in Labor Force

### Receives Federal Disability Insurance Benefits under the Social Security Disability Insurance (SSDI) Program:
- [ ] Yes
- [ ] No

### Receives Benefits Based on Federal Disability Status under Non-Social Security Act Programs (e.g., Workers' Disability, Black Lung Disease, Disability Benefits):  
- [ ] Yes
- [ ] No

### Receives Aid to the Permanently and Totally Disabled Under Title XIV (APD) 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)

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<tr>
<th>From:</th>
<th>To:</th>
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<tr>
<td><strong>Month/Year</strong></td>
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<table>
<thead>
<tr>
<th>Supervisor:</th>
<th>Position:</th>
<th>Telephone:</th>
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</table>

May we call your previous employer for reference?  
- [ ] Yes
- [ ] No

Reason for Leaving:

Duties Performed:

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May we call your previous employer for reference? ☐ YES ☐ NO
Reason For Leaving: ___________________________________________

Duties Performed:
______________________________________________________________

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May we call your previous employer for reference? ☐ YES ☐ NO
Reason For Leaving: ___________________________________________

Duties Performed:
______________________________________________________________
### PERSONAL INFORMATION

1. **Do you have limitations on the job due to your medical situation?** □ YES □ NO
   
   If yes, please explain:

2. **Are you taking prescribed medications?** □ YES □ NO
   
   If yes, please explain:

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

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.

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.
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 ____________________________

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