



# North Fork Rancheria Tribal TANF

## Non Recurring Short Term Benefits Application

NFRTT Received:

Created 04/10/2020

The Temporary Assistance for Needy Families (TANF) program administered by the North Fork Rancheria, referred to as the North Fork Rancheria Tribal TANF Program (NFRTT), provides limited emergency assistance to eligible needy Native American families with child(ren) and caretakers/relatives caring for Native American child(ren). NFRTT uses this application and required documents to determine the eligibility of your family for emergency services. We keep all information private and secure, as required by law.

### NFRTT Eligibility

- ☐ U.S Citizen or eligible alien status
- ☐ Reside in Madera, Merced, Mariposa, Monterey, San Luis Obispo or San Benito County – NFRTT Tribal Member/Descendant residing in Fresno County with at least one minor child under the age of 18 or 19 as a full-time student in high school
- ☐ Proof of income loss and household income under 300% FPL
- ☐ Custody of minor child(ren) (under the age of 18 or age 19 and a full-time student in high school). Expectant Native parent(s) may be eligible in the 3<sup>rd</sup> trimester of pregnancy. Needy or Non-Needy Caretakers/Relatives with eligible child(ren) who meet the above criteria
- ☐ Determined needy based on income and federal guidelines
- ☐ Experiencing an emergency or crisis situation

### Required Documents Checklist:

- ☐ Valid Photo Identification
- ☐ Residency Declaration
- ☐ Tribal Certification
- ☐ Income Verification
- ☐ Birth Certificate Verification
- ☐ SSN Verification

All information has been verified to be accurate and true.

NFRTT Staff:

Date:

**I Family Household Unit** – Please tell us about your Family Assistance Unit, whom you are requesting assistance

**Are you a Non-Needy Caretaker/Relative?** ☐ Yes ☐ No **If yes, please complete the income section as it pertains to the child(ren) only.**

	First & Last Name	Date of Birth	Social Security No.	Address	City/State	County	Phone No.	Alternative Phone No.	US Citizen
Self									<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup> Adult									<input type="checkbox"/> Yes <input type="checkbox"/> No

	First & Last Name	Date of Birth	Social Security No.	Relationship to Applicant	Tribal Affiliation	Name of School Child Attends
Child 1:						
Child 2:						
Child 3:						
Child 4:						
Child 5:						

Please list anyone else living in your household (include first & last name, age, and relationship to you):

Were you or anyone in your Family Assistance Unit ever disqualified from public assistance (CalFresh, CalWORKs/TANF, Tribal TANF, etc.) due to an intentional program violation or welfare fraud? (include assistance being stopped for a short period of time or forever) ☐ Yes ☐ No If yes, name: When: State(s):

## II Income

Please tell us about your current income and employment situation, including paid internships, paid work experience programs, etc. Write “unemployed” or “N/A” if no income or employment within the last 30 days; include income/employment of children.

Name of Person with Income	Occupation/Title	Employer Name/Address	Employer Phone No.	Wages/Tips (Monthly Net Income)

Please tell us about other sources of income you are currently receiving, including financial aid, TANF, CalFresh, CalWORKs, SSDI, EDD, SSI, EDD, Per Capita Payments, Child Support, Social Security, Retirement, Survivor’s Benefits etc.; include income of children.

Type of Assistance/Benefit (i.e. CalWORKs)	Provider (County Assistance)	Recipient Name	Amount Received	Date Last Received	Will this end in the next 30 days?	If Recurring, How Often? (i.e. Monthly)
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## III Emergency Services Declaration & Request

What is your current emergency or crisis: ☐ Natural Disaster ☐ Loss of Residence due to Fire ☐ Other (*please explain*):

What are your family’s emergency needs: ☐ Shelter ☐ Food ☐ Clothing ☐ Vehicle ☐ Other (*please explain*):

## IV Acknowledgement

Under penalty of perjury, under the laws of the United State of America and the State of California, I swear and affirm that the information provided on this application is true, correct, and complete. I will undergo a sanction and be required to return any benefits received, if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution. Furthermore, I consent to the gathering, use, and disclosure of my information by the North Fork Rancheria Tribal TANF Program (NFRTT) or its designees, for determining eligibility. In addition, I have the right to revoke consent, in writing, at any time except to the extent NFRTT has already used and disclosed information in reliance on this consent. If I revoke this consent, NFRTT may not provide further benefits or services. My signature confirms the completion of this application and is not a guarantee of services. I received clarification from NFRTT staff on all of my questions pertaining to this application and NFRTT eligibility for emergency services.

Applicant Signature

Date

Second Adult Signature (if applicable)

Date

### NFRTT ONLY

Applicant is: ☐ Approved ☐ Denied If denied, reason: \_\_\_\_\_  
NFRTT TANF Supervisor/Director Name: \_\_\_\_\_ NFRTT TANF Supervisor/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NFRTT Non-Recurring Short Term Application 4/21/2020



## NORTH FORK RANCHERIA TRIBAL TANF

### RELEASE OF INFORMATION

I hereby authorize the North Fork Rancheria Tribal TANF (NFRTT), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the NFRTT necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that NFRTT has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release NFRTT and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

<b>1- Name (Last, First, Middle Initial)</b>	<b>Mailing Address</b>	<b>City, State and Zip Code</b>
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>
<b>2-Name (Last, First, Middle Initial)</b>	<b>Mailing Address</b>	<b>City, State and Zip Code</b>
<b>Date of Birth</b>	<b>Social Security Number</b>	<b>Phone Number</b>

**Children:**

<b>Child 1 – Name (Last, First, Middle Initial)</b>	<b>Child 2 – Name (Last, First, Middle Initial)</b>
<b>Child 3 – Name (Last, First, Middle Initial)</b>	<b>Child 4 – Name (Last, First, Middle Initial)</b>
<b>Child 5 – Name (Last, First, Middle Initial)</b>	<b>Child 6 – Name (Last, First, Middle Initial)</b>

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**