

### YUROK TRIBE

#### Client Services Department

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548

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# Emergency Assistance Application Checklist Community Services Block Grant Funding

☐ Completed Application
☐ Tribal Verification
☐ All Household Names and Information
☐ W9 for Vendor
☐ Income Verification for all Household Members 18 years and older. (Last 30 days of
income, Passport to Services, most recent award letter or direct deposit statement for
Social Security, Retirement, Disability, Unemployment, or Child Support)
☐ If Requesting Utilities: All pages of power/propane bills.
☐ If Requesting Car or Home Repairs: Provide 2 quotes, or if reimbursement provide
receipts for repairs.
☐ If Requesting Rent or Mortgage Assistance: Provide bill or written statement, and W9 for
landlord.
☐ If Requesting Out-of-Area Medical Travel: Provide either receipts or hotel stay for
reimbursement, or proof of out-of-area medical appointment.
Application Submission:

#### Mail:

190 Klamath Boulevard Attn: Client Services Department Post Office Box 1027 Klamath, CA 95548 E-mail: EA@yuroktribe.nsn.us

Dropped off at any Tribal Office with attention to Client Services Department



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# **Emergency Assistance Application**

Community Services Block Grant (CSBG)

applicant i vanie.			Date:	
Phone Number:	Tribal ID:	<u> </u>	D	OB:
Physical Address (Street, City, State, Zip):				
Mailing Address (if different than physical):_				
Service Area:Del NorteHumboldt	Trinity	Out of	f Service Area	
District:NorthSouthEast	RequaWe	itchpec _	Pecwan	_Orick
Do you live on the Yurok Reservation:	YesNo			
Are you an enrolled Yurok Elder (60+ years):	:Yes1	Vo		
Does a Vulnerable Adult live in the househol	d:Yes	No		
ingreet of emprortation fine interactes the pers	on who is unable	to make r	esponsible deci:	sions for himself or
herself because of mental illness or deficience the effects of chronic use of alcohol and/or of Members of the Household (all individuals	ey, physical disabilings.	ility or illn lf):	ess, age-related	capacity issues, or
herself because of mental illness or deficience the effects of chronic use of alcohol and/or of the Members of the Household (all individuals Name	ey, physical disabilings.  including yourse  Relationship	ility or illn lf):		
herself because of mental illness or deficience the effects of chronic use of alcohol and/or of Members of the Household (all individuals	ey, physical disabilings.	ility or illn lf):	ess, age-related	capacity issues, or
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Source	Name	Amount
Wages/Employment		
TANF/CALWORKS		
Social Security/SSI		
Unemployment		
Veteran Benefits		
Pension/Retirement		
Other		
	Monthly Total	
mmediate action to rem Emergency Foo	ent, sudden, and serious event or an unforeseen change in circularly harm or avert imminent danger to life, health, or property d/Clothing/Hygiene- Assistance with purchasing food, hygically in the control of the con	; an exigency.
nousehold once per year	ning vouchers will be limited to \$80 per person with a maximus to one vendor.	m or <b>\$240</b> per
	ties- including fuel and energy bills to offer emergency assistates resources to make energy related payments and repairs, emergences to make energy related payments and repairs and repairs and repairs and repairs are related to the related payments and repairs are related to the	
assistance, intervention	using – Rent/Mortgage Assistance- to combat crisis including with landlords/Housing/Financial Institutions to Tribal membrake shelter payments \$500 max.	0 .
lesources at the time to		
Emergency Veh	icle/Home Repair- to provide emergency car or home repair for such need. \$500 max.	r to Tribal members
Emergency Vehicuith no other resources Emergency Medico Tribal members with area of Humboldt, Del N	<b>1</b>	ry medical assistance bk Tribe's service in the service area.
Emergency Vehicuith no other resources Emergency Medico Tribal members with area of Humboldt, Del N	for such need. \$500 max.  lical Transportation (outside of area)- to provide emergence no other resources to get to medical facilities outside the Yurce Norte, and Trinity counties, or 75 miles from residence if with ravel, food, lodging. or medical supplies needed for medical creations.	ry medical assistance bk Tribe's service in the service area.
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Emergency Assistance Acknowledgements & Authorization to Release Information:
I understand that I will be required to provide verification of emergency situation, including, but no limited to; Utility bills, rental/mortgage documentation, Past Due/Shut Off Notice, Eviction Notice, Cos Estimates for repairs, W-9 for Vendors, etc.
I understand that receipts MUST be submitted to the Client Services Dept. within 5 business days or using vouchers if requested by staff.
I am the only person in my household who has applied for the CSBG Emergency Assistance.
I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.
I hereby release the Yurok Tribe and its agents and employees from any/ all liabilities, responsibilities damages and claims which might result from release of information authorized above.
I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning my case and/or the case of my dependent(s) named above in direct relation to service provided under as indicated in this application, including the reporting agency for the CSBG Emergency funds. I have been informed of the type of information to be requested and released.
By signing below, I am certifying that all information provided, oral and written are true. acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.
Verbal Authorization Given:YesNoNot Applicable
Staff Receiving Verbal Authorization:
Applicant Signature: Date:
Co-Applicant Signature (other household adults):  Date:

# **End of Application**