YUROK SOCIAL SERVICES

EMERGENCY ASSISTANCE APPLICATION

Main Office
PO Box 1027
Klamath, CA 95548
Phone (707) 482-1350
Fax (707) 482-1368
Toll Free 1-800-242-0684

Humboldt Office
525 7th Street
Eureka, CA 95501
Phone (707) 445-2422
Fax (707) 445-2428

CHECKLIST

The following information must be provided before your request can be submitted:

- ❑ **Completed Application**
- ❑ **Income Verification for all Household Members**
- ❑ **All Household Names and Information (Including Social Security #'s)**
- ❑ **Tribal Verification**
- ❑ **Verification of Need * (see below)**
- ❑ **Written documentation in the event of an emergency situation ***

***All** services requested require appropriate documentation from vendors ex: Eviction Notice, 48 hour shut-off notice, etc. Emergency medical travel requests must be accompanied by a doctor's appointment or referral verification.**

Payments will be made directly to the vendor except in cases of medical emergency travel. Arrangements must be made in advance whenever possible. Receipts must be submitted to Social Services as soon as possible.

Adopted: 9/06
Revised: 9/14

Emergency Assistance Application

Client Name:_____ Date:_____
Mailing Address:_____City:_____ Zip:_____
Physical Address:_____ City:_____ Zip:_____
Telephone:_____ Message Phone: _____
Date of Birth:_____ S.S.#_____ Tribal ID #: _____
District: South___ East___ North___ Orick___ Requa___ Pecwan___ Weitchpec___

List all Household Members (relationship to applicant) and ages:

Name	***DOB***	***Age***	***Tribal Roll #***	***SS#***

Monthly Income of all Household Members:

SOURCE	**NAME**	**AMOUNT**
WAGES		
TANF/CALWORKS		
SOCIAL SECURITY/SSI		
UNEMPLOYMENT		
VETERANS BENEFITS		
OTHER		
TOTAL		

Describe your emergency situation: _____

_____

_____

_____

Certification: By signing this document I am certifying that all information provided, oral and written are true. I 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. I am the only person in my household who had applied for this program.

Applicant Signature:_____ Date:_____

Adopted: 9/06
Revised: 9/14

Verification of Unemployment/No Income

(Fill out for each person in household 18 years or older without employment or any income)

I_____am currently unemployed and/or not
Print Name
receiving any benefits or income.

Last Employer: _____Date last worked: _____

Reason no longer working:
_____
_____

I certify that all information is true and correct to the best of my knowledge. I am also aware that the Yurok Tribe Social Services may verify my status with the Employment Development Department or other necessary agencies. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial and reimbursement of any and all funds received from this program.

_____ _____
Signature Date

Adopted: 9/06
Revised: 9/14

AUTHORIZATION TO RELEASE INFORMATION

PO Box 1027
Klamath, CA 95548
Phone (707) 482-1350
Fax (707) 482-1368

3969 Walnut Dr.
Eureka, CA 95503
Phone (707) 444-6295
Fax (707) 444-6297

I, _____, hereby authorize Yurok Social Services, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by my initials to release and receive information concerning my case and/or the case of my dependent(s) named below. I have been informed of the type of information to be requested and released.

Initial all that apply:

_____ Department of Health and/or Social Services of _____ County.

_____ Probation Department of _____ County.

_____ United Indian Health Service and/or the following clinics and health programs:

_____

_____ Juvenile and/or Dependency Court of _____ County

_____ The following school(s) _____

_____ Other _____

_____ My dependents who are covered by this release are: _____

_____

_____ 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 understand that the above consents are subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

_____ _____
Signature Date

This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client

Adopted: 9/06
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WHAT ASSISTANCE ARE YOU APPLYING FOR

Please check one:

Emergency Medical Transportation (bus tickets, gas):_____

Rent/Mortgage (past due):_____

New Housing (Deposit):_____

Emergency Food/Clothing/Hygiene:_____
(Receipts MUST be submitted to Social Services within 5 business days of using vouchers)

Utilities (Past Due)_____

****** Be sure to complete all of the necessary information in order for your application to be processed. Your application will remain active for ten (10) days in order to give you the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and you will need to re-apply again if assistance is still needed.

Adopted: 9/06
Revised: 9/14

YUROK SOCIAL SERVICES

RESPONSIBILITY STATEMENT

I, _____, reside at
Print Name

_____
Physical Address City State Zip

My utility bill is in the name of _____. I am responsible for payment of the utility bill for the above address.
He/She is my _____.

If bill is not in your name, you are responsible for payment of the utility bill for the above address because_____
_____

*I certify that all information is true and correct to the best of my knowledge.

_____ _____
Applicant Signature **Date**

Adopted: 9/06
Revised: 9/14