

# YUROK SOCIAL SERVICES



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A checklist must accompany each application sent in. 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.

Please use the checklist below and complete the application as thoroughly as possible so a delay in the application process will not occur.

## **General Assistance** **Application Checklist**

- Completed Application
- Tribal Verification
- Social Security Number
- Proof of Handicap or Disability, Enrollment in Program, or other appropriate verification to qualify for the program (*based on attached unemployable definitions*)
- Income Verification for all Household Members  
(*18 years and older*)
- Denial from County General Relief Office and any other appropriate denials (*TANF, Social Security, County Aid, etc.*)

# YUROK SOCIAL SERVICES



## \*General Assistance Application\*

Type of Service:  GA  Miscellaneous Emergency

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mess. phone: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Please check appropriate box below

YIHA: Rental:  Homeowner program:

### District:

South  East  North  Orick  Requa  Pecwan  Weitchpec

Household Name	Relationship	Date of Birth	Tribal Affiliation	Enrolled Member	Social Security #
1.)				<input type="checkbox"/> Y <input type="checkbox"/> N	
2.)				<input type="checkbox"/> Y <input type="checkbox"/> N	
3.)				<input type="checkbox"/> Y <input type="checkbox"/> N	
4.)				<input type="checkbox"/> Y <input type="checkbox"/> N	
5.)				<input type="checkbox"/> Y <input type="checkbox"/> N	
6.)				<input type="checkbox"/> Y <input type="checkbox"/> N	

### Monthly Income of all Household Members:

AFDC \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_  
 WAGE \$ \_\_\_\_\_  
 Unemployment Benefits \$ \_\_\_\_\_  
 Veterans Benefits \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Source: \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

Last date worked: \_\_\_\_\_ Last Monthly Income Amount: \$ \_\_\_\_\_

Do you have reliable transportation?  Y  N If yes, list year, make, and model:

Reason you are unemployed: \_\_\_\_\_

List Monthly Expenses: Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

Emergency Amount Requested \$ \_\_\_\_\_

**Certification:** By signing this document I am certifying that all information provided orally and on this form are true and correct to best of my knowledge. I acknowledge that such information is subject to verification and that falsifying of this information shall be grounds for denial, sanction for one year and reimbursement of any and all funds received from this program.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GA Caseworker: \_\_\_\_\_ Date: \_\_\_\_\_

# YUROK SOCIAL SERVICES



## **\*NOTIFICATION TO CLIENT\***

In order to be eligible for General Assistance (GA), you must be unemployable. You must apply for services from the state or county before you may receive Yurok General Assistance. We may be able to assist during the interim period if you can provide documentation that you have an application pending with another program. You cannot already be receiving supplemental Social Security Income (SSI) or Temporary Assistance to Needy Families (TANF). If denied from another program, you must prove it was for good cause or we cannot assist you.

To qualify for GA, the Social Service staff must first get information about you and your household, which includes all income. We are required by law to check with other agencies to ensure services are not being duplicated. A home visit may be necessary to verify residency.

You may be required to verify a disability if it prevents you from seeking work. A signed Physician's statement is necessary. It should also state the length of time you will be unable to work.

The amount you may receive for GA is based on State standards of public assistance less your income and resources. The information you give must be accurate. If your circumstances change, you must report it to the Social Services Department within ten (10) days. If there are no changes, you must have a re-determination within ninety (90) days. If you are granted, a written notice will be sent to you. A date for re-evaluation will also be included. If you fail to respond by that date, you must re-apply for services.

When you file an application for GA you have a right to a written decision within thirty (30) days. If you disagree with the decision, you have the right to file an appeal within ten (10) days. *The penalty for knowingly and willfully concealing or giving false information may result in being denied assistance for one year plus paying back all funds received.*

This program will continue until funding is depleted or the fiscal year ends.



# YUOK SOCIAL SERVICES



## \*AUTHORIZATION TO RELEASE INFORMATION\*

I, \_\_\_\_\_, hereby authorize Yurok Social Services, a department of the Yurok Tribe, and the organizations and/of 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, damage 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.

\_\_\_\_\_  
**Social Security #:**

\_\_\_\_\_  
**DOB:**

\_\_\_\_\_  
**Signature:**

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

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

# YUROK SOCIAL SERVICES



## \*General Assistance Program Policies\* In Accordance With:

### **PART 20-FINANCIAL ASSISTANCE AND SOCIAL SERVICE PROGRAM** **25 CFP; Subchapter D-Human Services**

#### **1. PURPOSE:**

To meet essential needs of Federally recognized Tribal members who reside in the Yurok Tribe's Service area of Humboldt and Del Norte Counties and do not have sufficient resources or qualify for other sources of assistance. General Assistance or for essential needs. Essential needs include money for rent, utilities, food, and clothing.

GA funds will also be used to assist Tribal members for funerals, flood, and natural disasters. Funding situations other than funerals will require a Tribal application to the Bureau of Indian Affairs for a waiver. (Page 20-21 if the regulations).

*Payments for funerals assistance is \$2,500.00 per Tribal member.*

#### **Application must be unemployable. Unemployable is defined as follows.**

1. A full-time student under the age of 19 who is attending an elementary or secondary school, or vocational or technical school equivalent to a secondary school.
2. Disable (incapacitated because of age, physical, mental, or emotional impairment). Must provide appropriate verification.
3. Lack of skills to obtain employment or prior work experience. If lack of diploma or skills hinders employment, the applicant must be enrolled in a program to earn **GED**, attend all trainings offered through the GA Program, and complete 8 hour community service a month. Each student will have an Individualized Education Plan (IEP) and must meet monthly requirements in the plan in order to receive check.
4. Single parent, pregnant or with a child (ren) under six years old.
5. An individual suffering from an illness or injury that is serious enough to temporarily prevent entry into employment. (Must provide appropriate verification).
6. An individual responsible for a person in the home who has a verified physical or mental impairment that requires the individual in the home on a continuous basis and there is no other appropriate household member available. Must show verification of denial from the county in-home care.
7. A victim of domestic violence. (max of 3 months).
8. Formerly incarcerated in the prison and unable to obtain employment. Must submit **4 job searches** per month (an employer listed on one month's search cannot be listed on either of the following two months). Must **complete 8 hours of community service monthly** and attend all training offered through GA program.
9. An individual residing in **Rehabilitation Program or Intensive Outpatient Care** and restricted from seeking employment.