



Scotts Valley Tribal TANF



Application

TODAY'S DATE: _____

Primary Applicant Information

Type of Assistance you are applying for:			
<input type="checkbox"/> Emergency	<input type="checkbox"/> Cash Aid	<input type="checkbox"/> Diversion	<input type="checkbox"/> Supportive Services Only
Primary Applicant Name (First, Middle, Last)			
Primary Address		City	Zip
			Home#
			Cell #
Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, are you temporarily staying in someone else's home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give date you began staying in this home:			
Birth Date:	Birth Place (City, State):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached):			
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian		
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic		
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian		
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other _____		
Does anyone in your family receive Food Stamps?		Do you receive Child Support?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, how much do you receive? \$ _____		If yes, how much? When?	
Do you receive subsidized housing?	Does anyone in your family receive Medi-Cal?	Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date:	Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?	Previous months on TANF/CalWORKs:	<input type="checkbox"/> One-Parent <input type="checkbox"/> Two-Parent <input type="checkbox"/> Non-Needy Caretaker
Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)		Marital Status:	
How many months have you lived in this county?		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Employment Status:		If employed, enter amount of earned income:	If unemployed, enter amount of benefits received (You must have proof of denial to be eligible):
<input type="checkbox"/> Employed: Hours per week _____ <input type="checkbox"/> Unemployed		\$ _____ PER MONTH	\$ _____ PER MONTH
EDUCATION LEVEL COMPLETED:			
<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College/Trade <input type="checkbox"/> Other _____ <input type="checkbox"/> Last year attended: _____			

Co-Applicant

Co-Applicant Name (First, Middle, Last)					
Primary Address		City		Zip	Home#
					Cell #
Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, are you temporarily staying in someone else's home? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, give date you began staying in this home:					
Birth Date	Birth Place (City, State)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security # - -
Ethnicity (Verification Documents must be attached):					
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian				
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic				
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian				
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African				
American					
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other				
Does anyone in your family receive Food Stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you receive Child Support? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, how much do you receive?			If yes, how much? When?		
Do you receive subsidized housing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Does anyone in your family receive Medi-Cal? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?		Are you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date:		Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify:
			Previous months on TANF/CalWORKS:		<input type="checkbox"/> One-Parent <input type="checkbox"/> Two-Parent <input type="checkbox"/> Non-Needy Caretaker
Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)			Marital Status:		
How many months have you lived in this county?			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Employment Status: <input type="checkbox"/> Employed: Hours per week _____ <input type="checkbox"/> Unemployed			If employed, enter amount of earned income: \$ _____ PER MONTH		If unemployed, enter amount of benefits received (You must have proof of denial to be eligible): \$ _____ PER MONTH
EDUCATION LEVEL COMPLETED: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College/Trade <input type="checkbox"/> Other _____ <input type="checkbox"/> Last year attended: _____					
Please list any household members who <u>WILL NOT</u> be utilizing the SVTT program services					
Full Name	Gender	Relation to Applicant	Full Name	Gender	Relation to Applicant

Child Information

Child #1 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached):		
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other _____	
What is the child's Tribal Affiliation?		Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is the child disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify: _____	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Child #2 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached):		
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other _____	
What is the child's Tribal Affiliation?		Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is the child blind, deaf or disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify: _____	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Child Information (cont.)

Child #3 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached):		
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other _____	
What is the child's Tribal Affiliation? Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the child disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify:	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Child #4 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached):		
<input type="checkbox"/> Enrolled Scotts Valley member # _____	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Descendant from Scotts Valley	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____	<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> California Judgment Roll/Descendent # _____	<input type="checkbox"/> Other _____	
What is the child's Tribal Affiliation? Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the child blind, deaf or disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify:	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Child Information (cont.)

Child #5 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached): <input type="checkbox"/> Enrolled Scotts Valley member # _____ <input type="checkbox"/> Caucasian <input type="checkbox"/> Descendant from Scotts Valley <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____ <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____ <input type="checkbox"/> Black/African American <input type="checkbox"/> California Judgment Roll/Descendent # _____ <input type="checkbox"/> Other _____		
What is the child's Tribal Affiliation? _____ Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the child disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify: _____	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Child #6 (First, Middle, Last)	DOB	Relationship to Head of Household
Birthplace (City, State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security # - -
Ethnicity (Verification Documents must be attached): <input type="checkbox"/> Enrolled Scotts Valley member # _____ <input type="checkbox"/> Caucasian <input type="checkbox"/> Descendant from Scotts Valley <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native Tribal Enrollment # _____ <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native Affiliation/Descendent: _____ <input type="checkbox"/> Black/African American American <input type="checkbox"/> California Judgment Roll/Descendent # _____ <input type="checkbox"/> Other _____		
What is the child's Tribal Affiliation? _____ Does it meet the SVTT service population criteria? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the child blind, deaf or disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Specify: _____	Are immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Name of School: _____ Grade: _____
Is this child living in your home now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the child pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Due Date: _____	Is the child a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please provide documentation)
Mother's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	
Father's Full Name:	Child needs aid because of parent's (check which applies) <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Absence <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____	

Is anyone under the age 19 a parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child # and Name	Is the minor parent's child living in the home <input type="checkbox"/> YES <input type="checkbox"/> NO

Are there any members of your household who is not a citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of each Non-citizen	How many years has this person lived in the U.S.	While living in the U.S., in how many of the years reported did this person earn money while working in the U.S.	While living outside the U.S., how many total years did this person work in the U.S.

Education

Are there any children age 6-19 who do not attend school regularly and explain why he/she is not attending regularly. (excluding Post Secondary school) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name:	Reason not attending school regularly:
Name:	Reason not attending school regularly:

Is anyone age 14 or older enrolled in school, college or a trade/training program? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name:	Name of school/college/training program:	<input type="checkbox"/> Full-time	Term:	<input type="checkbox"/> Semester
		<input type="checkbox"/> Part-time		<input type="checkbox"/> Year
		<input type="checkbox"/> Other:		<input type="checkbox"/> Quarter
Days attending per week:	Units/Hours per week:	Tuition:	Books, equipment, etc., per term:	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	/	\$	\$	
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Transportation used:		Miles round trip per day to school:	
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday				

Name:	Name of school/college/training program:	<input type="checkbox"/> Full-time	Term:	<input type="checkbox"/> Semester
		<input type="checkbox"/> Part-time		<input type="checkbox"/> Year
		<input type="checkbox"/> Other:		<input type="checkbox"/> Quarter
Days attending per week:	Units/Hours per week:	Tuition:	Books, equipment, etc., per term:	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	/	\$	\$	
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Transportation used:		Miles round trip per day to school:	
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday				

Name:	Name of school/college/training program:	<input type="checkbox"/> Full-time	Term:	<input type="checkbox"/> Semester
		<input type="checkbox"/> Part-time		<input type="checkbox"/> Year
		<input type="checkbox"/> Other:		<input type="checkbox"/> Quarter
Days attending per week:	Units/Hours per week:	Tuition:	Books, equipment, etc., per term:	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	/	\$	\$	
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Transportation used:		Miles round trip per day to school:	
<input type="checkbox"/> Friday <input type="checkbox"/> Saturday				

Employment

Applicant		Co-Applicant	
Name	Occupation	Name	Occupation
Employer's Name and Address		Employer's name and Address	
Telephone #	Supervisor	Telephone #	Supervisor
How many hours per week?	How often do you get paid?	How many hours per week?	How often do you get paid?
Date last check received:	Amount received:	Date last check received:	Amount received:
Date next check expected:	Amount expected:	Date next check expected:	Amount expected:

Work History

List employers you and the co-applicant have had within the past 3 years.

Applicant			
Employer Name/Address/Phone	Position	Dates of Employment	Monthly Income

Co-Applicant			
Employer Name/Address/Phone	Position	Dates of Employment	Monthly Income

Income

Does anyone, including children, get or expect to get income from any source listed below?

Check "YES" or "NO" for each item	YES	NO	Check "YES" or "NO" for each item	YES	NO
1. Work Study, JTPA, Welfare-to-Work, or other program.			16. VA Education related income		
2. Other training allowance			17. VA Aid & Attendance Records		
3. Educational grants, loans and other scholarships			18. Social Security Disability		
4. CalWORKs/cash aid from another state			19. Supplemental Security Income/State Supplemental Payment (SSI/SSP)		
5. Refugee Assistance (RCA)			20. VA Disability		
6. Cash Assistance Program for Immigrants (CAPI)			21. Railroad Disability		
7. GA/GR (General Assistance/Relief)			22. Disability income from a Federal, State, or Local government agency		
8. Worker's Compensation			23. Other non-government disability or sick leave		
9. Child/Spousal Support			24. Social Security Retirement or Survivor's		
10. Strike benefits			25. Railroad Retirement		
11. Loans, Gifts, Contributions			26. Retirement income from a Federal, State, or Local government agency		
12. Legal or Insurance settlement/court actions pending			27. Other non-government retirement income		
13. Sales of Notes, Contracts, Trusts, Deeds, Promissory Notes			28. Per Capita or Revenue Sharing payments		
14. Military Allotment or Pension			29. Winnings (Gambling/Lottery/Bingo, Prizes, etc.)		
15. Foster Care Benefits			30. Other (explain):		

If "YES", complete below:

Name	Source	Amount Received	How often
#_____		\$	
#_____		\$	
#_____		\$	
#_____		\$	
#_____		\$	
#_____		\$	

Does anyone get housing, rent, utilities, food or clothing free or in exchange for work?

. YES NO

If "YES", complete below.

Item Received	Free	For Work	Who receives the in-kind trade?	Value	Who provides the in-kind trade?
				\$	
				\$	

Resources

Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S. YES NO
If "YES", complete below. Include land and/or buildings in which the title is shared.

Type: <input type="checkbox"/> Land <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> House	How do you use the property? <input type="checkbox"/> Live in it <input type="checkbox"/> Rental Property	Owner(s)
Address or Location	Do you receive rental income for a room or house? If YES, how much? \$	Who rents the room or house?

Does anyone, including children, have any of the following personal or business-related resources? Include all resources owned, used, controlled, shared or held jointly with any person(s). The SVTT Program will determine whether or not these resources count.

Check "YES" or "NO" for each item	YES	NO	Check "YES" or "NO" for each item	YES	NO
1. Cash (on hand or elsewhere)			10. Trust Funds (whether or not available)		
2. Un-cashed checks (on hand or elsewhere)			11. Notes, Mortgages, Deeds of Trust, Contracts of sale, etc.		
3. Savings accounts-children's and adult's			12. IRA or KEOGH plans, etc.		
4. Checking accounts-children's and adult's			13. Retirement funds which are available if you stop work (such as PERS, etc.)		
5. Credit Union accounts			14. Employee Deferred Compensation plans		
6. Stocks, Bonds, Certificates of Deposit, Money Market accounts, etc.			15. Life Insurance or Annuity		
7. Oil, Mining or Mineral Rights			16. Life Estate Interest in any property		
8. Burial Trusts or Contracts, Insurance, Designated Burial Funds or Plots			17. Long-term Care Insurance		
9. Income Tax Refund			18. EBT cash balance from a previous month		

If "YES", complete below:

Resource	Business-Related	Owner	Account or Policy #	Name of Bank	Current Value
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$
# _____	<input type="checkbox"/> YES <input type="checkbox"/> NO				\$

Does anyone get or expect to get money from any of the above resources, such as Interest, Dividends, etc.? YES NO
If "YES", complete below:

Name	Source of Dividends/Interest	Amount	How Often	Business Related
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Does anyone own, have the use of or have their name on the registration of any motor vehicle, such as: automobile, motorcycle, snowmobile, recreational vehicle, motorboat, etc., even if not running? YES NO

If "YES", complete below:

Vehicles	Vehicle 1	Vehicle 2	Vehicle 3
Owner of Vehicle			
Year/Make/Model			
License Plate #			
Is the Auto Registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimated Value			
Balance Owed			
Is the Auto Financed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Finance Company			
Is the Auto Insured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance Company			
Mileage			
Auto's Condition			

How do you use the vehicle?	Vehicle 1		Vehicle 2		Vehicle 3	
Check each item "YES" or "NO"	YES	NO	YES	NO	YES	NO
As a home						
To go to work, training or for job search						
For self-employment, self-support or business use						
For a disabled household member						
For personal family use						
For recreational use						

Does anyone make payments to a finance company for a vehicle? YES NO

If "YES", complete below:

Name	Vehicle	Finance Company	Amount owed	Monthly payment
			\$	\$
			\$	\$

Does anyone pay for vehicle insurance? YES NO

If "YES", complete below:

Name	Vehicle	Insurance Company	Monthly payment
			\$
			\$

Are there any liens recorded against property or assets? Have you signed a security agreement with a doctor, clinic or hospital against any property owned by you or any family member? YES NO
 If "YES", complete below:

Lien or Secured amount	Type and Location of Property	Date and type of medical care received/to be received	Name of Provider
\$			
\$			
\$			

Does anyone own any Personal Property, such as: non-motorboats, camper shells, non-motor trailers, guns, tools, sporting equipment, pets, jewelry, artwork, antiques, collections, cameras, musical equipment (piano, guitars, amplifiers, etc.) or household or personal items worth more than \$500/item? YES NO
 Do not include wedding and engagement rings or heirlooms.
 If "YES", complete below:

Item	Current Value	Amount Owed	Item	Current Value	Amount Owed
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$

Has anyone sold, spent, traded, transferred or given away any real property such as a house or land, or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement or anything else? YES NO
 List any property sold or traded within the last 12 months:

Cost of Living

Does anyone pay for the care of a child, disabled person or other dependent so he/she can go to work school, or look for a job? YES NO
 If "YES", complete below:

Who receives care?	Who pays for care?	Care Provider	Amount Paid/How often?
			\$ Every:
			\$ Every:
			\$ Every
			\$ Every

Does anyone else pay for all or part of your child care costs? Federal Funded Program
 Include costs paid by a relative or friend not living in the home. YES NO State Funded Program
 If "YES", complete below: Tribal Funded Program

Name of child	Financial Provider	Monthly amount	How long?
		\$	
		\$	
		\$	

Is anyone getting in-home supportive services (IHSS)? YES NO
 If "YES", complete below:
 Who gets the service? _____ How much do you pay each month? \$ _____

Does anyone pay for transportation to get to and from work, school or training? YES NO
 If "YES", complete below:

Name	Miles traveled round trip per day	Transportation used	Transportation cost per month

Does anyone have any housing costs? YES NO
 If "YES", complete below:

Housing Costs	Total Costs	How much do you pay?	How much do other household members pay?	How often billed
Rent	\$ _____	\$ _____	\$ _____	
House(mortgage payment)	\$ _____	\$ _____	\$ _____	
Property Taxes (If not included in house payment)	\$ _____	\$ _____	\$ _____	
Insurance (If not included in house payment)	\$ _____	\$ _____	\$ _____	

Does anyone else pay for all or part of these housing costs? Include a relative or friend not living in the home or any rental assistance programs such as: HUD, Section 8, Tribal subsidies, etc. YES NO
 If "YES", complete below:

Type of Housing Cost	Name of Person/Program who pays	How much do they pay?	How often paid
		\$ _____	
		\$ _____	

Does anyone pay utility costs? YES NO
 If "YES", complete below:

Utility cost	Total cost	How much do you pay?	How much do other household members pay?	How often billed
PG&E				
Water				
Garbage				
Home Phone				
Cell Phone(s)				

Does anyone else pay all or part of these utilities costs? Include a relative or friend not living in the home or any utility assistance programs. YES NO
 If "YES", complete below:

Type of utility cost	Name of Person/Program who pays	How much do they pay?	How often paid

Is a foster child living in the home? YES NO
 If "YES", who? _____

Has anyone ever used any other name (maiden, adoptive, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES", complete below:			
Name	Other names used	Name	Other names used

Is there anyone age 18 to 21 years of age and claimed as a dependent for Income Tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", who?	

Has anyone's cash aid or food stamps been stopped for a period of time due to welfare fraud? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "YES", complete below:			
Name	Why	When	What county/state

Does anyone living with you buy food and fix meals separately from others in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", complete below:		
Who:	How much? \$	How often?

Has anyone received a cash bonus or penalty from any source? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", complete below:		
Name	What agency	Date(s) received

Does anyone pay child support or spousal support? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", complete below:		
Who pays	For whom	Amount paid per month
		\$
		\$

Does anyone have a medical condition(s) or situation(s) that require any of the following:					
Check each item "YES" or "NO"	YES	NO	Check each item "YES" or "NO"	YES	NO
Special diet-prescribed by a doctor			Very high use of utilities		
Special Transportation need			Special laundry service		
Special Telephone or other equipment			Other (specify):		

Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire or flood? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", explain below:	

Is any member of the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or in violation of probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give name of person(s):	

Has any member of the household been convicted of a drug –related felony for possession, use or distribution of a controlled substance(s) since August 22, 1996? USC § 601-619 (1996) <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "YES", complete below:		
Name of person convicted	Date convicted	Date crime committed

Certification

I understand that:

Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the social security administration, tax, welfare and unemployment agencies, school attendance, etc.

All facts, including benefit and income facts, I gave may be reviewed and checked out by SVTT. If I gave wrong facts, my cash aid and other SVTT services may be denied or stopped. My case may be picked for review to ensure that my eligibility was correctly figured and that I must cooperate fully with SVTT in any investigation or review, including quality control review.

I or other family members will be required to repay any cash aid I should have not received.

Any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or is in violation of their parole or probation cannot get cash aid.

Anyone who has committed and been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s) since August 22, 1996, cannot get cash aid. *USC § 601-619 (1996)*

For cash aid and other SVTT services, SVTT will require that I and certain applicants be drug tested. My benefits may be denied or stopped if I do not cooperate.

I also understand that:

I will be disqualified and/or receive welfare fraud penalties if I purposely give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid and other SVTT services.

For cash aid:

If I purposely do not follow cash aid rules, I may become disqualified, I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

My cash aid can be stopped:

- If I knowingly give false, incorrect or incomplete information.
- If I fail to report changes in your income or household composition.
- If I fail to report all the property I own.
- If I give false information of an ineligible child or a child that does not exist.
- If I do not consistently comply with SVTT rules, reporting and compliance standards.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE AND THAT I UNDERSTAND THE COMPLETION OF THIS STATEMENT OF FACT IS NOT A GUARANTEE OF SERVICES.

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT	PRINTED NAME OF CO-APPLICANT	DATE
SIGNATURE OF FAMILY ADVOCATE	PRINTED NAME OF FAMILY ADVOCATE	DATE

SVTT OFFICIAL USE ONLY

CERTIFIED ELIGIBLE FOR: CASH AID DIVERSION EMERGENCY *SUPPORTIVE SERVICES ONLY*

SIGNATURE OF CERTIFIER: _____ DATE: _____

REQUEST AND AUTHORIZATION FOR RELEASE OF INFORMATION

DCSS 0644 (06/05/09)

I, _____, authorize the Department of Child Support Services to discuss my case information with the person or agency designated below.

I authorize _____ to discuss and/or examine all files, applications, papers, documents and records held by the California Department of Child Support Services or any Local Child Support Agency regarding the establishment of paternity; and the establishment, modification or enforcement of child, medical or spousal support in my case which I am authorized to discuss and/or examine, consistent with Title 22 California Code of Regulations § 111440 and Family Code section 17212.

I am not aware of any court issued protective order, nor a good cause claim under Section 11477.04 of the Welfare and Institutions Code pending or approved by an administrative agency in this case which bars the authorized person or agency named below from access to this information. I further declare that I have no reason to believe that the release of this information to the authorized person or agency named below may result in physical or emotional harm to the child(ren) involved in this case.

This authorization shall expire on _____. I understand that if I wish to revoke this authorization at any time before the expiration date, I must submit a written notification of revocation to the California Department of Child Support Services or any Local Child Support Agency.

In the interest of protecting your personal information, the California Department of Child Support Services encourages you to complete the information requested below. Please provide a copy of this form to your authorized person or agency so they have the information necessary to conduct business on your behalf. If we are unable to identify you or your authorized person or agency from the information provided we may need to contact you.

CHILD SUPPORT PARTICIPANT INFORMATION

Participant's Name (Please Print)	Telephone Number ()	CSE Case Number	
Address, City, State, and Zip Code		SSN (last four digits)	Date of Birth

AUTHORIZED PERSON INFORMATION

Authorized Person's Name (Please Print)	Telephone Number ()	SSN (last four digits) or CA ID Number	
Address, City, State, and Zip Code			

AUTHORIZED AGENCY INFORMATION

Authorized Agency's Name (Please Print) Scotts Valley Tribal TANF Program	Telephone Number (925) 363-4778	Primary Contact Name Family Advocate-
Address, City, State, and Zip Code 2727 Systron Drive #100, Concord, CA 94518		

I declare under penalty of perjury that I the participant authorize the release of information as described above.

PARTICIPANT'S SIGNATURE_____
DATE



Scotts Valley Tribal TANF



Release of Information

As part of the SVTT application process, and/or in order to verify information pertaining to a TANF case, certain documents may be required. I _____, give my permission to the Scotts Valley Tribal TANF Program to request and obtain any and all information and/or documentation that they may deem necessary in regards to my TANF case. I _____, give my permission to release any and all information and/or documentation to the Scotts Valley Tribal TANF Program that may be needed for verification purposes, for eligibility determination, and/or in order to approve cash aid or supportive services. Please send any and all necessary paperwork as soon as possible to the Family Advocate listed below.

Family Advocate: _____

Phone: _____ Fax: _____ Email: _____

_____ Date of Birth: _____

Client Name (Print)

Social Security #: _____

_____ Date: _____

Client Signature

Comments : _____

SCOTTS VALLEY TRIBAL TANF PROGRAM
2727 Systron Drive #100
Concord, CA 94518
Phone: (925) 363-4778 Fax: (925) 363-5295
Toll Free: (866) 539-8263

Attention: _____



Scotts Valley Tribal TANF



Client Mandatory Process

Client Name _____ Client # _____ Date _____

As a client of SVTT, I will cooperate and comply with all program requirements and components of the Family Success Plan. **(SVBPI 114 1 - 4)**. Should I become non-compliant, sanction(s) may be imposed. This may result in a reduction of my TANF monthly grant. At the end of the third and final sanction my case will closed, benefits will cease and I will be referred to Cal-works.

- Fill out application (1st interview)
- Complete a SVTT self assessment questionnaire
- Sign a release of information
- You have 30 days to bring required documents
- Determine eligibility
- Orientation
- Drug Screen required within 5 business days (2nd interview)
- Home Visit (to be conducted within 45 days of eligibility)
- Family Success Plan

By signing this agreement, I acknowledge that I have read and understand and agree to the requirements outlined in this document.

Client Signature

Date

Family Advocate Signature

Date



Scotts Valley Tribal TANF



EXCHANGE OF INFORMATION

I, _____, _____, give my consent for
(Print full name) (D.O.B)

Scotts Valley Tribal TANF to receive and share any information regarding my TANF case with CalWorks, EHSD, Department of Health and Human Services or any other County agencies that may affect my Medi-Cal or Food Stamp cases.

Client Name: _____

Social Security #: _____

I hereby authorize the reciprocal and ongoing exchange of information between Scotts Valley Tribal TANF and County agencies. I understand that this exchange of information is for the purpose of ensuring that both SVTT and County Agencies have accurate information regarding my household and to prevent any overpayments or underpayments that may be incurred.

Client Signature

Print Name

Date

Family Advocate

Print Name

Date