



**Hoopa Tribal TANF Employment & Training**  
119 Hostler Field | P.O. Box 728 | Hoopa, Ca 95546  
Phone (530) 625-4816 | Fax (530) 625-4826

## 2026 Summer Youth Training Program

**Ages 14 & 15**

### Application Checklist

- \_\_\_\_\_ Application
- \_\_\_\_\_ Mandatory Trainings (April 6<sup>th</sup>—9<sup>th</sup>):  Substance Abuse     Orientation
- \_\_\_\_\_ Tribal Affiliation Confirmation Form (w/ supporting documentation)
- \_\_\_\_\_ Participant Release and Waiver of Liability Form
- \_\_\_\_\_ Residency Declaration Form (w/ proof of residency)
- \_\_\_\_\_ Income Certified True Statement Form (w/ proof of income)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Social Security Card

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Hoopa Valley Tribal TANF Employment & Training  
**Summer Youth Training Application**  
**Ages: 14 & 15**

**Personal Info:**

Full Legal Name: \_\_\_\_\_ CIF# \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type:  Home /  Cell /  Message

1. Alternate Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type:  Home /  Cell
2. Alternate Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Type:  Home /  Cell

**Emergency Contact Information**—In case of an emergency, please contact:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Conditions and/or Disabilities:**

1. Are there any social/emotional/physical barriers that the Hoopa TANF Employment & Training Department needs to be aware of? (Please explain):

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2. Please List any allergies or dietary restrictions:

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**At Risk Indicators**—please check all that apply:

I live \_\_\_\_:

- in an area with high crime rate                       with a caretaker/relative  
 on or near an Indian Reservation                       in an unstable school district

I have \_\_\_\_:

- an absent parent (single parent children)     substance abuse issues  
 low academic skills (not necessarily low intelligence)  
 negative self-perceptions; low self-esteem     experienced domestic violence  
 previous involvement in the Juvenile Justice System

I am \_\_\_\_:

- experiencing homeless/housing issues             a member of a low-income family  
 pregnant/teen parent

My \_\_\_\_:

- parents are not high school graduates

**Legal:**

1. Are there any current pending legal issues that we need to be aware of?     Yes     No

**If yes, please explain:**

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**Training History:**

1. Were you a previous Summer Youth Participant?  Yes  No  
(If so, answer Questions a & b):

a) Which year(s)? \_\_\_\_\_

b) Please list the trainings you have participated in?

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**Transportation:**

1) What is your main method of transportation? \_\_\_\_\_

2) What will you do if you do not have a ride to a training? \_\_\_\_\_

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**Attendance:**

Regular attendance is required to remain eligible for the program. However, HVTTP ET Department is understanding and will do our best to accommodate any schedule conflicts. Are there any conflicting activities that may cause you to miss work? Please explain:

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**Mandatory Trainings for Program Eligibility:**

**The following trainings are mandatory for program eligibility; there will be NO monetary compensation for attendance:**

1. HVTTP's Substance Abuse Training                      2. Orientation

**These trainings will be scheduled during Spring Break, April 6th—9th, 2026.**

PLEASE LET US KNOW IF THERE IS ANY REASON YOU WILL BE UNABLE TO ATTEND:

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**Personal Statement:**

Write a brief statement clarifying what type of trainings you are interested in and why, what you like to do, your skillset (what you are good at), and any past experience—please include what you liked or did not like doing (e.g. you attended a canning class and you liked the hands-on experience.)

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Lastly, include a brief summary (2-3 sentences) of what you are expecting from The Hoopa Valley Tribal TANF's Summer Youth Employment & Training Program.

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By signing below I acknowledge that all the information provided is true to the best of my knowledge and I give permission to the Hoopa Tribal TANF program to confirm information provided. I agree to abide by the HVT Personnel Policies & Procedures; Code of Conduct Ordinance, and the Drug and Alcohol Policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if applicant is under 18)

\_\_\_\_\_  
Date



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## Summer Youth Employment & Training

### Tribal Affiliation Confirmation Form

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

Name: \_\_\_\_\_ CIF# \_\_\_\_\_

Social Security #: XXX - XX- \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Tribal Roll #: \_\_\_\_\_

If not enrolled in a federally recognized Tribe or California Judgment Roll; is there anyone residing in your household that is enrolled? Yes or No

If yes, what is your relationship?: \_\_\_\_\_

Tribal Affiliation of family member: \_\_\_\_\_ Tribal Roll #: \_\_\_\_\_

### **Please provide a copy of Tribal enrollment**

As per the current Hoopa Valley Tribal TANF Program (HVTTP) plan, *“The HVTTP will provide Tribal TANF assistance and services to all eligible Hoopa Valley Tribal members, eligible members of federally recognized tribes, Alaska Natives, members of the California Judgment Roll, their **descendants** and families who reside on the Hoopa Valley Indian Reservation.”*

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# PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

**Please read carefully! This is a legal document that affects your legal rights!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ on behalf of \_\_\_\_\_ (the "Participant"), releasing the Hoopa Valley Tribe (the "Tribe") and each of its departments, subsidiaries, entities, directors, officers, employees, and co-operators of any and all liability arising out of the Participant's participation in \_\_\_\_\_ (the "Event") held from \_\_\_\_\_ to \_\_\_\_\_.

1. **Waiver and Release:** The Participant releases and forever discharges and holds harmless the Tribe and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant in the Event, including claims arising out of negligence. I/We understand and acknowledge that this Release discharges the Tribe from any liability or claim that I/we may have against the Tribe with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Event.
2. **Insurance:** I/We affirm that the Participant is covered by primary medical insurance and/or understand that I am responsible for the Participant's medical bills if injury occurs. Further, I/we understand that the Tribe does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of the Tribe beyond what may be offered freely by the Tribe in the event of such injury or medical expenses incurred by the Participant.
3. **Assumption of Risk:** I/We, affirm that the Participant understands that the activities provided by the Event and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to **transport and tournament**. I/We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release the Tribe from all liability for injury, illness, death, or property damage resulting from these activities.
4. **Photographic Release:** I/We grant and convey to the Tribe all right, title, and interest in any and all photographs, images, video or audio recordings of the Participant or his or her likeness or voice made by the Tribe in connection with the Participant's involvement in the Event, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Medical Treatment:** I/We hereby release and forever discharge the Tribe from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the Event. I/We give our consent for the Tribe to provide, administer, or obtain medical treatment for the Participant.
6. **Other:** I/We, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Hoopa Valley Tribe or other applicable laws and that this Release shall be governed by and interpreted in accordance with the laws of the Hoopa Valley Tribe. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

(If Participant is a minor, the Participant's Guardian must sign and complete below)

I, the Guardian of the above-named Participant, do hereby give my consent to his/her participation in all activities of the Event. The Participant and the Guardian desire that the Participant engage in activities related to serving or participating in the Event as a player or participant. The Participant and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Event.

By signing below, I, the Guardian of the above-named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

\_\_\_\_\_  
Participant's / Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name: First MI Last

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**Summer Youth Employment & Training**  
**RESIDENCY DECLARATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ hereby declare that I physically reside at:  
\_\_\_\_\_

located (check one):  **on the Hoopa Valley Reservation.**  **in Humboldt County.**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HVTTP Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS FORM. (I.E. PG&E bill, Tribal ID, or other document displaying your physical address)**

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**Summer Youth Employment & Training  
Income Certified True Statement**

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned hereby certify that my household income is under 300% (see reverse side for poverty table). List name, source, amount and total number of household members.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*\*\*ALL INCOME MUST BE ATTACHED TO THIS STATEMENT FORM**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HVTTP Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

## 2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

### Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

## 2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

### Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%
1	665.00	997.50	1,330.00	1,662.50	1,729.00	1,768.90	1,795.50	1,835.40	1,995.00	2,327.50	2,394.00
2	901.67	1,352.50	1,803.33	2,254.17	2,344.33	2,398.43	2,434.50	2,488.60	2,705.00	3,155.83	3,246.00
3	1,138.33	1,707.50	2,276.67	2,845.83	2,959.67	3,027.97	3,073.50	3,141.80	3,415.00	3,984.17	4,098.00
4	1,375.00	2,062.50	2,750.00	3,437.50	3,575.00	3,657.50	3,712.50	3,795.00	4,125.00	4,812.50	4,950.00
5	1,611.67	2,417.50	3,223.33	4,029.17	4,190.33	4,287.03	4,351.50	4,448.20	4,835.00	5,640.83	5,802.00
6	1,848.33	2,772.50	3,696.67	4,620.83	4,805.67	4,916.57	4,990.50	5,101.40	5,545.00	6,469.17	6,654.00
7	2,085.00	3,127.50	4,170.00	5,212.50	5,421.00	5,546.10	5,629.50	5,754.60	6,255.00	7,297.50	7,506.00
8	2,321.67	3,482.50	4,643.33	5,804.17	6,036.33	6,175.63	6,268.50	6,407.80	6,965.00	8,125.83	8,358.00
9	2,558.33	3,837.50	5,116.67	6,395.83	6,651.67	6,805.17	6,907.50	7,061.00	7,675.00	8,954.17	9,210.00
10	2,795.00	4,192.50	5,590.00	6,987.50	7,267.00	7,434.70	7,546.50	7,714.20	8,385.00	9,782.50	10,062.00
11	3,031.67	4,547.50	6,063.33	7,579.17	7,882.33	8,064.23	8,185.50	8,367.40	9,095.00	10,610.83	10,914.00
12	3,268.33	4,902.50	6,536.67	8,170.83	8,497.67	8,693.77	8,824.50	9,020.60	9,805.00	11,439.17	11,766.00
13	3,505.00	5,257.50	7,010.00	8,762.50	9,113.00	9,323.30	9,463.50	9,673.80	10,515.00	12,267.50	12,618.00
14	3,741.67	5,612.50	7,483.33	9,354.17	9,728.33	9,952.83	10,102.50	10,327.00	11,225.00	13,095.83	13,470.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%
1	2,660.00	2,992.50	3,325.00	3,657.50	3,990.00	4,322.50	4,655.00	4,987.50	5,320.00	6,650.00	7,980.00
2	3,606.67	4,057.50	4,508.33	4,959.17	5,410.00	5,860.83	6,311.67	6,762.50	7,213.33	9,016.67	10,820.00
3	4,553.33	5,122.50	5,691.67	6,260.83	6,830.00	7,399.17	7,968.33	8,537.50	9,106.67	11,383.33	13,660.00
4	5,500.00	6,187.50	6,875.00	7,562.50	8,250.00	8,937.50	9,625.00	10,312.50	11,000.00	13,750.00	16,500.00
5	6,446.67	7,252.50	8,058.33	8,864.17	9,670.00	10,475.83	11,281.67	12,087.50	12,893.33	16,116.67	19,340.00
6	7,393.33	8,317.50	9,241.67	10,165.83	11,090.00	12,014.17	12,938.33	13,862.50	14,786.67	18,483.33	22,180.00
7	8,340.00	9,382.50	10,425.00	11,467.50	12,510.00	13,552.50	14,595.00	15,637.50	16,680.00	20,850.00	25,020.00
8	9,286.67	10,447.50	11,608.33	12,769.17	13,930.00	15,090.83	16,251.67	17,412.50	18,573.33	23,216.67	27,860.00
9	10,233.33	11,512.50	12,791.67	14,070.83	15,350.00	16,629.17	17,908.33	19,187.50	20,466.67	25,583.33	30,700.00
10	11,180.00	12,577.50	13,975.00	15,372.50	16,770.00	18,167.50	19,565.00	20,962.50	22,360.00	27,950.00	33,540.00
11	12,126.67	13,642.50	15,158.33	16,674.17	18,190.00	19,705.83	21,221.67	22,737.50	24,253.33	30,316.67	36,380.00
12	13,073.33	14,707.50	16,341.67	17,975.83	19,510.00	21,044.17	22,878.33	24,512.50	26,146.67	32,683.33	39,220.00
13	14,020.00	15,772.50	17,525.00	19,277.50	20,980.00	22,782.50	24,535.00	26,287.50	28,040.00	35,050.00	42,060.00
14	14,966.67	16,837.50	18,708.33	20,579.17	22,450.00	24,320.83	26,191.67	28,062.50	29,933.33	37,416.67	44,900.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.