HOOPA VALLEY TRIBAL TANF PROGRAM

TANF Prevention Projects Application & Waiver Form

Please print all information and fill out completely

HEAD OF HOUSEHOLD

Last Name:	**First Name:**	**Middle Initial:**
Mailing Address:	**City:**	**Zip Code:**
Physical Address:		
Evening Phone:	**Mobile Phone:**	**Day Phone:**

Total Number in Household?	**Number of Dependents Under 18?**	**Current TANF Client?** ___Yes ____No *(Does not determine eligibility)*	**Former TANF Client?** ___Yes ___No *(Does not determine eligibility)*

HOUSEHOLD FAMILY MEMBERS

List Household Family Members *Including Yourself*	Tribal Affiliation	Tribal Roll Number	Gender	Date of Birth	Relationship	Marital Status	Social Security Number	Name of School Attending

AT RISK FACTORS

Please check all that apply:

___Living in high rate crime area
___Absent parent (single parent children)
___Parents are not high school graduates
___Living with caretaker relative
___Have negative self-perception; low self-esteem
___Living on Reservation
___Previous involvement in juvenile justice
___Living in unstable school district
___Being a member of a low-income family
___Having low academic skills (not necessarily low intelligence)
___Homelessness/housing
___Substance abuse issues
___Pregnant/parent teen
___Domestic violence

PARTICIPANT WITH MEDICAL CONDITION				
Participant Name	**Type of Condition/ Symptoms**	**Medications**	**Medical Provider**	**Telephone Number**

EMERGENCY CONTACT INFORMATION		
Name:	**Relationship:**	**Phone Number**
Name:	**Relationship:**	**Phone Number:**

AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, parent or legal guardian of _____, do hereby consent to any medical care determined to be necessary for the welfare of myself or my child(ren) while under the care of Hoopa Valley TANF and while I am not reasonably available by telephone to give consent.

Signature of Parent or Legal Guardian_____ Date_____

PHOTO, TRANSPORTATION, AND LIABILITY WAIVER

Photo Release:

I, _____, parent or legal guardian of _____, do here by grant permission to Hoopa Valley TANF the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of myself and my child(ren), without compensation or approval rights, for use in materials created for purposes of promoting the activities of Hoopa Valley TANF.

Signature of Parent or Legal Guardian _____ Date_____

Transportation Release:

I, _____, parent or legal guardian of _____, do further give my CONSENT & LIABILITY RELEASE FOR MINOR CHILD TO BE TRANSPORTED IN A TRIBAL OWNED AND/OR LEASED VEHICLE, FOR TANF ACTIVITIES WHILE ENROLLED IN THE PROGRAM, AND ACKNOWLEDGE that the Hoopa Valley Tribal Council, Hoopa Valley Tribe, and their TANF Program accept no liability for any accident that may occur while my child is in transport. _____(Initial). NOW, therefore be it understood that the undersigned hereby agrees that the Hoopa Valley Tribe, Hoopa Valley Tribal Council, their TANF Program, their departments, entities, their sureties, and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while being transported in a tribal vehicle. I FURTHER UNDERSTAND THAT MY CHILD MUST WEAR A SEAT BELT.

Signature of Parent or Legal Guardian _____ Date_____

Liability Release:

In consideration for being allowed to participate in activities provided by Hoopa Valley TANF, on behalf of myself and my next of kin, heirs, and representatives, I release for all liability and promise not to sue the Hoopa Valley Tribe, Hoopa Valley TANF, and their employees, officers, directors, volunteers, and agents for any and all claims, including claims of negligence, resulting in any physical or psychological injury (including death), illness, damages, or economic or emotional loss that I or my child(ren) may suffer because of my participation in activities provided by Hoopa Valley TANF, including travel to, from, and during the activity. I am voluntarily participating in activities provided by Hoopa Valley TANF and I assume all related risks, both known and unknown to me, of my participation and my child(ren)'s participation in the activities provided by Hoopa Valley TANF. I agree to hold Hoopa Valley TANF harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation or my child(ren)'s participation in activities provided by Hoopa Valley TANF. I understand the legal consequences of signing this document, including a photo release, transportation release, release of Hoopa Valley Tribe and Hoopa Valley TANF from all liability, promising not to sue, and assuming all the risks associated from participating in activities provided by Hoopa Valley TANF

Signature of Parent or Legal Guardian _____ Date_____

CERTIFICATION

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by the Hoopa Valley TANF Program for the purpose of data tracking.

Head of Household Signature_____ Date_____

Office use only: Determine status of this application: Circle Approved or Denied: If Denied, please note reason(s):

TANF Staff Signature_____ Date_____

Please return this application to:

Hoopa Tribal TANF Projects
82 Willow Street
Hoopa, California 95546

or

Mail to:

Hoopa Tribal TANF Projects
P.O. Box 728
Hoopa, California 95546

ENTERED IN TAS BY: _____ DATE:_____ EFFECTIVE DATE 05/14/2019