School Clothes Incentive 2026

HOOPA VALLEY TRIBAL TANF PROGRAM

TANF Prevention Projects Application & Waiver Form

PLEASE PRIINT ALL INFORMATION AND FILL OUT COMPLETELY

HEAD OF HOUSEHOLD		
Last Name	First Name	Middle Initial
Mailing Address	City	Zip
Physical Address	City	Zip
Evening Telephone Number	Mobile Telephone Number	Day Telephone Number

HOUSEHOLD FAMILY MEMBERS

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

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:

LIABILITY WAIVER

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. _____ (Initial please)
2. **Insurance:** I/We affirm that CE 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. _____ (Initial please)
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_____. 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. _____ (Initial please)
4. **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. _____ (Initial please)
5. **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 _____ (Initial please).

[redacted] WAIVER

6. **Photographic Release:** I/We grant and convey to the HVTTP, 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 HVTTP in connection with the Participant's involvement in the Event, including but not limited to, other benefits derived from such photographs or recordings. _____ (Initial please)

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
119 Hostler Field
Hoopa, California 95546

or

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

ENTERED IN TAS BY: _____ DATE:_____

EFFECTIVE DATE 03/18/2026

HOOPA VALLEY TRIBAL TANF PROGRAM
PO Box 728, Hoopa, California 95546
530-625-4816 phone/530-625-4826 fax

TRIBAL ENROLLMENT VERIFICATION

Section 1: To be completed by Client

Client Name	Date of Birth	Roll #	Relationship	Status

Client Consent: By signing below I authorize _____ Tribe to release enrollment and per capita information to the Hoopa Valley Tribal TANF Program.

Client Signature:_____Print Name:_____Date:_____

Is per capita payment received? Yes No If yes, please have Enrollment Representative complete section 2.

Section 2: Per Capita Information; to be completed by Enrollment Representative. Please list anyone in Section 1 who receives a per capita.

Client Name	Per Capita Funding Source	How Often	Amount

Section 3: Tribe/Rancheria Contact Information and Certification:

_____

Tribe/Rancheria Name Address Phone Number Fax Number

By signing below I agree the above information is true and correct to the best of my knowledge.

Date:_____

Signature:_____Print Name:_____Title:_____

Hoopa Valley Tribal TANF Program

RESIDENCY DECLARATION FORM

Name:_____ Date:_____

Address_____

Home Phone:_____ Cell Phone#:_____

I,_____ hereby declare that I physically reside at

_____

located on the Hoopa Valley Reservation.

OR

I,_____ hereby declare that I physically reside at

_____

located in Humboldt County.

Child (ren) Name:

_____

_____

_____

Head of Household Signature:_____ Date:_____

HVTTP representative:_____

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SCHOOL ENROLLMENT VERIFICATION

Section 1: To be completed by Parent

Student Name	Date of Birth	Grade	Teacher	Extension

Parent Consent: By signing below I authorize _____ school(s) to release grades/attendance information to the Hoopa Valley Tribal TANF Program.

Parent Signature:_____ Printed Name:_____ Date:_____

Section 2: To be completed by School Representative Only

School Contact Information

School Name	Address	Phone Number	Fax Number

Student Name	Attendance	Attending Regularly?		Attending (Circle One)		
	____of____	Yes	No	Full Time	Part Time	Less than Part Time
	____of____	Yes	No	Full Time	Part Time	Less than Part Time
	____of____	Yes	No	Full Time	Part Time	Less than Part Time
	____of____	Yes	No	Full Time	Part Time	Less than Part Time

Is student(s) progress satisfactory? Yes No

(If no, please list student(s) name and provide additional information in the space below as to why progress is unsatisfactory).

_____

_____

_____

SARB: Has the student(s) been required to attend Student Attendance Review Board (SARB)? Yes No

(If yes, please complete the following)

Student Name	Date of SARB	SARB Corrected		Action Taken
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

By signing below I agree the information above is true and correct to the best of my knowledge.

Signature:_____ Title:_____ Date:_____