



YUROK TRIBE

Client Services Department

190 Klamath Boulevard • Post Office Box 1027 • Klamath, CA 95548



Emergency Assistance Application

Yurok Tribe Emergency Relief Fund (YTEAF) & Community Services Block Grant (CSBG)

Applicant Name: _____ Date: _____

Phone Number: _____ Tribal ID: _____ DOB: _____

Physical Address (Street, City, State, Zip): _____

Mailing Address (if different than physical): _____

Service Area: Del Norte Humboldt Trinity Out of Service Area

District: North South East Requa Weitchpec Pecwan Orick

Do you live on the Yurok Reservation: Yes No

Are you an enrolled Yurok Elder (60+ years): Yes No

Does a Vulnerable Adult live in the household: Yes No

Vulnerable adult is an adult who exceeds the age of 18 and is unable to protect themselves from abuse, neglect or exploitation. This includes the person who is unable to make responsible decisions for himself or herself because of mental illness or deficiency, physical disability or illness, age-related capacity issues, or the effects of chronic use of alcohol and/or drugs.

Members of the Household (all individuals including yourself):

Name	Relationship	DOB	Age	Tribal Roll #
	Self			

Emergency Assistance Acknowledgements & Authorization to Release Information:

____ I understand that I will be required to provide verification of emergency situation, including, but not limited to; Utility bills, rental/mortgage documentation, Past Due/Shut Off Notice, Eviction Notice, Cost Estimates for repairs, W-9 for Vendors, etc.

____ I understand that receipts MUST be submitted to the Client Services Dept. within 5 business days of using vouchers if requested by staff.

____ I am the only person in my household who has applied for the CSBG Emergency Assistance.

____ I understand my application will remain active for ten (10) days in order to give me the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive and I will need to re-apply again if assistance is still needed.

____ I hereby release the Yurok Tribe and its agents and employees from any/ all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

____ I authorize Client Services Department, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by to release and receive information concerning my case and/or the case of my dependent(s) named above in direct relation to service provided under as indicated in this application, including the reporting agency for the CSBG Emergency funds. I have been informed of the type of information to be requested and released.

By signing below, I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. This release will be in effect for one year from the date it is signed unless terminated earlier at the request of the client.

Verbal Authorization Given: ____ Yes ____ No ____ Not Applicable

Staff Receiving Verbal Authorization: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature (other household adults) : _____ Date: _____

End of Application