

YUROK HEALTH AND HUMAN SERVICES



GENERATOR PROGRAM

Klamath Office
190 Klamath Blvd
Klamath, CA 95548

South Site
3400 Erie Street
Eureka, CA 95501


Weitchpec
HC 67 Box 196
Hoopa, CA 95546

The Yurok Tribal Council has identified significant risk for Tribal Members as the increase of Summer Public Service Power Shutoffs and Winter Storms impact the safety and wellbeing of these members and their households. The Generator Assistance Program Application is available to Tribal Members Elders (60 +), Vulnerable Adults/Children living in the service area. To apply for assistance through the Generator Program, the following application is being provided to identify qualifying Tribal Member Households. Limited Availability. Please return by mail, email, or office drop box.

Please contact Jeanette Bain at 530-625-4130 jebain@yuroktribe.nsn.us or Kitty McCovey 707-445-2422 kmccoveynez@yuroktribe.nsn.us

CHECKLIST

The following information must be provided before your request can be submitted:

- Completed Application
- All Household Names and Information (Including Social Security #’s)
- Tribal Verification 
- Verification of Need * (see below)
- Waiver of Liability (Attached)

*** All services requested require appropriate documentation. Verification of need including disability verification or medical necessity if applicable.**

Generator Assistance Application

Client Name: _____ Tribal ID #: _____ DOB: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Telephone: _____ S.S.# _____

District: South__ East__ North__ Orick__ Requa__ Pecwan__ Weitchpec

Household Members:

NAME	DOB	Age	Tribal Roll #	SS#

Eligibility Criteria:

Elder Vulnerable Adult/Children

Statement of Need: _____

Certification: By signing this document 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. I am the only person in my household who had applied for this program.

Verbal Authorization Given

Applicant Signature: _____ Date: _____

Yurok Health & Human Services



Release and Waiver of Liability and Acknowledgement of Understanding

RELEASE OF LIABILITY

I, _____, (“Participant”) hereby RELEASE, WAIVE AND DISCHARGE the Yurok Tribe, Tribal Council, Tribal personnel and agents and any other person or entity acting on behalf of the Yurok Tribe (“Yurok Tribe”) from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by myself or to any property in my possession, in connection with taking possession of, and using the provided Generator.

I EXPRESSLY AND VOLUNTARILY ASSUME FULL RESPONSIBILITY for any risk of loss, property damage, personal injury or death that I may sustain, any loss or damage to property in my possession as a result of being engaged in such activity and any related medical costs or other related expenses.

It is my express intent that this RELEASE AND WAIVER OF LIABILITY shall bind the members of my family and spouse (if applicable), if I am alive, and my heirs, assigns, and personal representatives, if I am not alive, and shall be deemed a release, waiver, and discharge of the Yurok Tribe. I hereby further agree that this RELEASE AND WAIVER OF LIABILITY shall be construed in accordance with Yurok Tribal and federal laws.

I understand that the Yurok Tribe will not be held responsible for any medical costs associated with any injury I may sustain. I understand that it is my responsibility to provide my own health, disability and accident insurance.

Acknowledgement of Understanding:

I acknowledge that I have read this RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT and fully understand its terms. I affirm that I am voluntarily participating in the activities described above and further acknowledge that I know, understand and appreciate the inherent risks of such activities. I assume full responsibility for any and all injuries or damages that may occur to me as a result of taking possession of or use of the provided Generator.

Verbal Authorization Provided In Lieu of In Person Signature Due To COVID-19 Safety Precautions

Signature

Date