



NORTH FORK RANCHERIA TRIBAL TANF

**APPLICATION
PACKET**



NORTH FORK RANCHERIA TRIBAL TANF

APPLICATION INSTRUCTIONS

1. Form must be filled out with Blue Ink only.
2. You may not use “white out” on any of these documents.
3. Please utilize the “Application Checklist” to help you complete and gather all required documentation for your application and appointment with an Eligibility Case Manager.
4. Please complete the TANF application, do not “Sign” or “Date” anything until you are asked to by the Eligibility Case Manager.
5. If you feel that your circumstance warrants an emergency application, please alert the Eligibility Case Manager.

****NOTE: North Fork Rancheria Tribal TANF is required to receive vital statistics and confidential information in order to determine eligibility. There is a ten (10) day application processing time unless your application is deemed an emergency per policy. In order to process your application in a timely manner, the information on the “Application Checklist” is required. This is the applicant’s responsibility.***



NORTH FORK RANCHERIA TRIBAL TANF

APPLICATION CHECK LIST

Please utilize this checklist to assure that you have all required documentation for your appointment. This will assist in a timely application /approval process.

ADULT APPLICANTS

- Tribal certification of enrollment or eligibility for enrollment in a Native Northern American Indian Tribe (with either state or federal recognition), or descendant of an enrolled member, or descendant from a member of the **California Indian Judgment Roll**.
***NOTE: This must be provided for each member in the household that has one.**
- Certified copy of birth certificates for **ALL individuals** applying.
- Valid picture identification for **ALL adults** of the household including but not limited to a California driver's license, State Identification, Tribal identification or military identification.
- Social Security cards or a receipt of application for a Social Security card for **ALL individuals** applying.
- If convicted of a drug-related felony after July 1, 1997, bring court documents verifying conviction.
- "Client Affirmation" form (included in packet)
- "Your Rights and Responsibilities" form (included in packet)
- "Verification of Monetary Distribution" form (included in packet)
- "Release of Information" form (included in packet).

CHILDREN

- Tribal certification of enrollment or eligibility for enrollment in a Native Northern American Indian Tribe (with either state or federal recognition), or descendant of an enrolled member, or descendant from a member of the **California Indian Judgment Roll**.
***NOTE: This must be provided for each member in the household that has one.**
- Immunization records for **ALL** children applying (exempt at 13 yrs. or 6th grade) (Exemptions shall apply where religious concerns are cited by the applicant)
- School attendance records for **ALL** school age children, including minor parents.
- "School Enrollment Verification" form (included in packet) ***NOTE: Please list and have verification for each school aged child in the household.**

HOUSING

- Rent/lease receipt or letter from Tribal housing.
- ALL** current utility bills which may include phone, electricity, water, trash, or sewer. **NOTE: If bills are not in applicants name, please provide a "Statement of Facts" (included in packet), with an explanation as to why the bill is not in applicants name.**
- "Residential Verification" form (included in packet)

INCOME

- "Verification of Employment" form (included in packet)



NORTH FORK RANCHERIA TRIBAL TANF

- Employment check stubs, letter from employer, etc.
- Per capita, Non-Gaming or Tribal distribution
- Social Security Income (SSI /SSP, Survivors Benefits, etc.) **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- State Disability award or denial letter. .) **NOTE: Please provide the "Award Letter" for each person in the household that this applies to.**
- Unemployment award or denial letter
- Child support income. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**
- Child custody. **NOTE: Please provide the "Court Order" for each child in the household that this applies to.**

ADULT EDUCATION/TRAINING

- Student income, scholarships, grants, loans, (financial aid award or denial letter)
- Student expenses, books, tuition, etc.
- Verification of school enrollment
- Child care costs
- Mileage to and from training/school

RESOURCES

- Bank accounts most current bank statement – Savings and Checking
- IRA, retirement accounts or other investment accounts
- Trust accounts
- Saving bonds
- Vehicle registration (vehicle must be registered in applicants name)
- Car payments
- Proof of car insurance and insurance costs
- Proof of estimated value
- Real property other than primary residence (time-share, vacation home, property)

NON-NEEDY CARETAKER

- Child custody agreement or foster care/court order, tribal or county document with proper signatures and/or seals
- Designation of Indian Custodian, (25 U.S.C. 1901, et seq.) and Tribal Resolution or letter from the appropriate Tribe with authorized signatures
- Verification of annual income



NORTH FORK RANCHERIA TRIBAL TANF

TANF APPLICATION

Application Date _____

What services are you applying for: Cash Aid _____ Child Only _____ Non Needy Caretaker _____ Transitional Services _____ Diversion _____

Name of Applicant: _____ Other name if any _____ Telephone Number _____

Home Address _____ City _____ County _____ State _____ Zip _____

Mailing Address (if different than above) _____ City _____ County _____ State _____ Zip _____

Is your home address permanent? ___ Yes ___ No ___ Homeless Email Address _____

Please indicate your Tribal Affiliation:

___ Member of a Federally Recognized Tribe _____

___ Descendant of a California Judgment Roll Member _____

___ Descendant of a Federally Recognized Tribe: List Tribe Name _____

Do you reside on a Reservation or Rancheria?

___ No ___ Yes (if yes, list Reservation/Rancheria Name) _____

Is anyone pregnant? ___ Yes ___ No If yes: Name _____ What is the expected due date? _____

Is there a personal/family emergency? ___ Yes ___ No If yes, check the appropriate box below

___ Immediate Need ___ Child Abuse ___ Domestic Violence ___ Elder Abuse

Other threats to Health/Safety: _____

Have you been convicted of a crime in the past 10 years? (This question will not affect eligibility) ___ No ___ Yes

If yes please explain: _____



NORTH FORK RACHERIA TRIBAL TANF

Persons in Household including yourself:

First/MI/Last Name	Social Security #	Relationship	Date of Birth	Age	Sex	Marital Status	Disabled Yes/No	Children: is there an absent/deceased parent? Y/N
		Self						

Other Members in Household NOT applying for services:

First/Last Name _____ Relationship _____
 First/Last Name _____ Relationship _____
 First/Last Name _____ Relationship _____

Please indicate all persons that worked/working or that are self employed that will be receiving income in the month of this application:

First/MI/Last Name	Employers Name and Address	Title	Start Date	End Date – Reason for Leaving

Please list all unearned income that will be received by all adults and children in the month of this application:

Name of recipient	Amount	Source: Unemployment benefits, per capita, SSI/SSA, child support, alimony, veterans payments, gifts, financial aid, income tax	Date: received/expect to receive

How much is your rent or mortgage each month: \$ _____ How much are your utilities? \$ _____

Have you or anyone in your household received State/County TANF or Tribal TANF in the past? _____ No _____ Yes If yes see below:
 _____ CalWorks _____ CalFresh _____ Medical _____ Homeless Assistance



NORTH FORK RACHERIA TRIBAL TANF

Are you or anyone in your household currently receiving: Tribal TANF from another program Calworks CalFresh Medical

Agency	County/State	Start Date	End Date	Amount Received	Reason for discontinuance

Are you or anyone in your household currently receiving Unemployment Insurance Benefits? No Yes if yes please explain:

First/MI/Last Name	County/State	Start Date	End Date	Amount Received	Date of last payment received

Are you or anyone in your household currently receiving Disability Benefits? No Yes if yes please explain:

First/MI/Last Name	County/State	Start Date	End Date	Amount Received	Date of last payment received

Please list any cash resources (cash on hand)

First/MI/Last Name	Resource	Start Date	End Date	Amount Received	Date of last payment received

Vehicle Information: Do you own a vehicle or an item of value? (Vehicles, motorcycles, RV's, boats, etc) No Yes

Registered owner	Item	Year/Make/Model	Estimated Value	Amount Owed	Monthly Payment

Education: Adult #1 What grade did you last complete in school? _____ Name of last High School attended _____

Adult #2 What grade did you last complete in school? _____ Name of last High School attended _____

Did you receive: High School Diploma GED College: 2 year 4 year Masters Attended-no degree

For office use only:	Case Type:	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parent <input type="checkbox"/> Needy Caretaker Relative	<input type="checkbox"/> NNCTR <input type="checkbox"/> Child Only
Total Applicants:	Immediate need:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transitional <input type="checkbox"/> Diversion



NORTH FORK RANCHERIA TRIBAL TANF

- I understand that as a recipient of North Fork Rancheria Tribal TANF (herein referred to as NFRTT) benefits I am required to complete substance abuse testing. Random testing may be conducted following initial testing and a positive test result will require me to participate in a substance abuse assessment and possibly attend counseling sessions or enroll in a rehabilitation program. NFRTT will continue Tribal TANF assistance to my family through a voucher system, or deny, reduce, or terminate benefits to assure my compliance.
- I understand and agree that I am requesting aid from NFRTT and that I will comply with eligibility requirements. I may be asked to comply with some of these requirements before any aid can be given.
- I understand the statements I have made on this form may be checked and verified.
- I understand if I do not qualify for immediate need, other requested services will approved/denied within standard TANF guidelines.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the foregoing information that I have provided is true and correct.
- I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense or fraud disqualifying me for NFRTT.
- I understand that Tribal TANF is a temporary assistance program, with a lifetime limit of 60 months.
- I understand that as a condition of receiving assistance from the Tribal TANF program, all adults on the case are required to participate in a work or work related activities for an assigned number of hours per week.
- I understand that my family cannot receive duplicative services from any other State or Tribal TANF program or other workforce program.
- I _____, on (DATE) _____, hereby grant permission to NFRTT to verify the above information provided by me to determine eligibility for NFRTT services.

Signature of Applicant

Date

Signature of Spouse/Co-Applicant

Date

NFRTT Eligibility Case Manager

Date



NORTH FORK RANCHERIA TRIBAL TANF

CLIENT AFFIRMATION

- I understand the questions on this form.
- I understand any facts I have given, including benefit income facts, will be matched with local, state and federal records (*Employees, Social Security, welfare and other applicable agencies*).
- I understand all facts entered on this form, including benefit and income information are subject to verification and review by tribal personnel. Giving false /misleading facts and /or failing to report information may affect eligibility or benefits for Cash Aid /Assistance /Services.
- I understand my case may be selected for additional review to ensure my eligibility was accurately determined and I must cooperate fully with tribal personnel in any temporary investigations or reviews, including quality review.
- I understand the North Fork Rancheria Tribal TANF Program is a temporary assistance program.
- I understand, as a condition of receiving assistance, parents or needy caretakers are required to participate in a work participation program.
- I understand I will be required to develop a work participation plan (Responsibility and Service Plan, "RSP") with the North Fork Rancheria Tribal TANF staff.
- I understand I have the right to bring a translator with me to read the application to me in my language.
- I understand I have the right to full and complete confidentiality of all information pertaining to my application or verification.
- I understand I have the right to an appeal if dissatisfied with any adverse action, sanction or denial of benefits affecting my application or ongoing TANF case.
- I understand my family may not receive duplicative assistance from a state or other Tribal TANF program.
- I understand in order to comply with TANF regulations, clients are required to undergo drug testing.

Client Certification:

My signature below indicates I have been informed and understand the information contained in this application. I certify under penalty of perjury all of the above information is true and complete. I agree any information I have supplied is subject to verification. I understand falsification of any information is grounds for termination from the North Fork Rancheria Tribal TANF Program and may result in recovery of any monies paid to me while in the program and possible denial of Tribal TANF assistance.

Applicant Signature

Date

Spouse/Co-Habitant Signature

Date

NFRTT Staff Signature

Date

Witness Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

YOUR RIGHTS AND RESPONSIBILITIES

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker supervisor.

FAIR HEARING: If you disagree with an action by the North Fork Rancheria Tribal TANF Program affecting benefits or services you receive, you can ask for a **Fair Hearing**. You may do this by phone, in person, or in writing by contacting anyone in the North Fork Tribal TANF office. You must ask for a **Fair Hearing** within **10 days** from the date of the NFRTT notice.

SOCIAL SECURITY NUMBERS: You must provide or apply for a Social Security number for yourself and each household member for whom you are seeking benefits from the North Fork Tribal TANF Program.

PRIVACY ACT STATEMENT: The collection of information including Social Security numbers will be used to determine whether your household is eligible to participate in the North Fork Rancheria Tribal TANF Program. This information will be verified, and may be disclosed to other Federal and State Agencies for official examination and to Law Enforcement Officials for the purpose of apprehending persons fleeing to avoid the law. If a FRAUD claim arises against your household, the information on this application including all Social Security numbers may be referred to **Federal and State Agencies** as well as private collection agencies for claims action. Providing the requested information including the Social Security number of each household member is voluntary. Failure to provide this information may result in denial of temporary assistance to your household.

HOME VISITS: North Fork Rancheria Tribal TANF Staff may visit your home and may contact other people to verify your eligibility for assistance.

CHANGE IN HOUSEHOLD COMPOSITION: You are primarily responsible for providing proof of your household situation. You must report changes within **10 days**. You may do this by contacting the North Fork Rancheria Tribal TANF Program by phone, in person or in writing.

You are required to report:

1. Changes to employment- starting or stopping a job, change in wages, rate change from part-time to full-time or full-time to part-time.
2. Changes in source of unearned income or in the amount of total unearned income.
3. Changes in your households' expenses including shelter, dependent care medical and child support paid (you must report and verify changes in household expenses, before we can use them to figure your benefit amount).
4. When someone moves in or out of your home (report within **5 days** when a child leaves your home).
5. If you move or get a new mailing address, or any of your contact information changes (including home & cell phone numbers).
6. If anyone in your household gets a vehicle.
7. If your household has a total of \$2000 or more in cash and money in bank account(s).
8. Changes in medical insurance, if your household gets medical insurance.

WORK REQUIREMENTS: To receive North Fork Rancheria Tribal TANF, you are required to participate in work activities. The North Fork Rancheria Tribal TANF Program must prepare a family Responsibility and Service Plan (RSP) listing the steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive Temporary Assistance you must live with a parent or other approved living arrangement and attend school. If you do not fulfill these work requirements, your benefits may reduce or denied.

DRUG TESTING: To receive North Fork Rancheria Tribal TANF, you must agree and submit to Drug and Alcohol testing. This will not result in a denial of benefits but you may be required to address these issues within the Responsibility and Service Plan.

FRAUD PENALTY: You may be prosecuted if you knowingly give false, incorrect or incomplete information to receive or try to receive assistance from North Fork Rancheria Tribal TANF Program for benefits. You must repay benefits wrongfully received. If you misrepresent residency or identity to receive multiple benefits, you can be barred from receipt of North Fork Rancheria Tribal TANF funds for a minimum of **3 years**.

Signature of Applicant

Date

Signature of Spouse/Co-Habitant

Date



NORTH FORK RANCHERIA TRIBAL TANF

VERIFICATION OF MONETARY DISTRIBUTION

I, _____, am a North Fork Rancheria Tribal TANF (NFRTT) client. In order to process my application or to continue receiving assistance with the NFRTT Program, my case manager will need to verify if I receive per capita, RSTF, and/or any other monetary distributions from my Tribe.

Please provide the type and reoccurrence of any monetary distributions on my behalf for the NFRTT Program by filling out the below information for me to give to my case manager.

If you should have any questions, please contact the North Fork Rancheria Tribal TANF office at (559) 877-5500 or Toll Free at (877) 637-8263.

Thank you,

Client Signature

Date

OFFICIAL TRIBAL USE ONLY

Dear North Fork Rancheria Tribal TANF Case Manager,

The following pertains to _____ and her /his household.

Receives the following monetary distributions:

Per Capita RSTF Other _____

Amount received _____ Frequency of distribution _____

Date last received _____ Notes _____

If client receives any distribution, please explain _____

Tribal Official Name

Tribal Official Title

Tribal Official Signature

Tribal Official Phone Number



NORTH FORK RANCHERIA TRIBAL TANF

RELEASE OF INFORMATION

I hereby authorize the North Fork Rancheria Tribal TANF (NFRTT), to make any necessary investigation, to request and to verify information I have given regarding my eligibility for cash aid assistance. I authorize the release of any information, documents or forms to the NFRTT necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I authorize that NFRTT has the right to deny the application of or criminally prosecute anyone who knowingly provides false information and/or commits fraud to obtain assistance to which he/she is not entitled.

I hereby release NFRTT and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

1- Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number
2-Name (Last, First, Middle Initial)	Mailing Address	City, State and Zip Code
Date of Birth	Social Security Number	Phone Number

Children:

Child 1 – Name (Last, First, Middle Initial)	Child 2 – Name (Last, First, Middle Initial)
Child 3 – Name (Last, First, Middle Initial)	Child 4 – Name (Last, First, Middle Initial)
Child 5 – Name (Last, First, Middle Initial)	Child 6 – Name (Last, First, Middle Initial)

Applicant Signature

Date

Co-Applicant Signature

Date



NORTH FORK RANCHERIA TRIBAL TANF

North Fork Office
57911 Old Mill Site Ct
PO Box 459
North Fork, CA 93643
Phone (559)877-5500
Fax (559)877-2153

Clovis Office
1225 N. Willow Ave. Suite 130
Clovis, CA 93619
Phone (559) 298-5700
Fax (559) 298-5717

RESIDENCY VERIFICATION FORM

- I own the home I live in (*Owner to fill out owner information*).
- I rent the home that I live in (*Landlord or home owner to fill out owner information*).
- I live in this home, but do not pay rent (*Landlord or home owner to fill out owner information*).

CURRENT PHYSICAL ADDRESS	MOVE IN DATE
Home – Address (Number, Street)	(mm/dd/yyyy)
City, State and Zip Code	

I, _____, certify the information above is true and correct. If any false statements are made; they may be used against me resulting in penalties up to and including dismissal from North Fork Rancheria Tribal TANF Program and loss of re-application rights for three (3) years.

I authorize North Fork Rancheria Tribal TANF (NFRTT) to contact my landlord for information regarding my tenancy. I further authorize the release of documents or information to NFRTT.

Applicant Signature

Date

OWNER /LANDLORD VERIFICATION ONLY

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Name	Phone (please include extension)
Mailing Address	City, State and Zip Code

Owner /Landlord Signature

Date



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SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address			School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

 School Official Name School Official Signature Date Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address			School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

 School Official Name School Official Signature Date Phone

SCHOOL ENROLLMENT VERIFICATION

Please provide verification that the following individual is currently enrolled in school.

Name of School		Address			School Year
1-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2-Name of Student	DoB	Grade	GPA /IEP	10 or more unexcused absences for 2018-2019 school year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

 School Official Name School Official Signature Date Phone



NORTH FORK RANCHERIA TRIBAL TANF

<input type="checkbox"/> North Fork Office 57911 Old Mill Site Ct PO Box 459 North Fork, CA 93643 Phone (559)877-5500 Fax (559)877-2153	<input type="checkbox"/> Clovis Office 1225 N. Willow Ave. Suite 130 Clovis, CA 93619 Phone (559) 298-5700 Fax (559) 298-5717
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EMPLOYMENT VERIFICATION

Employee Name			
Employer /Company Name		Employer Address	
Supervisor Name		Supervisor Title	
Dates of Employment		Position Held	
Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Varied Schedule <input type="checkbox"/> Lay Off <input type="checkbox"/> Termination			
Work Schedule (please include hours) <input type="checkbox"/> Monday _____ <input type="checkbox"/> Tuesday _____ <input type="checkbox"/> Wednesday _____ <input type="checkbox"/> Thursday _____ <input type="checkbox"/> Friday _____ <input type="checkbox"/> Saturday _____ <input type="checkbox"/> Sunday _____			
Duties			
Start Salary		End Salary	
Reason for Leaving (please include last day of Employment)			
Attendance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor		Overall Performance <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Required Clothing /Supplies (please be specific)			
Additional Comments			

EMPLOYER VERIFICATION ONLY

The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are of legitimate business interest to all parties.

Employer or Official Verifying Information /Title	Phone (please include extension)
Headquarter Address	City, State and Zip Code

_____ Official Signature	_____ Date
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NORTH FORK RANCHERIA TRIBAL TANF

STATEMENT OF FACTS

I, _____, make the following statement:

I hereby grant permission to North Fork Rancheria Tribal TANF to investigate and verify the above information provided by me to determine eligibility.

Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that knowingly providing false information to obtain Tribal TANF services may constitute a criminal offense and/or fraud, disqualifying me for North Fork Rancheria Tribal TANF and/ or resulting in an overpayment that I may be required to reimburse North Fork Rancheria Tribal TANF.

Applicant/Client Signature

Date

NFRTT Staff

Date



NORTH FORK RANCHERIA TRIBAL TANF

TRANSPORTATION-MILEAGE REIMBURSEMENT AGREEMENT

I UNDERSTAND:

If NFRTT transportation services are available, request for mileage reimbursement will be denied. If transportation request has been submitted and client cancel's or denies the NFRTT transportation service, I understand that I will not receive mileage reimbursement. If transportation is cancelled by NFRTT, mileage reimbursement may be allowed.

I must complete a Supportive Service Request form to receive mileage reimbursement.

I must have a valid California Drivers License, a DMV printout, valid vehicle insurance and valid vehicle registration in my name to be considered for mileage reimbursement.

I must be in compliance with NFRTT requirements for the month of the mileage reimbursement request to be considered for approval.

I must be employed and/or enrolled and attending school and/or participating in job search/readiness approved activities.

Approved activities must be related to a goal that is included on my currently approved Responsibility Service Plan to be considered for mileage reimbursement.

North Fork Rancheria Tribal TANF will reimburse on a monthly basis. Mileage Reimbursement forms must be signed/dated with verification. All items must be submitted or postmarked by the tenth (10th) of the month. Mileage reimbursement will be given for the month prior and submitted with your Monthly Eligibility Report. The North Fork Rancheria Tribal TANF program will reimburse me within 10 working days of receipt of the Mileage Reimbursement Form with all verifications, if approved. Mileage Reimbursement forms and verification received or postmarked after the 10th of the month will not be considered for payment.

Upon approval of mileage reimbursement, I will receive the North Fork Rancheria Tribal TANF Policy mileage reimbursement rate of \$0.545 (Per this year's IRS annual mileage rate)

I will be reimbursed for mileage from the date the NFRTT Director approves my Supportive Service Request and Transportation-Mileage Reimbursement Agreement.

By initialing below, I decline the Transportation-Mileage Reimbursement.

_____ - I decline mileage reimbursement at this time, although if I should request this supportive service I understand that I will complete a Transportation-Mileage Reimbursement Agreement and Supportive Service Form at that time.

Client Signature

Date

NFRTT Staff

Date

NFRTT Director

Date



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PARTICIPANT AGREEMENT TO DRUG TESTING

I _____, hereby acknowledge and agree to the random and required request by the North Fork Rancheria Tribal TANF program to undergo a Drug Screening Test for alcohol, Drugs or other substance as a condition of receipt of North Fork Rancheria Tribal TANF cash assistance and Ancillary benefits. Refusal to participate for initial Drug Testing will result in a limitation on or re-direction of benefits.

NOTE: A positive Drug Test will not stop Tribal TANF cash assistance payments or other services

Name of Participating Applicant _____ Date _____

Signature of Authorizing Tribal TANF Staff Date _____