

OVDC TRIBAL TANF PREVENTION APPLICATION

Please print all information and fill out completely

Data/Tracking:

SECTION I- GENERAL HOUSEHOLD INFORMATION

First Name:		Last Name:		E-Mail:	
Street/Mailing Address:			City:		Zip Code:
Evening Phone:	Mobile Phone:	Day Phone:		County:	

SECTION II- FAMILY INFORMATION

Family Type: <input type="checkbox"/> 1-Parent <input type="checkbox"/> 2-Parent <input type="checkbox"/> Relative Home <input type="checkbox"/> Other				TANF Cash Aid Family? (Please circle)	
Total Number in Household:		Number of Dependents under 18:		YES NO	
Annual Family Income: <input type="checkbox"/> Less than \$35,010 <input type="checkbox"/> \$35,011- \$ 47,190 <input type="checkbox"/> \$47,191- \$59,370 <input type="checkbox"/> \$59,371 - \$71,550 <input type="checkbox"/> \$71,551 - \$83,730					
<input type="checkbox"/> \$83,731-\$95,910 <input type="checkbox"/> \$95,911- \$108,090 <input type="checkbox"/> \$108,091 - \$120,270					

CIF#	List Household Family Members, including yourself	Tribal Affiliation	Gender	Marital Status	Highest Grade or Degree	Date of Birth	Relationship	Present School

SECTION III- At-Risk Indicators

Please check all that apply:

<input type="checkbox"/> Living in High Rate Crime Area	<input type="checkbox"/> Living on or near Reservation or Rancheria lands	<input type="checkbox"/> Homelessness/Housing
<input type="checkbox"/> Absent Parent (Single Parent Children)	<input type="checkbox"/> Previous Involvement in Juvenile Justice System	<input type="checkbox"/> Substance Abuse Issues
<input type="checkbox"/> Parents are not High School Graduates	<input type="checkbox"/> Living in unstable school district	<input type="checkbox"/> Pregnant/Parenting Teen
<input type="checkbox"/> Living with a caretaker relative	<input type="checkbox"/> Being a member of a low-income family	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Have negative self-perceptions; low self-esteem	<input type="checkbox"/> Having low academic skills (not necessarily low intelligence)	<input type="checkbox"/> Other _____

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 OVDC Tribal TANF Program for the purposes of data tracking.

Head of Household Signature _____ Date _____