

2nd parent packet

KARUK TRIBAL TANF PROGRAM INDIVIDUAL SELF-SUFFICIENCY PLANNING (ISSP) INFORMED CONSENT AND RELEASE OF INFORMATION

Name: _____ SSN: _____

I understand that the Karuk Tribal TANF Program (KTTP) has been developed to assist qualified KTTP applicants with cash aid benefits, supportive services and prevention activities in order to help people get the necessary services that they need to achieve self-sufficiency. KTTP is designed to provide services.

I hereby waive my rights to confidentiality and authorize KTTP to release/exchange records or information in their possession obtained in the course of psychiatric and/or drug and/or alcohol diagnoses, domestic violence and treatment for the purpose of assisting my family with self-sufficiency planning. Information to be released includes disability educational/employment, financial, social and health information. I further authorize KTTP, their contractors, Siskiyou County Human Services Department, and/or Humboldt County Department of Health and Human Services to release information about my past and current history of employment, and use of social and health services in order to evaluate the need for meaningful family self-sufficiency planning. I understand this information will be kept confidential. I understand that the information KTTP and their contractors collect about me is confidential and will be protected under the Privacy Act. KTTP will use this information to help TANF families achieve family self-sufficiency. I understand KTTP will share this information with other organizations involved in assisting families to achieve their self-sufficiency plan. I understand this information may affect my ability to receive Tribal TANF cash aid benefit payments, or my continuing eligibility. I further recognize that it is my responsibility to continue reporting earnings information, related income changes, and other pertinent information which could affect my benefits. A KTTP staff representative will be available to help me understand and provide resources to help me plan my family self-sufficiency plan. A KTTP staff representative explained this release of information to me.

My signature below indicates that I want to be part of the KTTP program, including prevention activities. I may withdraw at any time. If not earlier revoked, this authorization shall be renewed on a yearly basis. I understand that without providing my consent, I may not be eligible for cash aid benefits.

Applicant's Signature

Date

Spouse's Signature

Date

Parent/Guardian

Date

Privacy Act Language - Informed Consent

KTTP is allowed to collect information while you participate in the Tribal program. We use the information to decide what services would best help you. You do not have to give us this information. However, if you do not, we will be unable to offer you services.

Explanation about these and other reasons why information you provide us may be used or given are available in the Tribal TANF policies and procedures. If you want to learn more about this, contact your case worker.

I have read the above information to the applicant, and I believe that s/he understands it.

KTTP Staff

Date

KARUK TRIBAL TANF PROGRAM

CONSENT FOR RELEASE OF INFORMATION

I _____, hereby authorize and request that the Karuk Tribal TANF Program may release and/or exchange all confidential professional information pertaining to me (or my minor children) to the following individuals and agencies.

- All Courts (Tribal, Federal, State, and County): _____
- TANF: _____
- Social Services: _____
- ICW/CWS/CPS: _____
- Probation Officer: _____
- Parole Officer: _____
- Prop. 36 Programs: _____
- Housing Authority: _____
- Mental Health: _____
- Education/School: _____
- Karuk Community Medical Clinics: _____
- Other Medical Facilities: _____
- Other: _____

I understand that this Release of Information will remain in effect for one (1) year and that I may revoke this consent at any time by informing the above parties in writing. My signature below indicates that I have read and thoroughly understand the terms of this consent for release of confidential information.

SIGNATURE:

TANF Participant Signature

Date

Please print Name Legibly

Date of Birth

ID Number / CA DL / Tribal ID

CIF#

TANF Representative

Date

KARUK TRIBAL TANF PROGRAM

EDUCATION/TRAINING HISTORY FORM

Name: _____ CIF# _____

EDUCATION

1. Have you completed secondary school? High School GED
2. If you have not received your high school diploma or complete the GED, circle the highest grade level completed:
1 2 3 4 5 6 7 8 9 10 11 12
3. Have you completed post-secondary school? Jr./Community College / University / Four (4) Year University
Do you have a degree? NO YES If yes, what is your degree in? _____
(Bring a copy of degree or transcript)
4. Are you participating in any of the following at the current time?
G.E.D. Classes College Level Courses
Reading Skills Class Vocational Training Courses
High School Other _____

In what areas have you received (all types) training? _____

WORK STUDY

1. Please explain what you expect from the Karuk Tribal TANF Program? _____

2. What kind of help do you feel that you need? _____

3. Do you have a job goal? _____

4. Why do you want to do this type of work? _____

5. Do have skills related to your job goal? _____

6. Do you have a Resume or generic application completed? YES NO (If yes, please provide a copy)

KARUK TRIBAL TANF PROGRAM Employment History Form

CIF# _____

| | | |
|-----------------|------------------|----------|
| Last Name _____ | First Name _____ | MI _____ |
|-----------------|------------------|----------|

Employment Status: (Check One) Employed Unemployed Not in Labor Force

| | | |
|---|-----|----|
| Receives Federal Disability Insurance Benefits under the Social Security OASDI Program: | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Receives Benefits Based on Federal Disability Status under Non-Social Security Act Programs: (These programs include: Veteran's Disability Benefits, Worker's Disability Compensation, Black Lung Disease, Disability Benefits) | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Receives Aid to the Permanently and Totally Disabled Under Title XIV-APDT of the Social Security Act. | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Receives Supplemental Security Income under Title XVI-SSI of the Social Security Act. | YES | NO |
|---|-----|----|

Work History (Beginning with your most recent employment)

| | |
|---------------------------|---|
| From: _____ Month/Year | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
| To: _____ Month/Year | |
| Salary: _____ | |

Duties Performed:

| | |
|---------------------------|---|
| From: _____ Month/Year | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
| To: _____ Month/Year | |
| Salary: _____ | |

Duties Performed:

| | |
|---------------------------|---|
| From: _____ Month/Year | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
| To: _____ Month/Year | |
| Salary: _____ | |

Duties Performed:

KARUK TRIBAL TANF PROGRAM

Work Study (Beginning with most recent employment)

(Employment History Form Continued)

| | |
|---|---|
| From: _____ Month/Year To: _____ Month/Year Salary: _____ | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
|---|---|

Duties Performed:

| | |
|---|---|
| From: _____ Month/Year To: _____ Month/Year Salary: _____ | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
|---|---|

Duties Performed:

| | |
|---|---|
| From: _____ Month/Year To: _____ Month/Year Salary: _____ | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
|---|---|

Duties Performed:

| | |
|---|---|
| From: _____ Month/Year To: _____ Month/Year Salary: _____ | Name of Employer: _____ Address of Employer: _____ Supervisor: _____ Position: _____ Telephone: _____ May we call your previous employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason For Leaving: _____ |
|---|---|

Duties Performed:

KARUK TRIBAL TANF PROGRAM

PERSONAL INFORMATION

1. Do you have limitations on the job due to your medical situation? YES NO

If yes, please explain:

2. Are you taking prescribed medications? YES NO

If yes, please explain:

3. Do your medications cause any side effects that may affect your job performance or schooling? YES NO If yes, please explain?

4. Do you have any legal (civil/criminal) cases pending? YES NO

If yes, list charge(s) and court dates:

5. Do you have any felony convictions? YES NO

If yes, please list charge, date, and if charge is resolved, if not, explain the circumstances:

6. Do you have a probation or parole officer? YES NO

If yes, please explain:

7. If you were to be selected for training, do you have any planned events that would require you

To be absent (vacation, surgery, family reunion, court appearance, etc.)? YES NO

If yes, please explain:

KARUK TRIBAL TANF PROGRAM

DAYCARE

1. If you have small children, do you have childcare arranged? YES NO

If yes, list the name of the primary provider:

Secondary Provider:

TRANSPORTATION

1. Please check your method of transportation.

Automobile

Bus

Walk/Bicycle

Other: Please Explain:

2. Do you have a valid driver's license? YES NO

If no, why?

3. Do you have vehicle insurance? YES NO

If yes, you will have to provide proof of insurance.

4. Do you live on the bus line? YES NO

If yes, when does the bus run by your home?

5. What would you do if your car broke down and you needed to get to work or job training?

Release of information to obtain a background check:

Name: _____ DOB: _____

Social Security Number _____ / _____ / _____

By signing below, you are giving the Karuk Tribal TANF Program the right to obtain a background check regarding your personal information.

Signature _____

Date _____