The Confederated Tribes of Grand Ronde  
Social Services Department  
9615 Grand Ronde Road  
Grand Ronde Oregon 97347  
800-242-8196  
503-879-2077  
Fax: 503-879-5127

Dear Tribal Member,

Please complete the attached Emergency Assistance Application. Tribal Members name must be on Rental Agreement, Eviction/Non-Payment of Rent Notice, or Utility Statement.

If applying for Rental or Move-in Cost Assistance please submit with your application the following documents:
Copy of Tribal I.D. or CIB (Certificate of Indian Blood).
Copy of Rental Agreement.
Copy of Eviction Notice or Non-Payment of Rent Notice (if applicable). Please note the Social Service department will not accept hand written Notice of Eviction or Non-Payment of Rent. These must be on valid forms of documentation.
Completed Landowner Verification Form (attached, Landowner completes).
Completed W-9 Form (attached, Landowner completes).
Last 30 days income for all adults in the home.
Completed Authorization for Release of Information.

If applying for Utility Assistance please submit with your application the following documents:
Copy of Tribal I.D. or CIB (Certificate of Indian Blood).
Utility Shut-off Notice or Notice of Intent to Disconnect.
Completed W-9 (if applicable).
Last 30 days income for all adults in the home.
Completed Authorization for Release of Information.
Please note: the Social Services department requires (if applicable) that a Time Payment Agreement be set up with the respective utility company.

I am happy to assist you with any concerns or questions that may arise, please contact me at your earliest convenience. Our normal hours of operation are 8 AM — 5 PM Monday thru Friday.

Thank you,

Tammy C. Garrison
Emergency Assistance Program.
# EMERGENCY ASSISTANCE APPLICATION

(“k̓änamakwst ntsayka munk–skukum ntsayka tilixam)
TOGETHER WE STRENGTHEN OUR PEOPLE

## GENERAL INFORMATION

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Number of Household Members: __________

### Rental Assistance

- □ Eviction Notice
- □ Non-payment of Rent Notice
- □ Homeless

### Utility Assistance

- □ Shut Off Notice

Estimated Monthly Income ________________

- □ Wages
- □ Unemployment
- □ Child
- □ TANF
- □ SSD/SSI
- □ Tribal Disability

List any other programs you are currently working with:

Office/Department: ______________________

Office/Department: ______________________

Office/Department: ______________________

Office/Department: ______________________
OPTIONAL:

Additional informational you think would be helpful for us to know:

________________________________________

Signature

________________________________________

Date

We respect your personal information and will honor your confidentiality.
AUTHORIZATION FOR RELEASE OF INFORMATION

To Our Clients: We can better serve you if we are able to work with other entities that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.

Name: ___________________________ Date of Birth: ___________________________

Tribal ID#: ________________________ Social Security #: _______________________

Children: _________________________

I authorize the Social Services Department of the Confederated Tribes of Grand Ronde to obtain any applicable information from other entities, including records regarding:

- Tribal Member Benefits
- Employment/Unemployment
- Educational & Behavior Reports
- Alcohol & Drug Treatment
- Mental Health Services
- Medical & Psychiatric Treatment
- Community Human Services
- Vocational Rehabilitation
- Landlord/Owner
- Probation/Parole Officer
- Family History
- Portland General Electric
- Pacific Power & Light
- Northwest Natural Gas Co.
- SSD / SSI
- Other as listed: _______________________

The Social Services Department of the Confederated Tribes of Grand Ronde is not authorized to contact the following entities:

Please list specific agencies, organizations and/or individuals you do not authorize CTGR Social Services to contact.

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________
7. ___________________________
8. ___________________________

I agree that any entity contacted by Social Services Department personnel may share & exchange information and coordinate services for me and my family:  □ Yes  □ No

This permission is good for one year or until revoked in writing.

I can cancel this authorization at any time, but understand that cancellation will not affect any information released prior to cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

If I am a Grand Ronde Tribal employee, I understand that the General Manager, or official designee will review my case.

□ Client  □ Guardian
□ Parent  □ Legal Custody

Signature ___________________________ Date ______________

Social Services Personnel Name ___________________________ Social Services Personnel Signature ___________________________ Date ______________

To those receiving information under this authorization: State and federal law protect this information disclosed to you. You are not authorized to release information to any entity or person listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.

I understand the purpose of this release as explained to me by the above-signed Case Worker. (Client Initials): ______________________
Waiver/Release Form

When applying for services through the Confederated Tribes of Grande Ronde, applicants are asked to provide information about themselves and their families, including Social Security numbers for all family members. Any information provided for the purpose of applying for services is kept strictly confidential in accordance with state and federal law. Except as explained below, information will not be shared with other agencies or individuals without your written consent.

Supplying the requested Social Security numbers is voluntary on your part and, in general, your refusal to supply this information cannot be a basis for denying services. However, Social Security numbers are necessary for identifying records related to employment and vocational rehabilitation information. In either case, if supplied, the Social Security number may be used to enforce agency regulations.

Communicating with other agencies or individuals is helpful to the Grand Ronde Social Services Department in verifying information on your application, in determining eligibility for assistance, and when advocating for additional services. It is our policy to require proof of qualifying information in each client’s application. You will be requested to sign a written Authorization for Release of Information permitting Social Services to communicate with specific agencies or individuals. Signing such an authorization is voluntary on your part but you should be aware that your refusal to do so might adversely affect your eligibility determination or coordination of services. If you decide not to sign, we will attempt to refer you to alternative services or agencies, which may be able to help you without an exchange of information.

The Grand Ronde Social Services Department respects the confidentiality of its clients. However, there are certain limits and exceptions to this confidentiality. Information will not be released to outside agencies or private individuals without your written consent except under the following circumstances:

- Where there is reason to suspect the occurrence of child abuse, spousal abuse, or elderly abuse.
- Where there is clear, imminent danger to yourself and/or others.
- By direct order from court having jurisdiction in accordance with federal regulations.
- Where there is reason to suspect criminal conduct.

Grand Ronde staff are not licensed clinical social workers, professional counselors, doctors, or lawyers unless their documented credentials indicate otherwise. Grand Ronde staff are not qualified to provide mental health diagnosis, counseling, physical diagnosis, or legal advice unless they have documented credentials qualifying them to do so. If you request these services, you may be referred to qualified staff members or to other agencies with appropriate expertise.

Federal Law Governing Fraud: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes any false, fictitious, or fraudulent statements, or representatives or makes or uses any false writings or documents, knowing the same to contain any false, fictitious, or fraudulent statements or entry, shall be fined not more than $10,000, or imprisoned more than five years, or both.

In the event fraud has been committed, applicant(s) may be banned from receiving assistance through the Grand Ronde Social Services Department for a period of up to one year.

I (we) have read, or heard read, or have had interpreted to me (us) the preceding provisions of law and understand them. I (we) agree to supply all necessary information about my (our) situation changes. I (we) also authorize the Confederated Tribes of the Grand Ronde Community of Oregon to obtain information necessary to establish my (our) eligibility for assistance. By my (our) signature, I (we) verify that all the above information on this application and any oral information given is true and correct to the best of my (our) knowledge.

Signature of Applicant: x __________________________ Date: ____________
Signature of Spouse/Partner of Applicant

- OR - Parent of a Minor Applicant: x __________________________ Date: ____________
Confederated Tribes of Grand Ronde
Social Services Department
Landlord/Owner Verification

(TO BE COMPLETED BY LANDLORD/OWNER ONLY)

Landlord (Property Manager)
and/or Owner’s Name: ______________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Telephone (Day): ____________________________ (Evening): _______________________

County and office where ownership may be verified: ______________________________

Date of Rental Agreement: ____________________________

Address of Rental: __________________________________________________________________

________________________________________________________________________

Tenants listed on agreement (all names): ______________________________________

________________________________________________________________________

Landlord
Signature: ____________________________ Date: ____________________________

(Office use only)
County Assessor Phone #: ____________________________

Owner Verified: Yes  No  

Notes: ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Case Worker Signature: ____________________________ Date: ______________________
Form W-9
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited Liability Company. Enter the tax classification (C=corporation, S=S corporation, P=partnership)
   - Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)
   - Note: For accounts maintained outside the U.S.

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (if any)

Requestor's name and address (optional)

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose name to enter.

Part II. Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Date

Signature of U.S. person

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-S (proceeds from real estate transactions)
• Form 1099-K (Merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
Form 1099-C (canceled debt)
Form 1098-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.