



The Confederated Tribes of Grand Ronde
Social Services Department
9615 Grand Ronde Rd
Grand Ronde, OR 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 - Friday.

Thank you,

Tawnie Kimsey
Emergency Assistance Program

FOR SOCIAL SERVICES USE ONLY		
NAME (LAST/FIRST)		
DATE COMPLETED		



EMERGENCY ASSISTANCE APPLICATION
k^h anamakwst ntsayka munk-skukum ntsayka tilixam
TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATION				
First Name	Last Name	Age	Birthdate	Roll#
Street Address				Tribe
City	County	State	Zip	
Mailing address if different		City	State and Zip	
Home Phone		Message/Cell	Email Address	
Number of Household Members: _____				
Rental Assistance <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Non-payment of Rent Notice <input type="checkbox"/> Homeless				
Utility Assistance <input type="checkbox"/> Shut Off Notice				
Estimated Monthly Income: _____				
<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Child <input type="checkbox"/> TANF <input type="checkbox"/> DSSD/SSI O Tribal Disability				
List any other programs you are currently working with: Office/Department: _____ <div style="display: flex; justify-content: space-between;"> <div>Office/Department: _____</div> <div>Office/Department: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Office/Department: _____</div> <div>Office/Department: _____</div> </div>				

OPTIONAL:

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature

Date _____

We respect your person 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

Community Human Services

Northwest Natural Gas

Employment/Unemployment

Vocational Rehabilitation

McMinnville Water & Light

Educational & Behavioral Reports

Landlord/owner

Salem Electric

Alcohol & Drug Treatment

Family History

Tillamook PUD

Mental Health Services

Portland General Electric

SSD/SSDI

Medical & Psychiatric Treatment

Pacific Power & Light

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. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

I agree that any entity contacted by Social Services Department personnel may share & exchange information & 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 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 employee, I understand that the General Manager, or other 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 of 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.
- o Where there is clear, imminent danger to yourself and/or others.
- e 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 device a material fact, or makes any false, fictitious, or fraudulent statements, or representations 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: x _____ Date: _____

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 _____

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: _____

Caseworker Signature: _____ Date: _____

Form

W-9

(Rev. March 2024)

Request for Taxpayer**Identification Number and Certification**

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

Department of the Treasury

Go to www.irs.gov/FormW9 for instructions and the latest information.

Internal Revenue Service

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> <div style="margin-top: 5px;"> <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other (see instructions) </div>		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
6 City, state, and ZIP code			
7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a*

or

TIN, later.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

--	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Here	Signature of U.S. person	Date
------	-----------------------------	------

Sign

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they