

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). <u>Please note the Social Service</u> <u>department will not accept hand written Notice of Eviction or Non-Payment of Rent. These must be on</u> <u>valid forms of documentation.</u>

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.

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

- - -



EMERGENCY ASSISTANCE APPLICATION

("k^hanamakwst ntsayka munk-skukum ntsayka tilixam) TOGETHER WE STRENGTHEN OUR PEOPLE

GENERAL INFORMATIO	N					新市型工业
First Name		Last Name		Age	Birthdate	Roll#
Street Address						Tribe
City	County	State			Zip	
Mailing address if differen	nt	City		State and Zip		
Home Phone	Home Phone Message/Cell Ema		il Addres	ress		
Number of Household Me	mbers:		•		in an	
Rental Assistance						
Eviction Notice	Non-payment	t of Rent Notice 🛛 🗍 Hor	meless			
Utility Assistance						
□ Shut Off Notice						
Estimated Monthly Income	e	·				
□Wages □Unemployme	ent □Child	□TANF □SSD/SSI □ T	ribal Disability			

List any other programs you are currently working with:				
Office/Department:	Office/Department:			
Office/Department:	Office/Department:			

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

Signature

Date



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

I agree that any entity contacted by Social Services Department personnel may share & exchange information and coordinate services for me and my family: \Box Yes \Box 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 advise 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 devises 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: Signature of Spouse/Partner of Applica	X ant	Date:	
- OR - Parent of a Minor Applicant:	×	Date:	



13

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:		
(Office use only) County Assessor Phone #:		
Owner Verified: Yes O No O		
Notes:		
	· · · · · · · · · · · · · · · · · · ·	
·		_
Case Worker Signature:	Date:	_

Depa	2. December 2014) ariment of the Treasury nal Revenue Service	Request for Taxpayer Identification Number and Certi your income tax return). Name is required on this line; do not leave this line blan			Give Form to the requester. Do not send to the IRS.
on page 2	2 Business name/disro 3 Check appropriate b	garded entity name, if different from above	ς. 		
Print or type See Specific Instructions (Individual/sole pro single-member LL Limited liability con Note. For a single- the tax classification Other (see instruction)	prevolution L C Corporation S Corporation Partnership opany. Enter the tax classification (C=C corporation, S=S corporation, P=partner member LLC that is disregarded, do not check LLC; check the appropriate box i n of the single-member owner.	Trust/estate ship) ► In the line above for	Exempt pay Exempt pay Exemption Code (if any	ree code (if any) from FATCA reporting)
See Speci	 6 City, state, and ZIP co 7 List account number(state) 		Requester's name a		ints montained outside the U.S.) Optional)
residen entities <i>TIN</i> on Note. If guidelin Part	our TIN in the appropr o withholding. For indiv at alien, sole proprietor , it is your employer id page 3. I the account is in more les on whose number t	n	a	-	

- 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 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
- 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 morgage 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 on page 3.

Sign Here	Signature of		
nere	U.S. person ►		
I.		Date 🕨	

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 entities the provide the taxpayer identification is clearly to provide the provide the provide the provided taxpayer identification is clearly be provided to the provided taxpayer identification of the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be provided to the provided taxpayer identification is clearly be prov 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
- 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 1099-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.