



NORTH FORK RANCHERIA TRIBAL TANF – FAMILY WELLNESS

<input type="checkbox"/> North Fork Office 56901 Kunugib North Fork, CA 93643 Phone (559) 877-7277 Fax (559) 877-7234	<input type="checkbox"/> Clovis Office 1225 N Willow Ave, Suite 130 Clovis CA, 93619 Phone (559) 298-5700 Fax (559) 298-5717
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Adult Prevention Application

Section I – General Household Information

First Name	Last Name	Phone #
Mailing Address	City	Zip Code

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: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Total number in household? _____				Number of dependants under 18yrs? _____		
List Household Family Members	Tribal Affiliation	Gender	Marital Status	Degree or Highest Grade Attended	Date of Birth	Name of School Attending
1						
2						
3						
4						
5						
6						

Section III – At Risk Indicators (please check all that apply)

<input type="checkbox"/> Living in high crime rate area	<input type="checkbox"/> Member of low-income family
<input type="checkbox"/> Absent parent (single parent children)	<input type="checkbox"/> Low academic skills (not low intelligence)
<input type="checkbox"/> Parents are not high school graduates	<input type="checkbox"/> Homelessness /housing
<input type="checkbox"/> Living with caretaker /relative	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Have negative self-perceptions; low self-esteem	<input type="checkbox"/> Pregnant /Parenting teen
<input type="checkbox"/> Living on or near Rancheria lands	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Previous involvement in Juvenile Justice System	<input type="checkbox"/> Other _____
<input type="checkbox"/> Living in unstable school district	

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 *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone without my permission.

Head of Household Signature

Date