

# HOOPA VALLEY TRIBAL TANF PROGRAM

## TANF Prevention Projects Application & Waiver Form



**Please print all information and fill out completely**

### APPLICANT

Last Name:

First Name:

Middle Initial:

Mailing Address:

City:

Zip Code:

Physical Address:

Evening Phone:

Mobile Phone:

Day Phone:

Tribal Affiliation

Tribal Roll Number

Gender

Date of Birth

Marital Status

Social Security Number

### AT RISK FACTORS

Please check all that apply:

Living in high-rate crime area

Living on Reservation

Homelessness/housing

Absent parent (single parent)

Previous involvement in juvenile justice

Substance abuse issues

Parents are not high school graduates

Living in unstable school district

Pregnant/parent teen

Living with caretaker relative

Being a member of a low-income family

Domestic violence

Have negative self-perception;  
low self-esteem

Having low academic skills (not necessarily  
low intelligence)

### LIABILITY & PHOTOGRAPH WAIVER

Having the legal responsibility to authorize consent on my behalf and/or on behalf of the minor child listed on this document, I do hereby give consent for participation. Additionally, I, the undersigned do, and instruct heirs, executors and administrators, to hereby waive and forever release and discharge the Hoopa Valley Tribal TANF Program, employees, contracted staff and collaborators, of and from any and all claims, suits, or rights for damage for personal property damage or physical injury, which may be sustained or which occurs during participation that may occur to or from the activities, whether or not such injuries or property damage or loss is caused by the Hoopa Valley TANF Program, contracted staff, or collaborators. **Initial please** \_\_\_\_\_

In addition, I the undersigned consent to allow any photographs taken to be used by the Hoopa Valley TANF Program for any reason, including, but not limited to, public relations, advertising, etc. and agree to such materials shall become the sole and exclusive property of the Hoopa Valley TANF Program and further agree to give up the rights, title, and interest in such property, and I hereby release and discharge the Hoopa Valley TANF Program, employees, contracted staff and collaborators from any and all claims, etc. that may arise out of or in connection to the creation of, title to, use and/ or distribution of such materials by the Hoopa Valley TANF Program, employees, contracted staff and collaborators. **Initial please** \_\_\_\_\_

### CERTIFICATION

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 the Hoopa Valley TANF Program for the purpose of data tracking.

Applicant or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_