

Scotts Valley Tribal TANF

of
Persons in
Household

2020 Federal Poverty Level for the 48 Contiguous States
(Monthly Income)

	100%	133%	138%	150%	200%	300%	400%
1	\$1,063	\$1,414	\$1,467	\$1,595	\$2,127	\$3,190	\$4,253
2	\$1,437	\$1,911	\$1,983	\$2,155	\$2,873	\$4,310	\$5,747
3	\$1,810	\$2,407	\$2,498	\$2,715	\$3,620	\$5,430	\$7,240
4	\$2,183	\$2,904	\$3,013	\$3,275	\$4,367	\$6,550	\$8,733
5	\$2,557	\$3,400	\$3,528	\$3,835	\$5,113	\$7,670	\$10,227
6	\$2,930	\$3,897	\$4,043	\$4,395	\$5,860	\$8,790	\$11,720
7	\$3,303	\$4,393	\$4,559	\$4,955	\$6,607	\$9,910	\$13,213
8	\$3,677	\$4,890	\$5,074	\$5,515	\$7,353	\$11,030	\$14,707

Add \$373 for each person in
household over 8 persons

Scotts Valley Tribal TANF

Coronavirus (COVID-19) NON-RECURRING EMERGENCY SUPPORT INSTRUCTIONS

SVTT's Plan allows Non-Recurrent, Short-Term Benefits and is accepting applications for assistance from eligible Native American Families who reside in Contra Costa, Lake, Mendocino and Sonoma Counties who are affected by the impact of the COVID-19 pandemic.

To be eligible to receive this assistance your family must meet all the following:

1. Have a Native child living in the household at the listed address.
2. Must live in either Contra Costa, Lake, Mendocino, or Sonoma counties in areas affected by Covid-19.
3. For Lake, Mendocino or Sonoma counties, you must be able to prove SVBPI or Big Valley tribal affiliation. (Contact your Tribal office for letter.) For residents of Contra Costa County, you must be able to provide verification of enrollment of a Federally Recognized Tribe or proof of membership of the California Judgement Roll.
4. Family income must be no greater than 300% of the Federal Poverty Level.
5. Not receiving Federal or County cash assistance (including SSI, CalWORKs & foster care).
6. You do not have to be on TANF to apply for this support.
7. You may receive \$750 per family/household for March 2020. Future eligibility is based on need and Federal Poverty Level (FPL) guidelines.

Required Documents for Non-TANF Applications:

1. Picture ID
2. Tribal affiliation verification letter stating you have an eligible child(ren): that live full-time at the affected address, the number of children, and that the child is a verified member of the Tribe.
3. Proof that your income is not above 300% of FPL: your last pay stub or per capita printout

If you are a TANF client contact your FA to apply.

Scotts Valley Members Tribal members contact your Tribal staff: Tuesdae Valdes, Tom Jordan or Crista Ray

Big Valley Members contact member contact your Tribal staff: Veronica Rael Aparicio

Applications for this support will be accepted until further notice.



Scotts Valley Tribal TANF



Non-Recurring Short-Term Benefit Emergency Assistance Request

Event: COVID-19

Name of Applicant: _____

Current TANF client: Yes No

a. Full name and birthdates of family members in the household:

Name	Birthdate	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address of Applicant: _____

Phone #: _____

Service Area Eligibility Verified: Yes No

Tribal Affiliation of Eligible Child(ren): _____

Tribal Affiliation Verified: Yes No

Last month's Income: \$ _____

My current annual income is below 300% of the federal poverty guideline: Yes No

Income Verified with following documents: last pay stub per capita doc. other, _____

Receiving County cash assistance (including CalWorks & foster care): Yes No

All Eligibility Factors Met: Yes No

Verifying Documents Attached: Yes No

Application Approved: Yes No

Amount of check: \$ _____

(over)



Scotts Valley Tribal TANF



AFFIDAVIT

Scotts Valley Non-Recurring Short-Term Benefit for Emergency Services

APPLICANT INFORMATION

Name:

Address:

Date of Birth:

Social Security Number:

ACKNOWLEDGEMENT AND AGREEMENT

In making this application for SVTT Non-Recurring Short-Term Benefits for Emergency Services, I certify under penalty of perjury:

1. That my family and I reside in an identified service area for emergency assistance
2. That an eligible Native American/Alaska Child resides in my home at the listed address.
3. That all the information on this document and the Emergency Assistance Request form in truthful and accurate.
4. I understand that SVTT and its agents may investigate the accuracy of my statements and will require me to provide supporting documentation, to include but not limited to: photo identification, birth certificates, Social Security cards, tribal affiliation, residency and income verification.
5. I am willing to provide any and all supporting documents and answer all application related inquiries in timely manner.
6. I am not on a County cash assistance program (including Calworks and/or foster care)

Applicant Signature

Date

Witness Signature

Date

Date _____

name

Re: _____

To Whom It May Concern,

This letter from the Big Valley Rancheria Tribal office is to certify that

is a verified member of the BVR tribe

is not a member of the BVR tribe

resides at: _____

since (date): _____

The child(ren) listed below live at the above address and are members of the Big Valley Rancheria Tribe:

Name	DOB	Age	
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	Tribe member: <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you,

Big Valley Rancheria staff name _____

Title _____

Date _____