

**Please Read, sign and return
With completed application
General Assistance Information**

The General assistance program provides financial aid payments to eligible Indians and household to help meet the cost of essential, basic living needs. The general assistance program is a secondary or residual source of assistance available only when such assistance is not available through state, county or local programs to eligible Indians. The Pit River Tribes general assistance program is comparable to county general assistance program, with two exceptions: 1) Pit River general assistance is available only to those who have been denied county, state or other general assistance, and 2) recipients of Pit River general assistance are not required to pay back the assistance received. Pit River general assistance payment amount are based on current State of California Aid to Families with Dependent Children (AFDC) pay rate. Currently policies for general assistance are as follows:

*Prior to the general assistance intake interview, or application process you must have made efforts to contact other agencies in your area to see if you are eligible for other types of assistance.

** You will not be eligible for General Assistance if you receive:

- Veterans receiving disability payments or pensions.
- Individuals with children receiving AFDC or child support payments.
- Individuals receiving unemployment benefits.
- Retirees on government or private pensions.
- You are willfully neglected: due to non-payment of rent/utility or payment arrangements.
- Information was requested and not provided during the time of intake, or direct services.

***** All information requested by the interviewer will be verified, and receipts may be requested to verify expenditures. Application for assistance is not a guarantee of direct services.

***** Once you have been determined eligible for General Assistance services, you will receive only one type of assistance unless otherwise notified.

I certify by signing this fact sheet that I have read and understand the above information.

Client Signature: _____

Date: _____

Pit River General Assistance Program Application

Name: _____		SS#: _____		
Resident/ Street Address: _____		Telephone Number: () _____		
Mailing Address/ P.O. Box: _____		City: _____	State: _____ Zip Code: _____	
Birthdate: _____ Age: _____		Indians: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Tribe: _____		Reservation Resident?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Certification: <input type="checkbox"/> Tribal Enrollment - Roll # _____		<input type="checkbox"/> BIA Certification - Roll #: _____		
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Other: _____		
Check if you are:				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> 55 or Older <input type="checkbox"/> Handicapped/Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Ex-Felon				
Highest Grade Completed: _____ Are you a Student now? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a: <input type="checkbox"/> Diploma <input type="checkbox"/> GED				
Total Monthly Expenses:				
Rent: \$ _____		Electricity: \$ _____		
Medical (not covered by Medical): \$ _____		Gas (for home): \$ _____		
Other: \$ _____		Food: \$ _____		
Family Income: List ALL household income including applicant:				
<u>Name</u>	<u>Relationship to applicant</u>	<u>Source of income</u>	<u>Monthly income</u>	<u>Tribe use only</u>
Total: _____				
Exempt: _____				
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, last day worked: _____				
If yes, hourly wage: _____		Hours per week: _____		
Family Size	Income limitation: 6 months	Income limitation: 12 months		
One (1)	\$ 3,600.00	\$ 7,360.00		
Two (2)	\$ 4,920.00	\$ 9,840.00		
Three (3)	\$ 6,160.00	\$ 12,320.00		
Four (4)	\$ 7,400.00	\$ 14,800.00		
Five (5)	\$ 8,640.00	\$ 17,280.00		
Six (6)	\$ 9,880.00	\$ 19,760.00		
Seven (7)	\$ 11,120.00	\$ 22,240.00		
Eight (8)	\$ 12,360.00	\$ 24,720.00		
Eight Plus (8+)	Add 1,240 per family member	Add 2,480 per family member		
Type of Emergency assistance requested:				
<input type="checkbox"/> Minimum shelter <input type="checkbox"/> Nutritional/food <input type="checkbox"/> Clothing <input type="checkbox"/> Utilities <input type="checkbox"/> Burial <input type="checkbox"/> Emergency <input type="checkbox"/> Disaster				
Please explain the need for services, in full detail on the next page.				
Have you applied and/or received assistance through the GA program before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list assistance received and when: _____				

