## **QUARTZ VALLEY INDIAN RESERVATION**

### Tribal Nutrition Assistance Program Household Assistance APPLICATION



Applic	ation Checklist:
	Income for household verification – Past 30 days
	Mailing – Proof of Residency
	Tribal Enrollment verification for listed QVIR Tribal Members
	Application is completed.
	Brief description of request

**TNAP- Application for Household Services** 

Personal Information			
Name:		Date of application:	
DOB:	SSN:	Tribal Enrollment #:	
Telephone #:		Alternate Telephone #:	
Mailing Address:			
Physical Address:			
County:		Email Address:	
Househo	ld Composition and Income		
Must document income is	less than 70% SMI to access	these resources.	
Name of Household Member	DOB & Last 4-digits of	Annual/Monthly Income	
	SSN	Employer	
1. Self			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total in Household:	Total Adults in Household:	Total Annual Income for household:	
I understand Income verification must be submitted:  Acceptable Income Verification: Pay Stubs W2s IRS form 1099s Tax filings Bank Statement demonstrating regular income. Attestation from an employer Zero Income Certification			

Income eligibility Understanding- Household income must be below 70% SI enrollment in one or more of the followin Development fund (CCDF) Program, TAI Free and Reduced-Priced Lunches and or Start and/or Early Head Start, Special Sup Section 8 Vouchers, Low-Income Home I primary address listed in Siskiyou County deemed homeless are eligible.	g programs: Chi NF, SNAP, Chil School Breakfas oplemental Nutri Energy Assistan	ld Care Subsidies the dren's Health Insurant st programs, Supplestion Program for W ce Program (LIHEA	arough the Child Care and ance Program (CHIP), Medicaid, mental Security Income (SSI), Head oman, Infants, and Children (WIC), P), & Pell Grants (student address	
I understand the income eligibility dete	ermination:			
Required Supporting Docun	nentation for al	l request – check al	ll to show understanding	
Tribal Enrollment Verification	<b>Proof of Prim</b>	ary Residency	<b>Income Verification for 30 days</b>	
Type of assistance				
Statement of Need/Purpose of Request:		istance Requesting		
Check Type of Assistance Requesting				
Gift Card/Voucher		Fishing/Hunting License		
Must live in Siskiyou County to access this resource or on a case-by-case basis.		Must live in the S resource.	tate of California to access this	
Submission of receipts will be requested for Gift Cards.		Reimbursement p	orogram	

#### Gift Cards and Voucher Assistance

Gift Carus and Voucher Assistance
N/A
The purpose of Quartz Valley Indian Reservation's Gift Card Program is to reduce the negative stress associated with the cost-of-living increase by aiding and furthering access to food for our most needy families; a 6-month screening process with take place to ensure families with the lowest income are served as a priority.
Households applying must have a QVIR tribal member living within the physical address as their primary residence. Household addresses must be located within Siskiyou County.
Gift Card/Voucher
Primary Store Preference: Will be determined by QVIR Staff
I understand all funds are to be used for household food.
• I understand receipts need to be submitted monthly if issued with a Gift Card.
• I understand a monthly screening will take place to ensure our most needy families (lowest income

for household size) are serviced for the month.

# Hunting and Fishing License Assistance N/A

Hunting and fishing are a traditional practice that our people have practiced since the beginning of time for survival purposes and food security; however, the costs associated with Hunting and Fishing have become a barrier to our families as the cost is too high for many of our families to afford. By offsetting the cost of the fees and tags associated with Hunting and Fishing we will give our Tribal households the means to provide for their families which will assist in the prevention of food insecurity.

Because the California Department of Fish and Game issues the License and Tags it is an understanding that each QVIR Hunter and Fisher will need to sign and attest their understanding to the regulations associated with these sports. QVIR will issue reimbursement to 50 Hunters 9License and/or 1st Deer Tag), and 50 Fishers (License, Steelhead Trout Report Card and/or North Coast Salmon Report Card) who can document payment via receipt.

	Maximum Reimbursement Honored	
Hunting License: N/A:		\$54.00
I've attached a copy of my license and tags/report cards for reimbursement:		\$35.38
Name Listed on Hunting License:		
Enrolled Member and address being serviced by	Hunting License and tag:	
	_	
Did you purchase a Hunting License? Yes	No	
If yes, what day did you purchase:		
Amount of License: \$		
	No	
If yes, what day did you purchase:		
Amount of Tag: \$		
Total Amount Requesting: \$		
Total Amount Requesting. \$	<del></del>	
71.1. X	Maximum Reimbursement Honored	1
Fishing License: N/A: N/A:	Fishing License:	\$58.58
I've attached a copy of my license and	Steelhead Trout Report Card:	\$9.21
tags/report cards for reimbursement:	North Coast Salmon Report Card:	\$8.13
Name Listed on Fishing License:		

Did you purchase a Fishing License?	Yes	No
If yes, what day did you purchase:		_
Amount of License: \$	-	
Did you Purchase a Report Card?	Yes	No
If yes, what day did you purchase:		_
Amount of Card: \$	<u>-</u>	
Total amount Requesting: \$		

**Enrolled Member and address being serviced by Fishing License and Report Card:** 

#### PROCESS FORM

#### **APPLICATION**

Eligibility will be based on: Residency/ Income/Household Composition

#### **PROCESS**

- 1. Gift Card/Vouchers will be determined in 3-month increments in the event applicants exceed the monthly allowance a priority will be given to our most needy families, based on monthly income and household size.
  - a. Applicants will be expected to meet QVIR staff at 13601 Quartz Valley Road, Fort Jones, CA 96032 to pick up a card/voucher.
- 2. Hunting and Fishing License Assistance requires verification of purchase with submission of receipt.
  - a. Once the license and application are complete a reimbursement check will be sent to the mailing address listed on application.
- 3. Please allow 3-4 weeks for full processing.

#### By Signing below, I acknowledge and understand:

- Incompletion of application may delay services.
- Income Threshold cannot exceed 70% State Median Income (SMI)
- Service area for food vouchers include Siskiyou County residents and case-by-case determination.
- Service area for Hunting/Fishing License is California Residents.
- A Quartz Valley Indian Reservation Member must be living in the household composition.
- Residency must be documented.
- Allow 3-4 weeks for full processing.

I am certifying all information is true and correct to the best of my knowledge. I am aware, willfully, and knowingly, falsifying information may lead to receiving no services if found guilty. I am the only person in my Household Composition who is applying for services, and I give permission to the TNAP staff to contact and verify all documents concerning my/our income.

Applicant's Signature	Date
TNAP Staff Signature	Date