



CTTP PANDEMIC EMERGENCY ASSISTANCE FUND (PEAF)

- CTPP Participant
- Partner Tribe
- Community Member

Please print all information and fill out completely; failure to do so may cause your application to be denied. Date: _____

Before completing this form: In order to qualify for services, you must meet **all** of the following requirements: **1.** Your household must have at least one Native American minor in the home; **2.** Your household must be at or below the 300% Federal Poverty Guideline levels and one person in the household must be experiencing at least one of the At Risk Indicators in Section III.

First Name:		Last Name:		E-Mail:	
Street/Mailing Address:		City:		Zip Code:	
Evening Phone:	Mobile Phone:	Day Phone:	County:		

Section II: Family Information

Family Type: <input type="checkbox"/> 1 – Parent <input type="checkbox"/> 2 – Parent <input type="checkbox"/> Relative Home			Current CTPP Cash Aid Family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently receiving County Cash Assistance Including CalWORKs & Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <input type="checkbox"/>				
Total Number in Household:		Number of Dependents under 18:		

Annual Family Income: To the best of your knowledge, please note your family's annual income here: \$ _____

Office Use Only: CIF#	List all family members in your household	Tribal Affiliation	Gender	Date of Birth	Social Security Number	Relationship
						SELF (person completing this form)

Section III: At-Risk Indicators - All Heads of Household must mark at least One At-Risk indicator for the household

Please check all that apply:

<input type="checkbox"/> Unemployment/loss of income	<input type="checkbox"/> Homelessness/risk of homelessness	<input type="checkbox"/> Experiencing substance abuse/mental health issue
<input type="checkbox"/> Medical treatment	<input type="checkbox"/> Procurement of PPE/cleaning supplies	<input type="checkbox"/> Divorce or family separation
<input type="checkbox"/> Increase use/cost of utilities	<input type="checkbox"/> Living in unstable/unsafe living environment	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Increased food consumption costs	<input type="checkbox"/> Being a member of low-income family	<input type="checkbox"/> High risk/vulnerable household member
<input type="checkbox"/> Increased cost of supplies/goods	<input type="checkbox"/> Increased shelter expenses	<input type="checkbox"/> Damage or loss of use of property due to: _____
<input type="checkbox"/> Victim of price gouging	<input type="checkbox"/> Increased fuel/energy costs	<input type="checkbox"/> School/childcare closures
<input type="checkbox"/> Increased childcare costs	<input type="checkbox"/> Moving/relocation costs	<input type="checkbox"/> Evacuation due to: _____
<input type="checkbox"/> Domestic violence victim/survivor	<input type="checkbox"/> Living in a community with a shortage of supplies	
	<input type="checkbox"/> Public Safety Power shut off (PSPS)	

Signature	Date	Print Name
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**CTTP
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AFFADAVIT

APPLICANT INFORMATION	
Name	
Address	
Date of Birth	
Social Security Number	

ACKNOWLEDGEMENT AND AGREEMENT

In making this application for CTTT Non-Recurring Short-Term Benefits for Pandemic Emergency Assistance Fund (PEAF), 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/Alaskan Native child resides in my home at the listed address.
3. That all information on this document and the CTTT Crisis Assessment form is truthful and accurate.
4. I understand that CTTT 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 a timely manner.
6. I am not on a County cash assistance program (including CalWORKs and/or Foster Care).

Applicant Signature

Date

Witness Signature

Date

State of: _____

County of: _____



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For Staff use only:

Intake Staff: _____

Service area eligibility verified:

Yes No

Proof of Residency received:

Yes No

Verification of crisis received:

Yes No

Photo ID for adult applicant received:

Yes No

Birth Certificate for at least one Native child received:

Yes No

Tribal Affiliation of Eligible Child(ren): _____

Tribal Affiliation verified:

Yes No

Income (Under 300% of Federal Poverty Level) Last Months Income: \$ _____

Income verified:

Yes No

Receiving County Cash Assistance (Including CalWORKs and Foster Care):

Yes No

All eligibility factors met:

Yes No

Approval and Denial section with fields for Amount of check, Reason for denial, Entered into TAS by, and Date.