

Prevention Application & Activity Registration & Waiver form

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

Before completing this form: In order to qualify for prevention services, you must meet the following requirements: 1. Your household must have at least one person that is an American Indian/Alaska Native individual living in the home, 2. You must reside in the approved service areas of OVDC, and 3. Your household must meet the 300% poverty guidelines levels and/or one person in the household must be experiencing at least one of the At Risk Indicators in Section III.

Head of Household 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 <input type="checkbox"/> Other		Current TANF Cash Aid Family?	Former Cash Aid Family with OVDC-TANF?
Total Number in Household:	Number of Dependents under 18:	Yes or No :	Yes or No: If yes, under what name?
Annual Household Income: _			

Office Use Only: CIF#	List all family members in your household	Tribal Affiliation	Gender	Date of Birth	Relationship to HoH	Marital Status	Highest Grade or Degree	Name of School Attending: if applicable, if not, write N/A below
					Self			

III At Risk Indicators All Head of Households Must Mark At least One At Risk Indicator

Please check all that apply:

- | | | |
|---|---|--|
| Living in High Crime Rate Area
Single Parent With Children
Having parents that are not high school graduates
Living with a caretaker relative
Previous history with mental health issues or involvement in behavioral health/mental health services | Living on or near Reservation or Rancheria lands or Indian Allotments
Previous Involvement in Juvenile Justice System
Attending a low performing school
Being a member of a low-income family
Having documented learning and/or academic challenges | Homelessness
Experiencing Substance Abuse Issues
Pregnant/Parenting Teen
Domestic violence victim or survivor |
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I certify that all information reported in this application is accurate to the best of my knowledge and thereby, authorize the information to be used by the OVDC Tribal TANF Program and Sub-recipients of OVDC for the purposes of data tracking.

Head of Household Signature:

Date:

Office use only: Determine status of this application: Circle Approved or Denied: If Denied, please note reason(s):

Staff Signature/Initial & Date Received:

Supervisor Signature/Initial & Date: Reviewed:

