



OVCDC 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 OVCDC, 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 OVCDC-TANF? Yes or No: ____
Total Number in Household:	Number of Dependents under 18:			Yes or No :	If yes, under what name?	
Annual Household Income:	<input type="text"/>					

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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Living in high crime rate area | <input type="checkbox"/> Having parents who are not high school graduates | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Living on or near Reservation or Rancheria lands or Indian Allotments | <input type="checkbox"/> Being a single parent with children | <input type="checkbox"/> Experiencing substance abuse issues |
| <input type="checkbox"/> Previous involvement in the Juvenile Justice System | <input type="checkbox"/> Living with a caretaker relative | <input type="checkbox"/> Pregnant or parenting Teen |
| <input type="checkbox"/> Attending a low performing school | <input type="checkbox"/> Previous history with mental health issues or involve or involvement in behavioral health/mental health services | <input type="checkbox"/> Domestic violence victim or survivor |
| <input type="checkbox"/> Having documented learning challenges and/or poor academic performance | | |

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by the OVCDC Tribal TANF Program and Sub-recipients of OVCDC as authorized by applicable tribal and federal law, including 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:

Prevention Program Application & Activity Registration & Waiver form

PARTICIPANT WITH MEDICAL CONDITION

Participant Name	Type of Condition/Symptoms	Medications	Medical Provider

EMERGENCY CONTACT INFORMATION

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned, hereby attest that I have the legal responsibility to authorize consent for myself and/or other household members listed on this form. I authorize and consent to OVCDC and its TANF sub-recipients, authorized agents, contractors, officials, volunteers or employees, to provide persons, including minors, listed on this form with first aid, CPR, and other emergency medical care as appropriate, and to seek, initiate, and authorize emergency medical care on their behalf.

PHOTO, SOCIAL MEDIA, TRANSPORTATION AND LIABILITY WAIVER

Sovereign Immunity. I, the undersigned, hereby acknowledge that the Owens Valley Career Development Center (“OVCDC”), including its TANF and other programs, is a tribal consortium, without authority to waive the sovereign immunity of any consortium member Tribe. Any waiver of the sovereign immunity of the consortium member Tribes can only be provided by the written consent of the consortium member Tribe’s governing body. Any waiver of the sovereign immunity of OVCDC can only be provided by the written consent of the OVCDC Board of Trustees. No such waivers have been provided by the terms of this Prevention Program Application & Activity Registration & Waiver Form (“Form”).

Acknowledgement of Risk. I, the undersigned, acknowledge and fully understand the inherent risks of serious injury or death associated with OVCDC sponsored events. OVCDC sponsored events may include hiking, backpacking, biking, swimming, canoeing, horseback riding, skiing, snowboarding, cooking on an open fire, camping, and other activities associated with the outdoor experiences. These inherent risks include encountering natural dangers such as falling rocks or objects, irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water, water impurities, severe weather, sunburn, contact with plants, animals or insects and the like. Inherent risks also include acts or omissions of other participants, my own acts and omissions, availability of first aid and emergency treatment and consumption of food or drink by myself. OVCDC sponsored events may include activities conducted away from the event location (“Off-site Activities”). These may include overnight or day hikes, canoeing excursions, trips to museums, and other similar activities. OVCDC may arrange for bus, van or private car transportation to facilitate such Off-site Activities and I acknowledge that such Off-site Activities, including transportation to and from the site by whatever means are deemed reasonable and appropriate by OVCDC or its TANF sub-recipients, authorized agents, contractors, officials or employees are deemed a part of the OVCDC sponsored event.

Waiver of Rights and Release of Liability. I, the undersigned, hereby release, waive and discharge OVCDC and its TANF sub-recipients, authorized agents, contractors, officials or employees, and insurance carriers from all actions or claims from myself, my heirs or my personal representatives for any loss damage, injury, or liability arising out of or in connection with participation in OVCDC sponsored events, including use of OVCDC facilities and equipment.

Indemnification and Hold Harmless. I, the undersigned, hereby agree to indemnify and hold harmless OVCDC and its TANF sub-recipients, authorized agents, contractors, officials or employees, and insurance carriers from and against all losses, damages, monetary awards and expenses, including all costs and attorney’s fees incurred by OVCDC in connection with any and all claims asserted against OVCDC by any third party in connection with my and/or the individuals listed on my Prevention Application participation in OVCDC sponsored events.

Photographs and Audio/Digital Recordings. ** Please select one choice. **

[] I, the undersigned, hereby **grant** OVCDC and its TANF sub-recipients permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of myself and/or the individuals listed on my Prevention Application while participating in any OVCDC sponsored event. Participant name or any other personal information will not be disclosed with the photograph without Participant’s permission.

[] I, the undersigned, hereby **do not grant** OVCDC and its TANF sub-recipients permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of myself and/or the individuals listed on my Prevention Application while participating in any OVCDC sponsored event.

Severability. If any provision of this Waiver is found invalid or unenforceable by a court of competent jurisdiction, the remaining portions will remain in full force and effect.

Adult /Parent / Guardian Signature Date Print Name Relationship to Minor Children

Adult/Parent / Guardian Signature Date Print Name Relationship to Minor Children