



# HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe  
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Chairman Ryan Jackson

## 2024 Hoopa Valley Tribe General Welfare Assistance Intake Form

This form will be used for Hoopa tribal internal use only.

This information contained on this form is not for distribution to any outside agency or entity.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Dependent(s) Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Name: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

For additional Legal Dependents, please submit an additional sheet as an attachment.

I am experiencing genuine financial need due to economic inflation and the increased costs of food, fuel, childcare, housing, utilities, medical care, or other essential items as follows (check all that apply):

<input type="checkbox"/>	I (or someone in my household) is experiencing significantly increased costs of food, fuel, childcare, housing, utilities, medical care, or other essential items due to economic inflation
<input type="checkbox"/>	I (or someone in my household) have not received increases in wages or other personal income that are sufficient to keep up with rising costs of food, fuel, childcare, housing, utilities, medical care, or other essential items
<input type="checkbox"/>	I (or someone in my household) is experiencing difficulty providing necessary essential items to myself and my family due to increased and/or rising costs of food, fuel, childcare, housing, utilities, medical care, or other essential items.
<input type="checkbox"/>	I (or someone in my household) is experiencing other financial hardship due to adverse effects of inflation in the economy (Please explain).

I certify that the foregoing is true and correct. I hereby accept this distribution of general welfare assistance, and I will use this assistance to supplement my basic expenses and needs due to the financial hardship resulting from economic inflation, such as paying for rent, utilities, mortgage payments, essential food and supplies, fuel and other transportation costs, childcare, health care, funeral support, and cultural activities. By my signature below, I declare that all of the above statements are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please be advised that this Assistance Intake Form must be completed and returned to [fiscal.taylor@gmail.com](mailto:fiscal.taylor@gmail.com) or mailed to Hoopa Valley Tribal Fiscal Department, P.O. Box 1348, Hoopa, CA 95546 to determine you or your Legal Dependents' eligibility for receipt of the 2024 Hoopa Valley Tribe General Welfare Assistance Distribution. **Disclaimer: Intake form must be returned to receive payment. Failure to submit the form within 90 days of November 22, 2024 will forfeit payment.**