

# Alameda County Social Services Agency

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker Number: \_\_\_\_\_

## IMPORTANT NOTICE FOR NATIVE AMERICANS

Are you or is anyone in your household Native American? The Native Temporary Aid to Needy Families (TANF) Program can now provide cash assistance and other supportive services such as employment services and cultural wellness activities for any eligible Native American families living in Alameda County. The Washoe Native TANF Program (NTP) provides similar services as the County but is culturally sensitive to the needs of Native people. These services include job-readiness training, educational assistance, job placement, youth and family services, marriage promotion, and fatherhood programs. Washoe Native TANF has flexibility on what is considered work activities for Native families. Washoe NTP understands that Native families have unique needs and works hard to assist Native families in becoming self-sufficient.

If you are interested in the Washoe NTP **and can provide documentation or proof showing:**

1. At least one family member is a descendant of a federally recognized Tribe of California Judgement Roll,
2. The family resides within Alameda County,
3. At least one Native American child under 18 years old lives in the home,
4. And the total family income is equal to or below 250% of the Federal Poverty Limit,

you may have the right to begin receiving cash assistance and supportive services from the Washoe NTP or to continue receiving your current CalWORKs services from Alameda County Social Services Agency.

If you need more information about the Native TANF Program before you make a decision, please call the Washoe Tribe at 510-873-8223 or 888-612-TANF (8263).

**If you think this applies to you, please complete and return this form** to Alameda County Social Services Agency.

My family is Native American or we have a Native American child in our household and I choose to:  
*(Please initial only one box)*

\_\_\_\_\_ Begin receiving my cash benefits and supportive services with the Washoe NTP. I understand that I will continue to receive my CalFresh and Medi-Cal from the County.

\_\_\_\_\_ Continue receiving my cash benefits and employment services with the County.

*I authorize Alameda County Social Services Agency to share my case information with the Washoe Native TANF Program. I understand the information in my case record will be kept confidential.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #