

# Alameda County Social Services Agency

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

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

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

## IMPORTANT NOTICE FOR NATIVE AMERICAN INDIANS

Are you or is anyone in your household Native American Indian? 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 Indian families living in Alameda County. The 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. Native TANF has flexibility on what is considered work activities for Native families. 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 NTP **and can provide tribal enrollment documentation or proof of lineage**, you have the right to begin receiving cash assistance and supportive services from the NTP or to continue receiving your current 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 510-873-8244 or 800-769-2746.

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

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

\_\_\_\_\_ Begin receiving my cash benefits and supportive services with the NTP. I understand that I will continue to receive my Food Stamps 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 Native TANF Program. I understand the information in my case record will be kept confidential.*

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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