



BISHOP PAIUTE TRIBE

Social Services Department

EMERGENCY SHELTER PROGRAM

**** Bishop Paiute Tribal Members only ****

You must provide ALL the following documents for your application to be complete.

- Completed Application
- Two valid forms of Identification- California Driver's License/State ID and a Tribal I.D.
- Copy of Social Security Card for all in household
- If children are in the household: Birth Certificates for all children
- If you are an Indian Custodian or hold Guardianship, please provide documentation
- Income verification for the last 30 days (all household members over 18 years old)

Please read below BEFORE you submit your application

The Bishop Paiute Tribe Emergency Shelter Program strives to provide fair and impartial treatment to all tribal members. **Completed applications does not guarantee acceptance into the Emergency Housing Units.** Please note that the Emergency Shelter is a temporary, emergency service for the essential needs provided by the Bishop Paiute Tribe. Emergency Shelter Housing Units are only given ONCE a year to tribal members who are determined eligible for up to 90 days.

Eligibility:

- Head of Household must be 18 years or older and a Bishop Paiute Tribal Member.
- Must demonstrate the inability to meet the essential needs of shelter (i.e. emergency).
- Must be drug and/or alcohol free.
- Clean background check- Since we serve families with children and are within the legal distance from surrounding childcare facilities, we are unable to shelter anyone who has been convicted of a sex crime, felony criminal convictions and/or violent crimes. Misdemeanors will be looked at a case by case basis.



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EMERGENCY SHELTER APPLICATION

HEAD OF HOUSEHOLD (HH) INFORMATION:

Name: *Last* *First* *Middle Initial* Date:

Current Mailing Address:

City: State: Zip Code:

Physical Address *(if different from mailing)*:

City: State: Zip Code:

Phone: Home Cell Message/Contact

Gender: Male Female Age: Date of Birth:

Marital Status: Married Single Widowed Other:

Family Type:

HOUSEHOLD INFORMATION

Name	Relationship To HH	Age	Date of Birth	Tribal Member? (Enrollment Number if Applicable)

*Have you ever been convicted of a crime? Yes No

If yes, please explain:

Have you ever been arrested? Yes No

If yes, on what charge?

Been Incarcerated? Yes No

Are you currently on probation or parole? Yes No

If yes, please explain:

Probation/Parole Officer Name:

County:

Phone Number:

**** In case of an emergency, contact:**

- | | | |
|----------|---------------|--------|
| 1. Name: | Relationship: | Phone: |
| 2. Name: | Relationship: | Phone: |

REASON FOR EMERGENCY SHELTER ASSISTANCE (please explain)

I certify that the information I have provided in this application is true and correct to best of my knowledge. I understand that any intent to defraud or deliberate falsification of information shall be grounds for immediate dismissal from Unit. I also understand that this application contains material covered by the "Privacy Act" and that all confidential information shall be maintained in a locked file and ONLY employees of the Bishop Tribe Social Services Program shall have access to my private information.

I understand completion of this application *does not* guarantee acceptance into the Emergency Shelter Units and there is a process time to approve or deny my application as well as the availability of a unit. Initial here:

I understand that this is a **one-time** per year service provided to **Bishop Tribal Members Only**, and hereby acknowledge that by signing this application, I agree that I have thoroughly read and agree to all of the terms and conditions and shall authorize all parties, agencies or individuals to release any and all such information to aid in processing this application.

Signature of Applicant

Date

Official use only:

Date:

Reviewed by:

Action Taken: Approved

Denied Reason:



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RELEASE OF INFORMATION

I hereby authorize the Bishop Paiute Tribal staff to collaborate with other Bishop Paiute Tribe departments and/or outside entities to advocate on behalf of myself and/or family to provide wrap around services and proper service provider referrals.

I hereby authorize the Bishop Paiute Tribal staff to make any necessary investigation, to request or to verify information I have given regarding any request for assistance for myself and/or my household. I authorize the release of any information, documents, criminal background check, or forms to the Bishop Paiute Tribe staff necessary for assistance.

I hereby release the Bishop Paiute Tribe and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

SOCIAL SECURITY:

BIRTHDATE:

ADDRESS:

PHONE:

NAME (PRINT):

SIGNATURE:

DATE:

CHILD 1 NAME:

DOB:

CHILD 2 NAME:

DOB:

CHILD 3 NAME:

DOB:

CHILD 4 NAME:

DOB:

IMPORTANT NOTICE: This document is covered by the Privacy Act, 18 U.S.C. Sections 2510-2521, and is privileged. The information contained in this communication including any attachments is intended solely for the use of the individual or entity to whom it is addressed, and others authorized to receive it. This communication contains information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient you are hereby notified that any disclosure copying, distribution or taking any action in reliance on the contents of this information is strictly prohibited and may be unlawful. If you have received this document in error, please notify the sender immediately by responding to the address and then deleted it from your system. No printed copies should be made or retained.

AUTHORIZATION FOR BACKGROUND CHECK

Due to the nature of its business **The Bishop Paiute Tribal Emergency Shelter Program** requires a background check on all individuals over the age of 18 years of age.

My name is

LAST

FIRST

MIDDLE

My social security #

Sex: Male Female

Place of birth:

Date of Birth:

Present address:

City:

State:

Zip:

I, _____ Social Security # _____ authorize

The Bishop Paiute Tribal Emergency Shelter Program, and/or Tribal police TO CONDUCT A BACKGROUND CHECK on me that may include access to CRIMINAL and CIVIL records. I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of The Bishop Paiute Tribal Emergency Shelter unit, and/or Tribal police whether the said reports are public or private and including those, which may be deemed to be of a privileged or confidential nature. I understand this information is as listed in the records, and by accessing information this company is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A photocopy of this release form will be considered valid as an original hereof and will remain in my personnel file. I am of sound mind and legally competent to execute this release.

Signature of Applicant

Date Signed