

Hupa Family Resource Center

Tribal Nutrition Assistance Program

Food Assistance

Hupa Family Resource Center will be offering assistance for Hoopa Tribal Members located on and off the Hoopa Valley Reservation who live in California. The purpose of this assistance is to alleviate some of the financial cost for Hoopa Tribal Members who live on and off reservation to purchase food. This assistance has been made possible by the TNAP-Tribal Nutrition Assistance Program funded by the California department of Social Services.

Requirements:

- Households must have at least one (1) enrolled member of the Hoopa Valley Tribe.
- Must live on or off the Hoopa Valley Reservation.
- Must reside in California and provide proof of residency.
- Must be a current SNAP participant and provide proof of benefits.
- Complete referral process and provide required documents.

(Complete referral, proof of: residency, SNAP benefits and Hoopa Tribal enrollment)

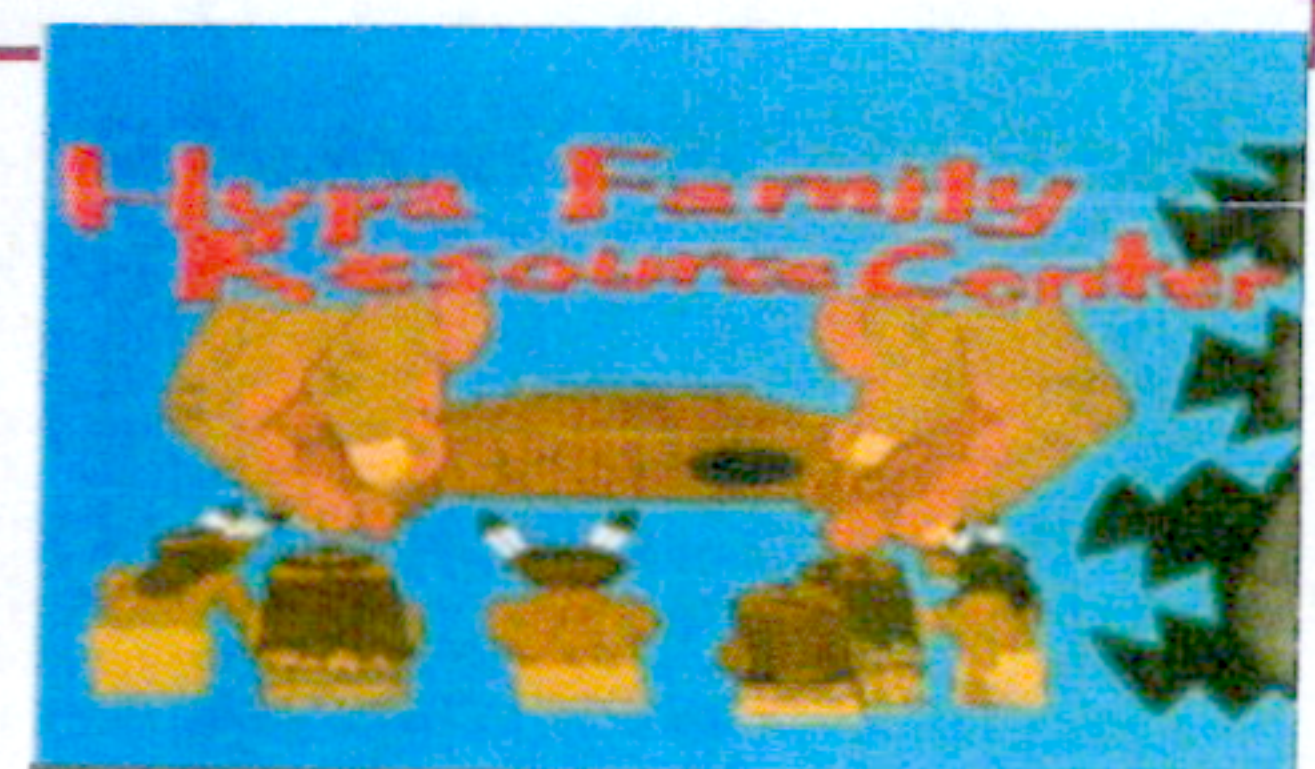
Approval/Denial letters will be sent after application is received and reviewed. If approved, pick-up information will be included in your letters.

Applications due by November 14, 2025.

For more information , to receive the forms or If you require help with your application please call The Hupa Family Resource Center (530) 625-4571 or Hoopa Tribal TANF (530) 625-4816

or email tanfhfrc@hoopa-nsn.gov.

Grant number: SGRT-TNAP-24-0048





Hupa Family Resource Center an entity of the Hoopa Valley Tribe Tribal Nutrition Assistance Program Application

This grant is funded by the California Department of Social Services (CDSS). Applications will be processed **as received and reviewed** on a first come first serve basis. You must be an adult Hoopa Tribal Member or legal guardian of a Hoopa Tribal Member minor and reside in the State of California to qualify for the program. The amount of assistance will vary by the TNAP funding cycle and number of applications.

Please fill out the following personal information for the Tribal Nutrition Assistance Program (TNAP), signed applications can be return to the Hupa Family Resource Center or the main Hoopa Tribal TANF office.

Name: _____

Phone Number: _____

Address: _____

Tribal Roll Number: _____

City: _____

Zip Code: _____

Tribal Membership verification attached: Y / N

Proof Residency form completed and verification attached: Y / N

SNAP (Cal Fresh Food Stamp) Y/N Amount \$ _____

Attach Form

Household Information

List all members of your household below: (Note - applications are limited to one per household)

Name of Person: (If a Hupa Tribal Member - **please list Roll Number**, please use additional sheet if needed)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Total Number of Adults in the Home? _____ Total Amount of Children in Home? _____

I certify the above information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to repercussions such as ineligibility for the current or future TNAP cycles: _____ (applicant initials)

I also understand that this application is only valid through December 31, 2025. I understand future TNAP cycles will require completion of a new application: _____ (applicant initials)

Applicant Signature _____

Date _____

TNAP Coordinator Signature _____

Date _____

Approval/Denial letters will be sent after application is received and reviewed. If approved, pick-up information will be included in your letter.



Tribal Nutrition Assistance Program (TNAP)

Hupa Family Resource Center (HFRC)

Residency Declaration

Name: _____

Date: _____

Address: _____

Home Phone: _____ Cell Phone _____

I, _____ hereby declare that I physically reside at

located on the Hoopa Valley Reservation. I have attached proof of residency; utility bill, landlord tenant statement, or recent United States Postal Service (USPS) mail.

OR

I, _____ hereby declare that I physically reside at

located in Humboldt County. I have attached proof of residency; utility bill, landlord tenant statement, or recent United States Postal Service (USPS) mail.

Child(ren) Name:

Head of Household Signature _____ Date: _____

HVTTP Representative: _____