

BIA GENERAL ASSISTANCE APPLICATION CHECK LIST

- **Completed Application form with all necessary signatures.**
- **Proof of Tribal Enrollment for all eligible household members.**
- **Proof of residency for a minimum of six months.**
- **Proof that you are seeking employment or are employed (most recent two paystubs).**
- **Proof of ALL income for all household members receiving any form of income. This includes food stamps, TANF, adult public assistance, social security, social security disability, employment, general assistance, etc.**
- **Proof of all resources (2 months copies of bank statements for each household member with a bank account, bonds, notes, etc.**
- **Letter from future employer if you have been hired and not received a paycheck yet; or applying for work clothing.**

Section IV: STATEMENT OF COOPERATION

The Statement of Cooperation is a confirmation of your understanding of the provisions of the Federal Law governing fraud, and you agree to supply information regarding resources and income and to notify the agency of any change in your living situation. Also you must sign the Release of Information authorizing the Social Services Program to obtain and/or exchange information necessary to establish eligibility for Financial Assistance and Social Services.

IF YOU NEED CLARIFICATION OR HAVE ANY QUESTIONS, PLEASE ASK YOUR SOCIAL SERVICES WORKER

**U.S. Department of the Interior
Bureau of Indian Affairs
Division of Human Services**

Date of Application: _____

Date of Interview: _____

Decision:

Approved; Date: _____ to _____: _____
Initials

Denied; Date: _____: _____
Initials

Reason for Denial: _____

Date of Redetermination _____ / _____

**APPLICATION for
FINANCIAL ASSISTANCE and SOCIAL SERVICES**

AREAS ARE FOR BIA AGENCY USE ONLY.

Name: _____ Tribe/Enrollment Number: _____

Other Name(s) Used: _____ Phone Number: _____

Mailing Address: _____

Physical Address: _____ Cell/ MSG Number: _____

Provide directions on how to get to your home: _____

1. Reason for applying for Financial Assistance and Social Services?

2. What type of income have you been living on for the last three (3) months?

Section I: FAMILY PROFILE OF HEAD OF HOUSEHOLD MEMBERS APPLYING (25 CFR §20.308)

Fill in all required blanks for everyone who lives with you, either permanently or temporarily. You must list yourself first, then your spouse and children, then other adults and children. Place an asterisk (*) to the left of each person not included in payment.

Members of Household (Last, First, Middle)	Date of Birth			Sex (M/F)	Relation to Head of Household	Marital Status (Married, Single, Widowed, Divorced, Common Law, Separated)	Highest Grade/ Degree Completed	Social Security Number	Verified	Tribal Enrollment Number	Verified
	Month	Day	Year								
1.					SELF						
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES (Check type of Assistance or Services applying for)

[Items with an asterisk (*) require BIA Line Officer Approval & Signature; Cost-Sharing for Foster Care or Adoption Subsidy requires BIA Line Officer Approval & Signature]

- A. General Assistance
- D. Burial Assistance
- E. Emergency Assistance
- G. Information & Referral Only

- B. Child Assistance**
- * Foster Care
- * Residential Care
- * Adoption Subsidy
- * Guardianship Subsidy
- Special Needs
- * Homemakers Services

- C. Adult Care Assistance**
- * Homemakers Services
- * Residential Care/ Group Home

- F. Services-Only**
- Child Protection
- Adult Protection
- Child & Family Services
- IIM Services

Section III. EARNED INCOME & UNEARNED INCOME (25 CFR §20.308-§20.310)

Is anyone in the household currently working or have they worked in the past 30 days Yes No

If yes, identify Household Member(s) who are working and their earnings:

Household Member # 1 _____ Amount \$: _____
 Household Member # 2 _____ Amount \$: _____
 Household Member # 3 _____ Amount \$: _____

Do you expect to receive or are receiving any of the following listed below: Yes No

(If yes, put a check mark in the box in front of all unearned income (not from employment) received by any household members, (see box below; use additional space for further explanation.)

Earned Income		Unearned Income	
<input type="checkbox"/> Wages/ Salary	Amount: \$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	Amount: \$ _____
<input type="checkbox"/> Alimony/ Child Support	Amount: \$ _____	<input type="checkbox"/> TANF	Amount: \$ _____
<input type="checkbox"/> Gifts/ Contributions	Amount: \$ _____	<input type="checkbox"/> Food Stamps	Amount: \$ _____
<input type="checkbox"/> Income Tax Refund (Federal/State)	Amount: \$ _____	<input type="checkbox"/> Commodities	Amount: \$ _____
<input type="checkbox"/> Insurance Settlement (Auto Accident, etc.)	Amount: \$ _____	<input type="checkbox"/> Foster Care Payments	Amount: \$ _____
<input type="checkbox"/> Interest/ Dividends (Bank Accounts)	Amount: \$ _____	<input type="checkbox"/> Other (list)	Amount: \$ _____
Other (list): _____		(Example: Carl Perkins P.L. 105-332)	
<input type="checkbox"/> Lease Income (list)	Amount: \$ _____	<input type="checkbox"/> Other (list)	Amount: \$ _____
		(Example: Alaska Native Corporation Dividend)	
<input type="checkbox"/> Lottery/ Gaming Income (cash winnings)	Amount: \$ _____	Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)	
<input type="checkbox"/> Retirement Benefits/ Pensions	Amount: \$ _____		
<input type="checkbox"/> Royalties	Amount: \$ _____		
<input type="checkbox"/> Tribal Per Capita Payments	Amount: \$ _____		
<input type="checkbox"/> Social Security/ Survivor/ Disability Benefits	Amount: \$ _____		
<input type="checkbox"/> Unemployment Benefits	Amount: \$ _____		
<input type="checkbox"/> Veteran's Benefits/ Payments	Amount: \$ _____		
<input type="checkbox"/> Worker's Compensation Benefits	Amount: \$ _____		
<input type="checkbox"/> Farm/ Ranch Income	Amount: \$ _____		

Have you applied for TANF? YES NO Date: _____
 Have you been terminated from TANF past 90 days? YES NO
 Are you eligible to reapply for TANF? YES NO
 Have you applied for other Resources/ Programs? YES NO Date: _____

Section IV. STATEMENT OF COOPERATION

I/We apply for financial assistance/ services for the listed members of my (our) household who are in need.
 I/We have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud.

Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: Human Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act.

Please check & initial: Read, Understood & Signed the Fraud Statement: _____
 Read, Understood & Signed the Paperwork Reduction Act: _____
 Read, Understood & Signed Release of Information & Privacy Act/FOIA: _____

Date Signature of Applicant #1 _____ Date Signature of Applicant #2 _____

Date Social Services Worker Signature _____ Date BIA Line Officer (If Applicable) _____



IN REPLY REFER TO:

United States Department of the Interior
BUREAU OF INDIAN AFFAIRS



RELEASE OF INFORMATION

You grant and authorize the exchange of information between the BIA/ Tribal Human Services Program and the following agencies/programs:

Tribal/State Employment Offices
Tribal/State Social Services Programs
Social Security Administration
Tribal/State Education Programs
Tribal/State/Federal Courts
Tribal/State Medical Services
Tribal Enterprises
Alaska Native Corporations
State/County Fiduciary Trust Offices

Tribal/State Alcohol & Drug Programs
Tribal/State Housing Programs
Veteran's Administration
Tribal/State Federal Probation Programs
Tribal/State Child Protection Services
Tribal/State Mental Health Services
Tribal/State Voc-Rehab Programs
Indian Health Services

Other (specify): _____

Other (specify): _____

Any information exchanged will pertain to your eligibility to receive Financial Assistance and Social Service benefits or referral to other programs that would benefit you. By signing on the statement of cooperation (Page 3 of the Application) you agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on your behalf. You further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization.

I authorize the Social Services Program to obtain and/or exchange information necessary to establish eligibility for Financial Assistance and Social Services.

Name of Applicant (Print)

Date

Signature of Applicant

NOTIFICATION TO CLIENT

PRIVACY ACT STATEMENT

25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services for the Bureau of Indian Affairs (BIA) Child Welfare, Burial and Disaster Assistance Programs. Additional disclosures of this information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of Inspector General or the General Accounting Office when conducting an audit of BIA Programs, or local Law Enforcement agency when the agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA, Financial Assistance and Social Services – Case Management System, Interior/BIA-8 (76 FR 56787), which can be obtained upon request from the Chief, Division of Human Service, 1849 C Street, N.W., MS-4513-MIB, Washington DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the records pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Under the Privacy Act, BIA may not give out information you give the social service worker except that BIA may share the information with other Federal, State, and Tribal offices and programs who have some responsibility with the social services for which you are applying. The information can also be given to those agencies when you ask them for a job or some other benefit and for law enforcement purposes. This can be done without your consent. For any other person or program wanting information from your case file, you must first give your written consent. You have the right to know what information is in your case record and you can ask to see it. If you believe some information in your case file is inaccurate, ask your caseworker about how to change the information in the case record.

FEDERAL LAW GOVERNING FRAUD

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

PAPER WORK REDUCTION ACT STATEMENT

This information is being collected to determine applicant eligibility for financial assistance and services and to provide Bureau of Indian Affairs (BIA) managers with information for program planning, reporting and utilization. Response to this collection is required to obtain benefits under 25 CFR 20. A Federal Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining data, completing the form. Direct comment regarding the burden estimate or any other aspect of this form to: Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action – Indian Affairs, 1849 C Street, N.W., MS-3071-MIB, Washington, D.C. 20240.

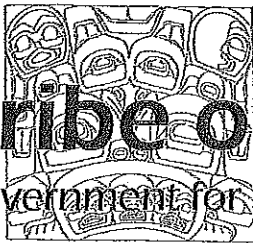
DECISION

When you file an application for social services, you have a right to a written decision within 30 days. In some cases, it may take 45 days. If you disagree with the decision, you may have a review of the decision by seeing your Human Services worker or supervisor. You also may file an appeal and have a hearing. An applicant or recipient must pursue the appeal process applicable to the Public Law 93-638 contract, Public Law 102-477 grant, or Public Law 103-413 Self-Governance Annual Funding Agreement. The regulations for Human Services are in Title 25, Code of Federal Regulations, Part 20.

The amount of grant assistance you may receive or authorize to be expended is based on State Standards of Public Assistance and/or the rates established by the Assistant Secretary - Indian Affairs, minus your income and available resources. The

Sitka Tribe of Alaska

Tribal Government for Sitka, Alaska



THIS IS TO CERTIFY THAT

The above client has applied for assistance at the agencies; The Elks Lodge and The Moose Lodge in Sitka, Alaska.

Signed: _____

Dated: _____

Signed: _____

Dated: _____

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

NAME OF APPLICANT: _____

WORK SEARCH/ WORK RELATED ACTIVITY #1			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Applicant Offered Employment
Submitted a Resume		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was applicant interviewed for job		Yes <input type="checkbox"/> No <input type="checkbox"/>	Did Applicant Accept Employment
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/ WORK RELATED ACTIVITY #2			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Applicant Offered Employment
Submitted a Resume		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was applicant interviewed for job		Yes <input type="checkbox"/> No <input type="checkbox"/>	Did Applicant Accept Employment
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/ WORK RELATED ACTIVITY #3			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Applicant Offered Employment
Submitted a Resume		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was applicant interviewed for job		Yes <input type="checkbox"/> No <input type="checkbox"/>	Did Applicant Accept Employment
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			