



Cheyenne and Arapaho Tribes
Social Services Program
120 E. Black Kettle
Concho, OK 73022
(405) 422-7476

INTERVIEW DATE: _____

APPLICATION FOR FINANCIAL ASSISTANCE AND SOCIAL SERVICES INSTRUCTIONS

Any individual or family may apply for Bureau of Indian Affairs Financial Assistance and Social Services by completing the application process with the assistance of the Social Services worker and providing the following required information: proof of Tribal membership; proof of residency; proof of income and resources. Failing to provide this information may result in denial of Financial Assistance and Social Services.

DIRECTIONS FOR COMPLETING "APPLICATION FOR FINANCIAL ASSISTANCE AND SOCIAL SERVICES" FORM

Please fill in your Name, Tribe, and Phone Number(s). Please provide your Physical Address/Mailing Address (if different from physical address) or provide directions on how to get to your residence. Please also respond to the two questions.

Section I: FAMILY PROFILE OF HEAD OF HOUSEHOLD MEMBERS APPLYING: Under Family Profile, fill in the following information to the best of your ability. First, start with yourself. Fill in your name (Last, First, Middle), Date of Birth (mm/dd/yyyy), Sex (M/F), your marital status, the highest education level received, Social Security Number, and your Tribal Enrollment Number. Next, complete the names of the total members of the household starting with your spouse and then children in descending order of age. For each member, list the birth date, sex, and relation to the head of household, marital status, highest education received, Social Security Number, and Tribal Enrollment number. If you are living in a household with more than one (1) family, list the family members that fall under your household.

Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES: Put a check mark in the boxes for the services you are applying. This will assist your Social Services worker in determining which portions of the application you will need to complete.

Section III: EARNED & UNEARNED INCOME: All income, including earned and unearned income, for yourself and any other person in your household, is to be listed on the application. The timeframe for calculating earned and unearned income amounts is the months (30 days) received (25 CFR §20.307). You are required to provide proof of income.

Earned Income is cash, or any in-kind payment earned in the form of wages, salary, commissions, or profit by an employee or self-employed individual. This includes one-time payments for ongoing activities such as sale of crops or sale of artwork. Self-employed individuals must report profits from business enterprises (gross receipts minus business expenses included in the production of goods or services). Business expenses do not include depreciation, personal transportation costs, capital equipment purchases or principal payments on loans for capital assets or durable goods. (25 CFR §20.308)

Unearned Income includes but is not limited to; interest, royalties, gaming income or other per capita distribution not excluded by federal statute, rental property, cash contributions, retirement benefits, annuities, veteran's disability, unemployment benefits, and tax refunds. Other types of unearned income include financial assistance from government agencies, income from sale of trust land or other real or personal property set aside for investment in trust land that has not been reinvested in trust land or a sale of a primary residence that has not been reinvested in a primary residence at the end of one year from the date the income was received, and in-kind contributions providing free shelter up to the 25% of the amount for shelter included in the state standard. (25 CFR §20.309)

Under Section II and Section III, please complete questions 1-4 to the very best of your ability based on the information provided above. If you are unsure of the question, please ask your Social Services worker for assistance or clarification.

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

**Cheyenne and
Arapaho Tribes
Social Services
Program**

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**

SHADED AREAS ARE FOR SOCIAL SERVICES PROGRAM USE ONLY.

Name (Last, First, Middle): _____ Tribe: _____

Other Name(s) Used: _____

Home Phone Number: _____

Physical Address: _____

Cell Phone Number: _____

Mailing Address (if different from physical address): _____

Directions on how to get to your home (if no physical/ mailing address): _____

Reason for applying for Financial Assistance and Social Services?

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. Employee will place an asterisk (*) to the left of each person not included in payment.

Members of Household Name (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.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

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

A. General Assistance	B. Services-Only - Adult Care Assistance ○ Residential Care/ Group Home	C. Services-Only Child Protection Adult Protection Child & Family Services IIM Services	D. Information & Referral Only

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 Name: _____ Amount: \$ _____ Frequency: _____

Household Member # 2 Name: _____ Amount: \$ _____ Frequency: _____

Household Member # 3 Name: _____ Amount: \$ _____ Frequency: _____

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☐ Alimony/ Child Support

Amount: \$ _____

☐ Gifts/ Contributions

Amount: \$ _____

☐ Income Tax Refund (Federal/State)

Amount: \$ _____

☐ Insurance Settlement (Auto Accident, etc.)

Amount: \$ _____

☐ Interest/ Dividends (Bank Accounts)

Amount: \$ _____

Other (list): _____

☐ Lease Income (list)

Amount: \$ _____

☐ Lottery/ Gaming Income (cash winnings)

Amount: \$ _____

☐ Retirement Benefits/ Pensions

Amount: \$ _____

☐ Royalties

Amount: \$ _____

☐ Tribal Per Capita Payments

Amount: \$ _____

☐ Social Security/ Survivor/ Disability Benefits

Amount: \$ _____

☐ Unemployment Benefits

Amount: \$ _____

☐ Veteran's Benefits/ Payments

Amount: \$ _____

☐ Worker's Compensation Benefits

Amount: \$ _____

☐ Farm/ Ranch Income

Amount: \$ _____

Unearned Income☐ Supplemental Security Income (SSI)

Amount: \$ _____

☐ TANF

Amount: \$ _____

☐ Food Stamps

Amount: \$ _____

☐ Commodities☐ Foster Care Payments

Amount: \$ _____

☐ Other (list)

(Example: Carl Perkins P.L. 105-332)

Amount: \$ _____

☐ Other (list)

(Example: Alaska Native Corporation Dividend)

Amount: \$ _____

Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)

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, 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: "[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 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 initial: Read & Understood the Statement of Cooperation: _____

Read & Understood the Notification to the Client: _____

Read, Understood, & Signed the Release of Information: _____

_____	_____
Date	Signature of Applicant #1
_____	_____
Date	Social Services Worker Signature

_____	_____
Date	Signature of Applicant #2 (If Applicable)
_____	_____
Date	Social Services Director (If Applicable)

NOTIFICATION TO THE 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 Social Services 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 and Social Services may not give out information you give the social service worker except that BIA and Social Services 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, imprisoned not more than 8 years, or both.

PAPERWORK REDUCTION ACT STATEMENT

This information is being collected to determine applicant eligibility for financial assistance and services and to provide Social Services Worker 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, 1001 Indian School Road NW, Suite 229, Albuquerque, NM 87104.

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 information you give must be accurate. If your circumstances change, you must report this immediately to your Human Services office. By doing so, your Social Services worker can give you proper assistance you are eligible to receive.

Within the limits of its authority, the Human Services Office wants to help you. Ask your Human Services worker to more fully explain any of this information. If you give inaccurate information and receive assistance to which you are not entitled, you will be required to pay it back.

ELIGIBILITY

INDIAN BLOOD (25 CFR §20.100)

Applicant must (1) be a member of a federally recognized Indian Tribe, or (2) in the Alaska service area only, any person who meets the definition of "Native" as defined under 43 U.S.C. 1602(b): "a citizen of the United States and one-fourth degree or more Alaska Indian." It includes, in the absence of proof a minimum blood quantum, any citizen of the United States who is regarded as an Alaska Native by the Native village or Native group of which he claims to be a member and whose father or mother is (or, if deceased, was) regarded as native by a village or group.

RESIDENCY (25 CFR §20.100 & §20.300)

To be eligible for assistance or services, an applicant must reside in a designated service area.

ELIGIBILITY FOR OTHER SERVICES

Applicant must not be receiving or eligible to receive County/State Public Welfare or Social Security Income. An individual or family who is presumed to be eligible for these programs may, after providing evidence of having applied for those benefits, be granted General Assistance (GA), pending approval of such application. Also, all clients applying for GA who are eligible for assistance from other programs such as Social Security, Unemployment Benefits, Worker's Compensation, Veteran Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. The Social Services programs are a secondary resource and cannot be used to supplant or supplement other programs.

POLICY ON EMPLOYMENT: ACCEPTANCE OF AVAILABLE EMPLOYMENT (25 CFR §20.314)

An applicant must actively seek employment including the use of available state, tribal, county, local or Bureau-funded employment services, which they are able and qualified to perform. This means that a recipient, prior to and after applying for GA, must continue to actively seek employment. An applicant or recipient of GA who is determined employable must also accept local and seasonable employment when it is available. According to 25 CFR §20.316, the recipient must demonstrate that they are actively seeking employment by providing the Human Services worker with evidence of job search activities as required in the Individual Service Plan (ISP) and if they do not seek available local and seasonal employment or quit a job without good cause, they cannot receive GA for a period of at least 60 days but not more than 90 after they refuse or quit a job.

Applicants must report all current and expected employment and income. Those claiming temporary or permanent disability are required to present documented medical verification of such disability.

REPORTING REQUIREMENTS

It is the responsibility of all Financial Assistance applicants to report and present appropriate documentary verification of any and all changes that may occur in their income or living arrangements. Failure to do so may constitute fraud and be subject to prosecution and/or repayment of disbursements. Each of the following must be reported as they occur:

- A move from one residence to another
- Addition to or reduction in household members
- Payments received from boarders or lodgers
- Changes or adjustments in housing or Utility Costs
- A move from the Reservation Area, Designated Service Area, or Alaska Native Village

IMPORTANT: Once you have finished reading the Notification to the Client, you must initial that you have read and understand all provisions of the Notification to the Client; read and understood the Statement of Cooperation; and read, understood, and signed the Release of Information. You must then sign and date Page 3 of the Application.

Cheyenne and Arapaho Tribes

Social Services Program

RELEASE OF INFORMATION



You grant and authorize the exchange of information between the Social 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 Corporation
Indian Health Services State/County Fiduciary Trust Offices
Tribal Elder Care Program
Tribal HOPE Program

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

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