



United States Department of the Interior
BUREAU OF INDIAN AFFAIRS
Washington, DC
1849 C Street, NW
Washington, DC 20240
(202) 513-7673

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

OMB Control No. 1076-0017
Expires: 03/31/2024

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

BIA Form # 5-6601
Revised: 02/17/2021

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 BIA AGENCY 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. BIA employees will place an asterisk (*) to the left of each person not incl 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
	Month	Day	Year							
1.										
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 & Sig

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
- HM 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 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 below; use additional space for further explanation.)

Earned Income		Unearned Income	
<input type="checkbox"/> Alimony/ Child Support	Amount: \$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	Amount: \$ _____
<input type="checkbox"/> Gifts/ Contributions	Amount: \$ _____	<input type="checkbox"/> TANF	Amount: \$ _____
<input type="checkbox"/> Income Tax Refund (Federal/State)	Amount: \$ _____	<input type="checkbox"/> Food Stamps	Amount: \$ _____
<input type="checkbox"/> Insurance Settlement (Auto Accident, etc.)	Amount: \$ _____	<input type="checkbox"/> Commodities	
<input type="checkbox"/> Interest/ Dividends (Bank Accounts)	Amount: \$ _____	<input type="checkbox"/> Foster Care Payments	Amount: \$ _____
Other (list):		<input type="checkbox"/> Other (list)	Amount: \$ _____
<input type="checkbox"/> Lease Income (list)	Amount: \$ _____	(Example: Carl Perkins P.L. 105-332)	
<input type="checkbox"/> Lottery/ Gaming Income (cash winnings)	Amount: \$ _____	<input type="checkbox"/> Other (list)	Amount: \$ _____
<input type="checkbox"/> Retirement Benefits/ Pensions	Amount: \$ _____	(Example: Alaska Native Corporation Dividend)	
<input type="checkbox"/> Royalties	Amount: \$ _____	Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)	
<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, 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 Signature of Applicant #2 (If Applicable)

FOR BIA HUMAN SERVICES WORKER USE ONLY- INTERVIEW SECTION (Pages 4-15)

Not applicable

A. GENERAL ASSISTANCE (25 C.F.R. §20.300 - §20.323)

<input type="checkbox"/> Employable:	<input type="checkbox"/> Unemployable (25 CFR §20.315)	<input type="checkbox"/> Pending Public Assistance
	<input type="checkbox"/> (a) Younger than 16 years-old	
	<input type="checkbox"/> (b) A full-time student under the age of 19	Date Applied: _____
	<input type="checkbox"/> (c) Student; P.L. 100-297	Date Verified by Worker: _____
	<input type="checkbox"/> (d) Medical Exemption	
	<input type="checkbox"/> (e) Incapacitated Person; not yet receiving SSI	
	<input type="checkbox"/> (f) A caretaker of a person with a Mental/ Physical impairment	
	<input type="checkbox"/> (g) Parent with Child under the age of 6	
	<input type="checkbox"/> (h) Distance Related	
	_____ Miles	_____ Time
	_____ Mode of Transport	

Application for Assistance:

Yes No N/A

- Written & Signed Application for Assistance
- Timely Approval Notice Provided
- Timely Denial Notice Provided
- Hearing Rights Provided
- Fraud Statement Provided

Eligibility Factors:

Yes No N/A

- Member of a Federally Recognized Indian Tribe or Alaska Native Village
- Reside in a Designated Service Area or Alaska Native Village
- Does not have Sufficient Resources
- Concurrent Application to other Agencies
- ISP Developed and Signed
- Assess Applicant Employability
- Not Receiving Public Assistance (SSI/ TANF)

Eligibility Re-Determination:

Yes No N/A

- Change in Status
- Review & Update Eligibility (3 or 6 months)
- Signed ISP/Progress update every 3 months
- Recipient complying with ISP
- Home Visit to verify Income, HH Composition & Residency

Yes No N/A

- Monthly Job Search Documented
- Suspension/ Termination (if applicable)
- Job Search Exemption documented
- Monitor Recipients training or work related activities

Referral(s) to other Resources Services: Check programs to which the applicant is being referred:

<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Tribal Programs:
<input type="checkbox"/> Indian Health Services (IHS)	Identify: _____
<input type="checkbox"/> Educational/ GED/ Vocational	<input type="checkbox"/> Social Security Administration (SSA)
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Housing Programs (HUD)
<input type="checkbox"/> Alcohol and Substance Abuse (ASA)	<input type="checkbox"/> State/ County Programs
<input type="checkbox"/> Medicare	<input type="checkbox"/> Veteran's Administration (VA)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other:
<input type="checkbox"/> Employment Program	Identify: _____
	<input type="checkbox"/> No Referral was made

BUDGET CALCULATION (25 CFR §20.311-§20.313):

Household Size: Adults: _____ Children: _____

TOTAL HOUSEHOLD SIZE: _____

1. Monthly State Standard \$ _____

State Standard:

2. Monthly Deductions \$ _____

Deductions:

3. Monthly Earned Income \$ _____

Earned Income:

4. Monthly Unearned Income \$ _____

Unearned Income:

5. Monthly Liquid Assets* Available \$ _____

Liquid Assets*:

6. Total Monthly Income \$ _____

What are your monthly expenses?

7. Total Monthly Countable Income \$ _____

Shelter/ Rent: \$ _____

Utilities: \$ _____

Food: \$ _____

Clothing: \$ _____

8. APPROVED AMOUNT \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

*Liquid Assets includes properties in the form of cash or other financial instruments which can be connected to cash, such as savings or checking accounts, promissory notes, mortgages and similar properties and retirement annuities.

Additional Comments or Notes

Application Approved

Application Disapproved

Date of Approval

Date of Disapproval

Social Services Worker Signature

Date of Signature

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 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, 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 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 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 BIA Financial Assistance and 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.

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

General Assistance Recipient's

Responsibilities are as follows:

- In working with the social service worker, you, the recipient, must participate with the development of and ISP plan and sign the plan
- Perform successfully in the work-related activities, community service, training and /or other employment assistance programs developed in the ISP
- Participate successfully in treatment and counseling services identified in the ISP
- Participate in evaluations of job readiness and/or any other testing required for employment purposes: and
- Demonstrate that you are actively seeking employment by providing the social service worker with evidence of job search activities as required by the ISP
- Report any changes immediately to the social worker
- Keep in touch with your social worker to ensure your physical address, phone number have not changed
- Have all necessary documentation turned in on time regarding job searches and work performances during the month as so state

Signature

Date

Notification to Client:

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 you caseworker/supervisor. You may also file an appeal and have a hearing. The policy for social services is its Title 25 of the Code of Federal Regulations at part 20 and in Part 66 of the Bureau of Indian Affairs Manual.

The amount of grant assistance you may receive is based on the state of standards of public assistance less your income and resources. The information you give must be accurate. If your circumstances change, you must report this to your social services office. In the way, social services can give you the proper assistance you are eligible to receive.

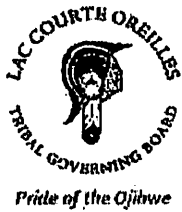
Within the limits of authority, the social services program wants to help you. Ask your caseworker to more fully explain an of the information given above. If you have inaccurate information and receive assistance to which you are not entitled, **you must pay it back.**

The Federal Law Concerning Fraud States... "Whoever, in any matter within the jurisdictions 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 any false fictitious or fraudulent statements or representation or make or uses false writing or documents or fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both".

By signing below, you indicate you understand this Fraud Notice and will abide to the rules.

Applicant's Signature

Date



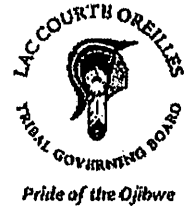
LAC COURTE OREILLES TRIBAL GOVERNMENT

GENERAL ASSISTANCE PROGRAM

13394 W. TREPANIA ROAD

HAYWARD, WI 54843

Phone: (715) 634-8934 Fax: (715) 699-1104



GENERAL ASSISTANCE STATEMENT OF RESIDENCY/SUBSIDIZED HOUSING

This is to inform the Lac Courte Oreilles General Assistance Program that I, _____, and the following people:

Reside in the Lac Courte Oreilles Housing Project:

Address: _____

I, certify, under penalty of perjury, that the statement on the form is a true statement of facts and giving false information may subject me to prosecution for fraud.

Signature of Client

Date

TO BE FILLED OUT BY THE LAC COURTE OREILLES HOUSING AUTHORITY

This is to inform the Lac Courte Oreilles General Assistance Program that the following people:

Reside in the Lac Courte Oreilles Housing Project at:

Address: _____

Unit # _____

Lac Courte Oreilles Housing

Date



LAC COURTE OREILLES TRIBAL GOVERNMENT

GENERAL ASSISTANCE PROGRAM

13394 W. TREPANIA ROAD
HAYWARD, WI 54843

Phone: (715) 634-8934 Fax: (715) 699-1104



GENERAL ASSISTANCE STATEMENT OF RESIDENCY/NON-HOUSING

This is to inform the Lac Courte Oreilles General Assistance Program that
I, _____, and the following people:

Reside at _____

_____ I am renting from _____ and pay \$ _____/month
(Verification of a rent receipt must accompany this form)

_____ I am buying my own home and pay \$ _____/month
(Verification of receipt and or bank statement must accompany this form)

_____ I own my own home and don't pay rent or mortgage

_____ I am receiving free shelter

I certify under penalty of perjury that the statement on the form is a true statement of facts and giving false information may subject me to prosecution for fraud.

Signature of Landlord

Date

Signature of Client

Date



**LAC COURTE OREILLES
GENERAL ASSISTANCE PROGRAM
JOB SEARCH ACTIVITY REPORT**



You are required to complete a Job Search Activity Report, as a condition for General Assistance. Failure to do so will result in a noncompliance and no grant will be issued.

Submitting a job search after the due date without prior approval will result in your case closing.

- Complete this form and return by **DUE DATE** (If there is a delay, please contact worker)
- **You must have the Owner, Human Resources (HR), Manager, or a Designee to sign for the Hiring Signature.**
- Repeated contacts are not allowed in back-to-back months.
- All contacts will be verified by the GA Director.
- Providing false statements or fraudulent signatures will result in an immediate case closure.

NAME: _____ **DUE DATE:** _____

DATE	COMPANY/BUSINESS	HIRING?	PERSONNEL HIRING SIGNATURE (Owner, HR, Manager, Designee)
OFFICE USE ONLY	VERIFIED EMPLOYER #1	VERIFIED EMPLOYER #2	VERIFIED EMPLOYER #3

CLIENT SIGNATURE: _____ **DATE:** _____

GA DIRECTOR/DESIGNEE SIGNATURE: _____ **DATE:** _____

LAC COURTE OREILLES TRIBAL GOVERNMENT
GENERAL ASSISTANCE POLICY AND PROCEDURES

The primary purpose of this policy and procedure is to provide clear concise policies and procedures that will improve program implementation. This will support the goal of the General Assistance Program, which is self-sufficiency, and to increase recipient independence by the meeting the goal of employment through specific action steps.

Basic eligibility requirements:

- a) Applications must be filled out for services
- b) Must be enrolled in a federally recognized Indian tribe
- c) Does not have sufficient resources to meet the essential need items as defined by the BIA's standards of assistance, and
- d) The applicant must reside within the boundaries of the Lac Courte Oreilles Reservation at all times, and
- e) Must cooperate and participate with the Individual Self-sufficiency plan or case plans, and
- f) Must actively seek employment and must have a work search for completed monthly and 40 hours a month of completed volunteer work hours while receiving benefits, and
- g) Must be present for all case review, appointments and prepared for a home visit every 90-days, and
- h) Must report any changes in household income, assets within 10 days, and
- i) Must participate in the evaluation for job readiness and/or any other testing (s) required for employment purposes, and
- j) Applicant must accept local and seasonal employment if offered by an employer.
- k) The submission of any false information and not reporting changes within 10 days about any case will be sufficient cause for termination of benefits and/or a requirement to reimburse any overpayments the next time benefits are applied or face legal ramifications.
- l) Determination of eligibility will include applicant (s) and General Assistance Director jointly preparing, developing and signing an appropriate employment strategy plan to meet the goal (s) of employment through some specific action steps in your ISP that may include, but are not limited to:

1. Job readiness skills
2. Job search activities
3. GED or HSED Application
4. Community service hours
5. Resume' writing and preparation
6. Applications for employment
7. Drivers license applications
8. Attention to drug/alcohol related issues
9. Workshops

M) Full participation with the General Assistance Program for Employment placement to work hours required for program eligibility will include but not limited to:

I. A total of 40 hours per month per individual, based on individual and at the discretion of the General Assistance Director

II. Social Security Income/ Disability participants are exempt from work hours.

III. The amount of required work hours may change wherever the State of Wisconsin/Federal minimum wage rate changes.

N) General Assistance payments will be paid after monthly work hours, work searches and other program requirements as stated in ISP are completed.

O) Clients will receive payments on the first Friday of Each month.

P) To ensure a drug and alcohol environment clients are not to attend any program activities while under the influence of illicit drugs or alcohol.

Q) Clients that are deemed employable may receive assistance 6 – 8 months out of the year, depending on available funding. SSI/SSDI clients may receive services 12 months a year or until they qualify for SSI/SSDI or until it is determined they are not disabled.

R) In the event that a client fails to comply with this policy, their benefits will be sanctioned, at the discretion of the General Assistance Director and SSA administrator. Good cause (death in family, illness, doctor's appt, etc) will be considered with proper verification prior to the decision of sanctioning benefits.

S) Non-participation in program requirements will result in benefits being sanctioned for a period of 60-90 days. Solely at the discretion of the GA Director, clients will have to re-apply at the end of the days determined.

T) Non-participation while on the program due to incarceration are deemed ineligible for a duration of 3-6 months, and thereon they will need to re-apply. This is monitored weekly by staff.

U) Appeals from decisions concerning eligibility for program services must be made in writing within 10 days of receiving the written notice of decision.

V) All payments not picked up (10 days) from issuance will be voided and returned back into the account unless prior notification was made. No payment will not be issued otherwise and then the client will not be eligible for any other GA assistance benefit in the month that the check was voided, however may reapply for assistance for the following month.

W) Clients that are between the ages of 18-19 and have been claimed on their parent (s) taxes are not eligible for benefits.

X) Clients that are between 18-19 years of age and still living with parents and are in High school are not eligible.

STUDENT ELIGIBILITY

Full time students that are attending our local creditable college located on the boundaries of the reservation are eligible to receive General Assistance benefits to offset the cost of attending college. Students must be in good standings with a GPA of 2.5

After graduating, they will be allowed to stay on GA for 2 months if they are employable. I will need to see that they are filling out applications and bring to the office to put on file.

CLIENT ELIGIBILITY FOR SOCIAL SECURITY

For the clients that are applying for Social Security Benefits will remain on file with GA until they get awarded the SS Benefits. They will need to bring in all documentation with their medical records and whomever they have representing them for benefits.

They must bring all documentation that state from their medical physician why they are deemed unemployable.

Checks will not be mailed out. Clients need to come in and do an interview with the director or the assistant.

If there is a valid reason why they cannot come into the office, they need to notify us within 3 working day prior to day of check pick up or 3 days after check pick up otherwise the checks will be returned to the accounting department and it will be null and void. In this case, the client will need to re-apply for assistance.

FUNDING

There is always the possibility of out of funds for the program. In the event of this happening, notices will be sent out to the clients that are still eligible for the benefits of the following month.

Every month we serve 12-15 clients monthly. Some success stories are that clients receive their SS benefits or gaining employment. If they are employable, we contact other entities to work the hours that are required in this program to receive their GA benefits.

Client Signature

Date

GA Director Signature

Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																				
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.