

**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]

<p>A. <input type="checkbox"/> General Assistance</p> <p>D. <input type="checkbox"/> Burial Assistance</p> <p>E. <input type="checkbox"/> Emergency Assistance</p> <p>G. <input type="checkbox"/> Information & Referral Only</p>	<p>B. Child Assistance</p> <p>* <input type="checkbox"/> Foster Care</p> <p>* <input type="checkbox"/> Residential Care</p> <p>* <input type="checkbox"/> Adoption Subsidy</p> <p>* <input type="checkbox"/> Guardianship Subsidy</p> <p><input type="checkbox"/> Special Needs</p> <p>* <input type="checkbox"/> Homemakers Services</p>	<p>C. Adult Care Assistance</p> <p>* <input type="checkbox"/> Homemakers Services</p> <p>* <input type="checkbox"/> Residential Care/ Group Home</p>	<p>F. Services-Only</p> <p><input type="checkbox"/> Child Protection</p> <p><input type="checkbox"/> Adult Protection</p> <p><input type="checkbox"/> Child & Family Services</p> <p><input type="checkbox"/> IIM Services</p>
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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	
<input type="checkbox"/> Insurance Settlement (Auto Accident, etc.)	Amount: \$ _____	<input type="checkbox"/> Foster Care Payments	Amount: \$ _____
<input type="checkbox"/> Interest/ Dividends (Bank Accounts) Other (list): _____	Amount: \$ _____	<input type="checkbox"/> Other (list) (Example: Carl Perkins P.L. 105-332)	Amount: \$ _____
<input type="checkbox"/> Lease Income (list) _____	Amount: \$ _____	<input type="checkbox"/> Other (list) (Example: Alaska Native Corporation Dividend)	Amount: \$ _____
<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) _____