



## Sac and Fox Nation Human Services Department

920883 S. Highway 99, Building A, Stroud, OK 74079  
Phone: (918) 968-3526, Ext. 2011/2010 • Fax: (918) 968-0142

### Emergency General Assistance Guidelines

The Human Services Department was allocated funds from the Sac and Fox Nation Council to administer an Emergency Assistance program. This program was designed for families whose needs or request cannot be met through any other resource/program.

The program was designed to assist families in the time of imminent need. Imminent need is defined as basic needs of an individual or family that if not addressed immediately within 24-48 hrs. or less may result in utility cut-off, eviction, medical illness or fatality whereas a hardship has been placed upon the applicant.

This program is requested through the Family Advocates in each area and can only be accessed one time per fiscal year. All payments are made directly to the vendor up to the maximum benefit amount of \$250.

***An applicant must meet all the following criteria before an emergency assistance payment can be processed for the household.***

1. A household applying for assistance must have the Head of Household as an enrolled member of a federally recognized tribe.
2. Applicants must live within the Sac and Fox Nation jurisdiction.
3. Household income may not exceed income eligibility standards developed by LIHEAP and only if funds are available.
4. Applicants must not qualify for, or have exhausted eligibility for other services from existing Sac and Fox Nation programs or any federal, state, local or other tribe's resources and / or programs.
5. Applicant must be able to document an emergency/crisis that would warrant assistance (cut-off notices, eviction notices)

### Documents Needed

- \_\_\_\_\_ Completed Emergency General Assistance Application
- \_\_\_\_\_ CDIB/Tribal Enrollment Card(s) for applicant and all members of household (copy of birth certificate for all non-enrolled children)
- \_\_\_\_\_ Social Security Card(s) for applicant and all members of household
- \_\_\_\_\_ Driver's License/Photo ID for applicant and all members of household 18 years or older
- \_\_\_\_\_ Current utility bills disconnect notice/eviction notice in applicant's name
- \_\_\_\_\_ Income verification for all members of the household 18 years or older (check stub, social security, unemployment, TANF, food stamps/commodities, etc.)
- \_\_\_\_\_ Resident verification (if renting, rental agreement from landlord)



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**EMERGENCY GENERAL ASSISTANCE APPLICATION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
                    Last                      First                      Middle Initial                      Maiden

Address: \_\_\_\_\_  
                                    Street                      City                      State                      Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_                      Message Number (\_\_\_\_) \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_                      Roll ID#: \_\_\_\_\_                      SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_                      Age: \_\_\_\_\_                      Gender:  Male  Female

Marital Status:  Single    Married    Widow    Divorced    Separated

**OTHER HOUSEHOLD MEMBERS**

List all household members including yourself living in your home.

Name (Full Legal Name)	Relationship to applicant	Date of Birth	Social Security No.	Tribe
	Head of Household			

If additional space is needed, attach a separate sheet.

**Describe the incident that placed you in the emergency situation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INCOME/PUBLIC ASSISTANCE**

Are you or anyone in your household currently receiving public assistance?  Yes  No

- Earned  Unearned  Unemployment  Child Support/Alimony  BIA Assistance
- TANF  Workers Comp  SSI  Retirement  Social Security  Veterans
- Food Stamps  Food Commodities  Other: \_\_\_\_\_

Name (First and Last)	Source of Income	How Often Paid	Gross Monthly Income

All other household members 18 years of age or older without income will need to sign a release form of zero income.

Total monthly income for last 30 days: \_\_\_\_\_

**HOUSING INFORMATION**

Do you  Own  Rent your home? If you rent, are your utilities included?  Yes  No.

If yes, which type? \_\_\_\_\_ (If utilities are included, a statement from the landlord **MUST BE** submitted that states utilities are included in rent.)

*The following information is necessary for processing applicant's request for payments. A W-9 form must be submitted, if not on file, for all vendors.*

RENT/MORTGAGE:

Name: \_\_\_\_\_ Account # (for mortgage): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

UTILITY COMPANY:  Electric  Gas  Water/Sewer

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Applicant's Rights and Responsibilities Agreement**

I hereby authorize Sac and Fox Nation Social Services Department to make any necessary investigation of my household's financial situation and other conditions relating to eligibility, including, but not limited to, examination of my account with any public utility provider.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he or she is ineligible to receive may be subject to the fullest extent of the appropriate State of Federal statute.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Important Rights Notice**

Any person whose application is denied or not acted upon within reasonable promptness, or whose benefits are reduced or terminated has a right to a hearing.

If you desire a hearing, you may submit a request in writing to the following:

Business Committee  
Sac and Fox Nation  
920883 S. Hwy. 99, Bldg. A  
Stroud, OK 74079

You must make your request within ten (10) days after you receive a notice of decision on your application.

\*\*\*\*\*

(FOR OFFICE USE ONLY)

Date Application Received: \_\_\_\_\_ Income verification reviewed:  Yes  No

If yes, what type: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_ Decision:  Approved  Denied

Reason for above decision: \_\_\_\_\_

Human Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_



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### DECLARATION OF INCOME FORM

I, \_\_\_\_\_, do hereby declare that my total household income is \$\_\_\_\_\_, and the size of my household is \_\_\_\_\_. I further certify that I meet the income guidelines for the \_\_\_\_\_ program assistance for which I am applying for.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

HOUSEHOLD SIZE	ANNUAL INCOME
1	\$20,250
2	\$26,481
3	\$32,712
4	\$38,944
5	\$45,175
6	\$51,406
7	\$52,574
8	\$53,742
9	\$54,911
10	\$56,079

**DISCLAIMER:** If any member of an eligible household receives benefits from one of the following sources, the household is considered categorically eligible:

- A. Recipients of TANF (Temporary Assistance for Needy Families) as stated in Sec. 2605(b)(2).
- B. Persons receiving Food Stamps as stated in Sec. 2605(b)(2).
- C. Persons receiving SSI benefits as stated in Sec. 2605(b)(2).
- D. Persons receiving Veterans benefits as stated in Sec. 2605(b)(2).



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### RELEASE OF INFORMATION

I, \_\_\_\_\_, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office

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 my eligibility to receive Financial Assistance and Social Services benefits or referral to other programs that would benefit me. By signing on the statement of cooperation (Page 4) I 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 my behalf. I 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 I request in writing to rescind said authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date