



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

Dear Applicant,

The Sac and Fox Nation's General Assistance Program applications are handled through a face-to-face interview. On the following pages you will find the guidelines, documents that are needed to support your application and the instructions on what documents can be accepted for your application.

Please contact our office to schedule your interview with a social worker at 918-968-3526 x2011. When you arrive for your scheduled appointment bring all the supporting documentation and plan to be at our office for about an hour.

The intake process is rather lengthy but is performed this way to ensure that we are most informed and better prepared to provide you with assistance, if eligible.

Sincerely,

Human Services Department



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General Assistance Guidelines and Document Checklist

General (Welfare) Assistance is assistance available to applicants that have no income and have been without income for at least 30 days. Applicants must provide proof of residence within the jurisdiction, tribal enrollment, and food stamps verification. Households with children must show proof of application for TANF benefits.

Employable applicants must register with Workforce Oklahoma and provide three (3) job searches each week while receiving benefits (form available upon request).

Medically unemployable applicants must provide verification from their physician regarding their condition (medical form available upon request) and proof of filing for disability benefits.

Documents Needed:

- _____ Completed General Assistance Application
- _____ CDIB/Tribal Enrollment Card(s) for applicant and their children (copy of birth certificate for all non-enrolled children)
- _____ Social Security Card(s) for applicant and for all in household
- _____ Photo Id/Driver's License for applicant and members of the household over the age of 18
- _____ Social Security Disability Letter
- _____ BIA Programs Fraud Notice
- _____ TANF Letter if applicant has children
- _____ Unemployment/Workforce Registration Letter for all unemployed in household
- _____ Food Stamps/Food Commodities Letter
- _____ Income verification for all in the household age 18 and older
- _____ Medical Form (if applicant is medically unable to work)
- _____ Job Searches (3 per week are required)
- _____ Employment/Training documentation
- _____ Residence verification
- _____ Release of Information
- _____ Sign a case plan upon interview



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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/PHYSICAL ADDRESS/PHONE NUMBER/MAILING ADDRESS (if different from physical address) or provide directions on how to get to your home. 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. Please 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 finally 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. 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 art-work. 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 such as child support or alimony, gaming winnings, 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