



General Assistance
Document Checklist

Documents needed for the following:

- _____ Application
- _____ CDIB/ Tribal Enrollment Verification for all in household :
- _____ Social Security Card for all in household
- _____ Case Plan
- _____ Residence Verification (current bill or mail in your name)
- _____ Social Security Disability Letter
- _____ TANF Letter if applicant has children
- _____ Unemployment/Workforce Letter (spouse/partner also)
- _____ Food Stamp/Commodities Letter
- _____ Income Verification for all in household 18 or over
- _____ Health Form if applying for medical reason
- _____ Job Searches if unemployed (3 per week required)
- _____ Employment & Training
- _____ Release of Information



Human Services Department

920883 S Hwy. 99 Building A • Stroud, Oklahoma 74079

INTERVIEW DATE: _____

APPLICATION FOR FINANCIAL ASSISTANCE AND SOCIAL SERVICES INSTRUCTIONS

Any individual or family may apply for Bureau of Indian Affairs (BIA) 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 FOR ASSISTANCE

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 Sac & Fox Nation Human Services Department 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 Sac & Fox Nation/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, Social Services system of records BIA-8 (55 FR 34085), which can be obtained upon request from the Chief, Division of Social Service, 1849 C Street, N.W., MS-4603-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 Sac & Fox Nation Human Services Department/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, Sac & Fox Nation Human Services Department/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 not more than \$10,000 or imprisoned not more than five 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-4141-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 Social 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 Social Services Office wants to help you. Ask your Social 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 Tribal/County/State Public Welfare or SSI. 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, VA Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. The Sac & Fox Nation 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 Social Services worker with evidence of job search activities as required in the ISP and if they do not seek available local and seasonal employment or quit a job without good cause, they cannot receive General Assistance 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 sign and date Page 4 of the Application and check that you have read and understand all provisions of the Privacy Act/FOIA, the Fraud Statement, the Paperwork Reduction Act, and sign the Release of Information Statement.



Human Services Department
918.968-3526 Fax: 918.968.0142

Date of Application: _____

Date of Interview: _____

Decision:

Approved: Date: _____ to _____: _____ Initials

Denied: Date: _____: _____ Initials

Reason for Denial: _____

Date of Redetermination _____ / _____

**APPLICATION for
 FINANCIAL ASSISTANCE & SOCIAL
 SERVICES**

GRAY SHADED AREAS ARE FOR AGENCY USE ONLY

Name: _____ Tribe: _____

Also known as: _____ 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.											
3.											

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

A. General Assistance	B. Burial Assistance	C. Emergency Assistance	D. Information & Referral Only	E. Services-Only <input type="checkbox"/> Child Protection <input type="checkbox"/> Adult Protection <input type="checkbox"/> Child & Family Services <input type="checkbox"/> IIM Services
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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	
Wages/ Salary	Amount: \$	Supplemental Security Income (SSI)	Amount: \$
Alimony/ Child Support	Amount: \$	TANF	Amount: \$
Gifts/ Contributions	Amount: \$	Food Stamps	Amount: \$
Income Tax Refund (Federal/State)	Amount: \$	Commodities	
Insurance Settlement (Auto Accident, etc)	Amount: \$	Foster Care Payments	Amount: \$
Interest/ Dividends (Bank Accounts)	Amount: \$	Other (list) (Example: Carl Perkins P.L. 105-332)	Amount: \$
Other (list):		Other (list) (Example: Alaska Native Corporation Dividend)	Amount: \$
Lease Income (list)	Amount: \$	Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)	
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: \$		

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 devise 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:**
- 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 Human Services Worker

Date Human Services Director



DECLARATION OF INCOME
FORM

NAME: _____ CASE #: _____

The size of my household is: _____.

Verification of my income is not currently available and my total household income is \$_____. I certify that I meet the income guidelines for the _____ assistance program for which I am applying for.

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

APPLICANT'S SIGNATURE

DATE

HOUSEHOLD	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

NOTE: 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).

Sac and Fox Nation

920883 S. Hwy 99 Bldg. A Stroud, OK 74079
Phone: 918-968-3526 Fax: 918-968-0142



Principal Chief *KAY RHOADS*
Second Chief *DON W. ABNEY*
Secretary *MARY F. MCCORMICK*
Treasurer *JARED KING*
Committee Member *ROBERT WILLIAMSON*

SIX MONTH INCOME SELF-CERTIFICATION STATEMENT

To Whom It May Concern:

I hereby certify that the information I have provided in this document is true and correct to the best of my knowledge.

I understand this information is subject to verification and that if I am found to have provided false or fraudulent information, I may be subject to prosecution under the law.

ADDITIONALLY, THE INCOME IDENTIFIED IN THIS STATEMENT WILL BE CONSIDERED OR CLAIMED AS PART OF MY HOUSEHOLD FOR THE CURRENT YEAR FOR TAX PURPOSES.

In the last 6 months, my income is as follows:

Month	Monthly \$ Amt. & Hourly Rate of Pay	Income Source

TOTAL \$ Amt. _____

Name: _____
(Please Print Clearly)

Signature _____

Date _____

Sac and Fox Nation
920883 S. Hwy 99, Bldg. A, Stroud, OK 74079
Ph.: 918.968.3526 Fax: 918-968-0142



Principal Chief KAY RHOADS
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Treasurer JARED KING
Committee Member ROBERT WILLIAMSON

BIA Programs Fraud Notice

Fraud

Through the Bureau of Indian Affairs Financial Assistance and Social Services Programs, there are a variety of factors that we must consider when determining if an individual is eligible for assistance: residence, household members, income/resources, employment history, tribal membership, eligible/available resources, and health/employability. We rely on the information that you supply to help us in our determination, as well as information from other agencies. Any information that you provide will be investigated for accuracy.

Part 6. Code of Federal Regulations (CFR)

Title 25: Indians; Part 20 – Financial Assistance and Social Services Programs; Subpart F-Administrative Procedures; 20. 607 – What happens when applicants or recipients knowingly and willfully provide false or fraudulent information?

Applicants or recipients who knowingly and willingly provide false or fraudulent information are subject to prosecution under 18.U.S.C §1001, which carries a fine of not more than \$ 10,000 or imprisonment for not more than 5 years, or both. It will also result in the denial of your application.

I _____, hereby authorize the Social Services workers to obtain or release all information necessary to verify eligibility for all my Social Service applications and have read and understand the above Code of Federal Regulations (CFR).

Applicant Signature

Date

Social Services Caseworker

Date

The Human Services Department strives to provide the best assistance in a timely manner. Your cooperation during this process will aid the social services worker in processing your application quickly. If you have questions about this notice, please contact the Human Services Dept., at 800.259.3970 Ext. 2010 or 2011.



Human Services Department

920883 S Hwy. 99 Building A • Stroud, Oklahoma 74079

RELEASE OF INFORMATION

You grant and authorize the exchange of information between the Sac & Fox Nation 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 4) 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 Human 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

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

OMB NO. 1076-0017
EXP: 05/31/2014
BIA 5-6602

Redetermination Date (3 months: ISP)/ (6 months: Case Plan) _____ Date GA Recipient met ALL goals (mm/dd/yyyy)
(mm/dd/yyyy)/ Initials: ____/____/____ / _____ (mm/dd/yyyy)/ Initials: ____/____/____ / _____

INDIVIDUAL SELF-SUFFICIENCY (ISP)/ CASE PLAN (25 CFR Part 20)

ISP / Case Plan [Check all that Apply]

Name of Client: (Last, First, Middle): _____ **Date of Plan:** ____/____/____

What is/are your goals to achieve self-sufficiency?
Short-Term Goals: _____ *Long-Term Goals:* _____

BARRIERS TO CLIENT			STRENGTHS OF CLIENT
<input type="checkbox"/> Health	<input type="checkbox"/> Lack of/ Limited Transportation	<input type="checkbox"/> No Driver's License	<i>Identify strengths the client possesses:</i>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lack of/ Limited Education	<input type="checkbox"/> Social Isolation	
<input type="checkbox"/> Substance Abuse Dependency	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Limited/No Jobs Available	
<input type="checkbox"/> Age Factors	<input type="checkbox"/> Limited/ No Work History	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Disabilities	<input type="checkbox"/> No Job Skills	<input type="checkbox"/> Other: _____	

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY			
WORK ACTIVITIES	EDUCATION/ TRAINING	OTHER ACTIVITIES	CASE PLAN
<input type="checkbox"/> Job Search	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Activities	<input type="checkbox"/> SSA Application
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Medical Report
<input type="checkbox"/> Job Sampling or Job Shadow	<input type="checkbox"/> ESL (English as 2 nd Language)	<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Decision Letters
<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Support	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Care for Child Under Age 6
<input type="checkbox"/> Registration with Local Job Service	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Counseling	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Driver's License Reinstatement	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Dental/Health Care	
		<input type="checkbox"/> Other: _____	

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1		
Goal #1 Revised		
ACTION STEPS FOR GOAL #1	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		
GOAL #2		
Goal #2 Revised		
ACTION STEPS FOR GOAL #2	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		
SOCIAL SERVICES WORKER'S ACTIVITY WITH TIMEFRAME (25 CFR 20.318)	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		

____ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the General Assistance Program for a period of at least 60 days but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the General Assistance Program.

____ I understand that the purpose of the Case Plan is to follow through with goals listed: (i.e.) Accessing other resource programs, keeping medical appt., etc. Failure to follow through with the steps identified in the Case Plan may constitute suspension from the General Assistance Program.

GA Recipient Signature

Date Signed

Social Services Worker Signature

Date Signed

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

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