



Social Service Program

General Assistance Application

Seneca-Cayuga General Assistance Program offers financial assistance to qualifying Native Americans residing in Ottawa and Delaware County. Eligibility will be reviewed every three (3) months. The following documents must accompany a completed application to be considered for approval:

- **Tribal Enrollment Card for all Native American Members of Household. (No CDIB will be accepted)**
- **Social Security Cards for Everyone Residing in Home**
- **Signed Verification Form from TANF (Temporary Assistance for Needy Families) or Denial Letter from Department of Human Services. (In accordance with 25 CFR Part 20.303)**
- **Disabled Applicants Must Apply for Social Security and Provide Signed Verification Form from Social Security Administration or Copy of Denial Letter.**
- **Proof of Residence- Utility Bill/Rent Receipt**

- | | |
|--------|---|
| 20.301 | The goal of the General Assistance Program is to increase Self-Sufficiency. Each General Assistance recipient must work with their Social Service Case Manager to develop and sign an Individual Self-Sufficiency Plan (ISP). This plan must outline the specific steps the individual will take to increase independence by meeting the goal of employment. |
| 20.302 | All Native American people with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) and follow TANF Regulations. |
| 20.303 | To be eligible for General Assistance an applicant MUST:
(A) Meet the criteria contained in 20.300
(B) Apply concurrently for financial assistance from other state, tribal, county, local or other federal agencies.
(C) Not receive any comparable public assistance
(D) Develop and sign an employment strategy located in the ISP with assistance of the Social Services Case Manager to meet the goal of employment through the specific action steps including job readiness and job search activity. |

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<p><i>OMB Control No. 1076-0017 Expires: 05/31/2014</i></p> <p><i>BIA Form # 5-6601 Revised: 7/12/11</i></p>	<p>U.S. Department of the Interior Bureau of Indian Affairs Division of Human Services</p>	<p>Date of Application: _____</p> <p>Date of Interview: _____</p> <p>Decision:</p> <p><input type="checkbox"/> Approved; Date: _____ to _____: _____ Initials</p> <p><input type="checkbox"/> Denied; Date: _____: _____ Initials</p> <p>Reason for Denial: _____</p> <p>Date of Redetermination _____ / _____</p>
<p>APPLICATION for FINANCIAL ASSISTANCE and SOCIAL SERVICES</p>		

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.											
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 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 Social Services Worker Signature _____ Date BIA Line Officer (If Applicable) _____



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RELEASE OF INFORMATION

You grant and authorize the exchange of information between the Seneca-Cayuga Tribal Social Services Program and the following agencies/programs:

- | | |
|---------------------------------------|--------------------------------------|
| Tribal/State Employment Offices | Tribal/State Alcohol & Drug Programs |
| Tribal/State Social Services Programs | Tribal/State Housing Programs |
| Social Security Administration | Veteran's Administration |
| Tribal/State Education Programs | Tribal/State/Federal Courts |

Other (specify): _____ Other (specify):

Any information exchanged will pertain to your eligibility to receive Financial Assistance and Social Service benefits. By signing on the statement of cooperation 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.

I authorize the Seneca-Cayuga 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



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Department of Human Services Verification of Filing

In accordance with Seneca-Cayuga Tribe of Oklahoma Social Service Program Regulation 20.302, all Applicants with dependent children in the home are required to file for TANF benefits. This form will serve as verification the listed applicant has met the before mentioned requirement.

Applicant Name: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

I _____, an Authorized Representative of the Department of Human Services verify by my signature that the above mentioned individual has:

_____ *Applied for TANF*

_____ *Has been denied TANF*

Printed Name

Signature

Title

Date

**If applicant has been denied services please provide letter of denial.*



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Social Security Administration Verification of Filing

In accordance with Seneca-Cayuga Tribe of Oklahoma Social Service Program Regulation 20.303, all Applicants with disabilities or prolonged medical conditions are required to file for Social Security benefits. This form will serve as verification the listed applicant has met the before mentioned requirement.

Applicant Name: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

I _____, an Authorized Representative of the Social Security Administration verify by my signature that the above mentioned individual has:

_____ Applied for Social Security Benefits

_____ Has been denied Social Security Benefits

Printed Name

Signature

Title

Date

**If applicant has been denied services please provide letter of denial.*



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Department of Social Services Employment Application Verification Form

Date: _____

Name of Company: _____

Address: _____

Job Title: _____ Signed: _____

Was an Application Taken? _____
.....

Date: _____

Name of Company: _____

Address: _____

Job Title: _____ Signed: _____

Was an Application Taken: _____
.....

Date: _____

Name of Company: _____

Address: _____

Job Title: _____ Signed: _____

Was an Application Taken: _____
.....

Date of Return to this Office

Client's Name



Hearings and Appeals

Any applicant who is dissatisfied with the decision or action concerning eligibility of financial assistance may discuss the matter with her/her social worker. A person who feels dissatisfied with the decision, action, or failure to act has a right to a hearing before the Seneca-Cayuga Business Committee, or their designated representative.

1. An applicant must request a hearing within twenty (20) days from the date of notification of denial; otherwise, the action or decision will become final.
2. Upon receipt of a written request, the Seneca-Cayuga Business Committee, or their designated representative, will set a hearing date within ten (10) days of the request. Written notice will be given to the applicant.
3. The Seneca-Cayuga Business Committee, or their designated representative, shall render a final written decision within ten (10) days after the completion of the hearing.

General Assistance payments will not be continued or reinstated until a decision has been finalized by the Seneca-Cayuga Business Committee.



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

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 from the Bureau of Indian Affairs (BIA) Child Welfare, Burial, and Disaster programs. Additional disclosures of the 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 the 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, Social Services system of records which can be obtained upon request from Chief, Division of Social Services, 1849 C Street, NW, 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 record 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.

Paperwork Reduction Act Statement

The 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 a benefit(s) required in 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 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Office of Regulatory Affairs & Collaborative Action - Indian Affairs, Information Collection Clearance Officer, 1849 C Street, NW, MS-4141, Washington, DC 20240.