



GENERAL ASSISTANCE

General assistance is designed to be temporary shelter assistance while an eligible individual is looking for work and transitioning to self-sufficiency. **TEMPORARY** In an effort to stabilize housing for eligible participants, rent payments and shelter payments will be vendored by the program direct to the landlord. Some utility payments may be vendored direct to the utility/s as well. In this manner, both shelter and some utilities are stabilized while the individual is transitioning to self-sufficiency. **This may be up to 1-3 months dependent on funding availability for the year.**

General assistance, like welfare or TANF, is based on the individual completing a certain number of work hours in order for the individual to remain eligible for the federal assistance.

If you are disabled and or in process with social security then the required work hours consist of your completing all social security requirements, all medical appointments and meeting all hearing requirements.

All general assistance cases will be closed if a client does not complete the work hours (job search, required counseling, required hearings, etc). You must comply with all program requirements and meet all deadlines in order to receive the federal financial assistance. No assistance will be provided until all eligibility information is provided and all eligibility conditions are fully met. Any assistance that is awarded will be based on the date that all information was turned in and the file became complete. Applications will be processed until all verifications and file requirements are received.

Applicant acknowledgement and signature/s. (It is your responsibility to read this application and all documentation the Tribal General Assistance gives you)

NO GAS VOUCHERS AVAILABLE

GENERAL ASSISTANCE **ELIGIBILITY REQUIREMENTS**

This is your 1st Individual Development Plan. You will have 15 days from the date you turn this application to complete the Eligibility requirements after 15 days your application will be denied for no contact.

Only 1 through 10 of the following list applies if you are 55 years old and older.

Only 1 through 12 if you are under a doctor's care and provided a current doctor statement.

- | | |
|----|--|
| 1 | <i>TSSD G.A Application for Assistance</i> |
| 2 | <i>Picture ID</i> |
| 3 | <i>Consent for Release of information</i> |
| 4 | <i>Tribal Enrollment</i> |
| 5 | <i>Birth Certificate</i> |
| 6 | <i>Schedule Interview with Sandra Ph.(675-2700 Ext. 1035)to make the appt/date</i> |
| 7 | <i>Social Security Card</i> |
| 8 | <i>Individual Development Plan IDP</i> |
| 9 | <i>Current rent or light receipt</i> |
| 10 | <i>A home visit will need to be done with in the 1st 90day of your approval</i> |
| 11 | <i>Doctor Statement - an Exemption form must be completed</i> |
| 12 | <i>Job Search - 3 per month (3 mandatory Tribal Personnel, Job Service, Personnel Express, WIA)</i> |
| 13 | <i>Mentoring for Success & Personal Empowerment –DHRD building down stairs Monday – Thursday 8-4</i> |
| 14 | <i>Copy of High School Diploma or GED</i> |
| 15 | <i>TABE test taken with in the last 6 months if needed referral to Voc-Rehab</i> |
| 16 | <i>SKC Student - Copy of Class Schedule, Last Quarters grades, and Financial Aid Verification</i> |

Client Signature

Date

TSSD Worker Signature

Date

NAME: _____

ADDRESS: _____

TOWN: _____

SOCIAL SECURITY NUMBER: _____

**CONFEDERATED SALISH & KOOTENAI TRIBES
APPLICATION FOR GENERAL ASSISTANCE**

1. INDIAN BLOOD

Applicant must be a member of a Federal recognized Tribe, or a one-fourth degree or more blood quantum descendant of a member of an Indian tribe federally recognized as eligible for Bureau Services.

2. RESIDENCY

General Assistance is limited to these clients who reside on or near the reservation areas designated in accordance with 25 CFR 20.1 (at this time there is not a "Near Reservation" designated in the Federal Register for the Confederated Salish & Kootenai Tribes).

3. ASSISTANCE FROM OTHER GOVERNMENT PROGRAMS

CSKT Tribal General Assistance is ONLY temporary assistance all recipient must be applying for alternative assistance (i.e Employment, Social Security, Supplemental Security Income) Indian families or person receiving or eligible for assistance through the County Department of Public Welfare are not eligible for General Assistance. However, if the individual or family who is presumed to be eligible for one of the above county assistance programs, files an application by through the county, General Assistance may be granted until approval of their application by that county. All clients applying for General Assistance who are eligible or potentially eligible for assistance from other programs (Social Security, Unemployment, Workman's Comp, V.A., Welfare, etc.) shall be required to seek and show verification that you applied for that assistance. There is a possibility of supplementing other programs up to the welfare amount. * Feel free to call and ask.

* The exception to this Supplemental Security Income (SSI). People receiving SSI payments in their own right, or whose needs are included in such payments are not eligible for Bureau General Assistance.

4. ACCEPTANCE OF AVAILABLE EMPLOYMENT

General Assistance applicants or recipients are expected to seek and accept available employment which they are able and qualified to perform. This means that prior to your applying for General Assistance every effort should be made to find employment. This will be certified with a job service slip signed by the Employment Office. If you are Not Able to work, bring in a Doctor's Statement stating, reason and how long you will be unable to work. The General Assistance office has Doctor Statement forms, Please ask for one.

5. INDIVIDUAL DEVELOPMENT PLAN (IDP)

All applicants must have an Individual Development Plan (IDP) in place each month to be eligible for Tribal General Assistance. If you do not have an IFP you will not receive Tribal General Assistance. Contact your Case Manager to set up an IDP meeting.

Please state the reason you are applying for General Assistance:

How have your needs been met for the last three (3) months: _____

How many months will you need General Assistance: _____

Please give reason why this number of months: _____

What steps are you taking towards you and your family's self-sufficiency (are you applying for other programs, looking for employment)? _____

PERSONAL PROFILE

Enrollment Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Social Security #: _____ Enrollment #: _____ Drivers License # _____

Current Phone #: _____ Current Message #: _____

Have you registered with Selective Service: _____ Are you a veteran: _____

ENROLLMENT

Name of Tribe: _____ Phone # of Tribe: _____

Tribes Address: _____

EDUCATION

Last Grade completed: _____ High School Diploma year received: _____ GED year received: _____

EMPLOYMENT

Last employment _____ how long there: _____

Reason for leaving your last employment: _____

Are you under the care of a Doctor: _____ If yes please state Diagnosis: _____

RESIDENCE

Do you own your place: _____ Rent _____ are you in the same house as landlord: _____

Landlords Name: _____ Address: _____

Are you currently receiving Food Stamps: _____ or Commodities: _____

MARTIAL STATUS _____ if married Spouse/Significant other information will need to be filled out.

IF APPLICABLE Spouse/Significant other

Enrollment Name: _____

Social Security #: _____ Enrollment #: _____ Drivers License # _____

Name of Tribe: _____ Phone # of Tribe: _____

Tribes Address: _____

Last Grade completed: _____ High School Diploma year received: _____ GED year received: _____

Types of Income	None	Yours	Spouse	Children	Other	How Often
Unemployment Compensation						
Workman's Compensation						
Railroad Retirement payments						
Social Security/SSI						
TANF/FAIM, Welfare						
Child Support/Alimony Payments						
Veteran's Administration						
Retirement or Pension Benefits						
Farming, Sale of Livestock, Wool						
Armed Forces Allotment						
Roomers, Boarders, Rentals						
Oil Mineral Benefits, Lease Monies						
Educational Grants						
Saving & Checking Accounts, CASH						
Automotive, machinery and/or Equipment						
Other Income-SPECIFY-Post & Pole, X-mas Trees, Wood Cutting, Logging, Food Stamps.						

Do you have an IIM account? Yes No Current Balance: \$ _____

REAL ESTATE: NONE (If checked go to VERIFICATION OF RESIDENCE)

Total # of Acres: Owned Assigned Allotted

Is land operated by family? Yes No if Yes, # of Acres: _____

Estimated Annual net income from Farming/Ranching: \$ _____

Is all or part of the land leased? Yes No if Yes # of Acres: _____

Total Annual Rentals \$ _____ Name of lessee & Address: _____

Name of lessee & Address: _____

HOME VISIT (a home visit must be done within the 1st 6 months and follow up Home Visits must be done at least 1 time a year)

Please give detailed direction to where you live: _____

RIGHTS AND RESPONSIBILITIES

APPLICANT'S RIGHTS:

- | | |
|---|--|
| 1. The nature of the confidential relationship | 5. The right to tell his/her story in own words |
| 2. The right to a prompt determination of eligibility | 6. The right to continue to be responsible for own affairs |
| 3. The right to a unrestricted money payment | 7. Civil rights |
| 4. The right to a fair hearing | 8. The right to inquire and be informed |

CLIENT/TSSD AGREEMENT

APPLICANT'S RESPONSIBILITIES

I understand that:

- The answer I give on this form will be used to help determine my eligibility for General Assistance and the amount of my grant.
- The amount of my grant depends on the number of eligible people in my household. If I report that an eligible person has left or had income, which makes him/her ineligible, the amount of my grant may change.
- The amount of my grant also depends on the amount of income received by me and other covered by my grant. If the income I report is more than the grant allowance I will be denied for the month.
- I am required to sign release of confidential information form so that General Assistance my request needed information to establish my eligibility.
- I am aware that the laws of Montana provide for a fine and/or imprisonment of any person(s) who attempt to receive, or receives assistance to which he/she is not entitled.
- TSSD has the right to cross reference this application with other requests for assistance to verify household members, claimed income, place of residence etc.
- TSSD may deny assistance based on the information provided on TSSD applications until the applicant provides additional information.

Signature of Applicant Date

Signature of Spouse/Significant other Date

FEDERAL LAW GOVERNING FRAUD

I UNDERSTAND THAT:

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully, conceals or covers up by any trick, scheme or device, a material fact, or makes false, fictitious or fraudulent statements or representation or makes uses any false writing or document, knowing the same to contain any false, fictitious statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more 5 years or both.

Signature of Applicant

Signature of Spouse/Significant Other

I (we), agree to supply all necessary information about my (our), resources and income and to notify the TSSD General Assistance office when by (our), situation changes. I (we), also authorize TSSD General Assistance to obtain information necessary to establish my (our), eligibility for assistance from the appropriate Agencies and that this information will be kept **CONFIDENTIAL**. I (we), further agree that this information may be released for purposes of investigation fraud.

Signature of Applicant

Signature of Spouse/Significant Other

RELEASE OF CONFIDENTIAL INFORMATION

I authorize General Assistance to exchange information with the following Agencies/Persons.

- | | | | |
|----------------------------------|-------------------------------------|-------|------------------------------|
| Employment office | Tribal Agencies (SKHA, TSSD & DHRD) | Banks | Social Security/SSI Agencies |
| Welfare (FAIM/TANF, Tribal TANF) | Bureau of Indian Affairs | Jails | Hospital |

The information exchange will pertain to my eligibility to receive General Assistance benefits. I understand any information obtained will be kept confidential and will be used only for purposes directly connected with the administration of benefits or services. I further understand that any information obtained maybe released to proper governmental agency or court or law enforcement agency for the purposes of legal and investigative action concerning fraud.

Signature of Applicant

Signature of Spouse/Significant Other

Social Security Number (Please print clearly)

Social Security Number (Please print clearly)