

SOCIAL SERVICES PROGRAM • APPLICATION FOR ASSISTANCE

UNDER 150%? YES NO

~ CLIENT'S PRIMARY RULES, RIGHTS & RESPONSIBILITIES ~

As a participant of the Social Services Program, you are responsible and must adhere to the following primary regulations once you have been found eligible for Program and its services. Individual components may have additional regulation that must be followed and will be addressed at the time of component approval.

HOH	Other Adult	Read each of the following. Once you have read and understand the regulations, initial in the appropriate column. If you have any questions/concerns, do not initial until a staff representative has clarified the regulation for you.
		1. Under the Influence: Intoxication, being under the influence and/or use of drugs and/or alcohol while attending Program related activities, i.e. at a work-site, in class, meeting with staff, will result in immediate action (up to and including termination from the Program) You will be required to complete testing and pending the results an evaluation will need to be completed. Your benefits will be put on vendor status immediately. If you are taking medications, inform the program immediately.
		2. Harassment: Physical or verbal harassment or intimidation of any Staff or public within the office will not be tolerated. You may not use repeated foul or abusive language at any Staff or when participating in program related activities.
		3. Reporting Changes: You must notify the Program of any changes that will affect your application/case within five (5) days. This refers to all household members included in the benefit group & and person moving into or out of the household not included on the grant.
		4. Case Plan: You are required to actively participate in the development of your Case Plan. You must meet all the requirements in your case plan. If you are having trouble meeting requirements in your Case Plan, speak with your caseworker ASAP.
		5. Monthly Contact: You must meet with your caseworker (in person) once per month to review the progress of your Case Plan. Cash Assistance (GA/TANF) clients, failure to comply will result in an interruption of your grant and possible termination.
		6. GED Requirements: If you are under 55 years of age, without a GED or high school diploma, you are required to enroll in a GED program/classes unless found to meet exemption criteria.
		7. Mandatory Activities: You are required to actively participate in mandatory Program activities, workshops and accept all available employment, as well as document all job searches. You are required to utilize half of your monthly required hours towards activities that are relevant to the plan you have developed. Failure to comply can result in a reduction in cash assistance (sanction) or termination from the Program.
		8. Seeking Resources/Child Support Compliance: Any recipient of TANF welfare assistance must cooperate with pursuing third party resources. This includes child support Enforcement and paternity establishment. If you believe you have a good cause claim, contact your caseworker immediately. The Program will notify child support when cash clients are approved for services and when they close. This includes GA clients when relevant.
		9. Scheduled Appointments: All Program activities, scheduled office or home visits with Staff are mandatory. If you are unable to keep your appointment, call at least 15 minutes prior to your appointment if it is in the office. Regular Home visits must be scheduled 24 hours in advance. Missing activities or appointments without prior notification and approval by your caseworker can lead to a delay in services, sanctions or termination from the Program.
		10. Drug Testing: All applicants who apply for monthly cash assistance will be required to submit to a drug test prior to file approval. Once approved for services, clients are subject to random alcohol and drug testing for case planning and compliance purposes. Clients that test positive will be referred to A&D services. Failure to comply will result in delayed services, sanctions and or termination from the Program.
		11. Pending Applications: Applications will not be held pending longer than 30-days, at which time all documentation received will be disposed of. Applicants can re-apply immediately and provide the same documentation required for basic eligibility.
		12. Monthly Benefits: All monthly cash benefits must be picked up by the 5 th working day of each month to avoid the check being voided. If the you are unable to provide good cause for not picking up your benefits, a check will not be reissued until the next month for benefits.
		13. Confirmation: I understand that failure to follow the above rules will cause disciplinary action, sanctions, and/or immediate termination from the Program. I have read and understand these rules and agree to comply with all Program requirements as stated above. The Staff have clarified any questions I may have.
		<p>Photographs are taken of participants during sponsored activities and events. These photographs are primarily used in Program reporting with names omitted. When participants achieve a goal on their Case plan, photographs and stories may be published in newsletters and/or newspapers to highlight individuals and motivate others.</p> <p>Please initial the appropriate box for your response and initial your confirmation of the statement:</p> <p>_____ By my initials and as the primary applicant, I grant permission for the Winnebago Tribe of Nebraska's Social Services Program to use my/our story and photographs for articles in newsletters and other publications.</p> <p>_____ By my initials and as the primary applicant, I do not give permission for the Winnebago Tribe of Nebraska's Social Services Program use my/our story and photographs for articles in newsletters and other publications.</p>

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Applicant Name: _____
First MI Last, Suffix

Home Phone: _____

Mailing Address: _____

Msg. Phone: _____

County: _____

Residential Address: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

~ LIST ALL HOUSEHOLD & FAMILY MEMBERS ~											ARE YOU A(N) ...
Benefit Group	Full Name (First, MI, Last, Suffix)	Relationship to Applicant	Marital Status	Sex	Date of Birth	Age	Tribal Affiliation & Enrollment Number	Absent Parent	Teen Parent	Disabled	Veteran
	Name										
	SSN										
	<i>Education: Last Grade Comp.</i> _____		<i>Current Grade:</i> _____		<i>Current School:</i> _____						
	Name										
	SSN										
	<i>Education: Last Grade Comp.</i> _____		<i>Current Grade:</i> _____		<i>Current School:</i> _____						
	Name										
	SSN										
	<i>Education: Last Grade Comp.</i> _____		<i>Current Grade:</i> _____		<i>Current School:</i> _____						
	Name										
	SSN										
	<i>Education: Last Grade Comp.</i> _____		<i>Current Grade:</i> _____		<i>Current School:</i> _____						
	Name										
	SSN										
	<i>Education: Last Grade Comp.</i> _____		<i>Current Grade:</i> _____		<i>Current School:</i> _____						

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~HOUSEHOLD INFORMATION~

<i>Last Date of Employment for all adults:</i>	1	Reason for Leaving:
	2	Reason for Leaving:
<i>Do you currently pay rent?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount: \$ <input type="checkbox"/> Section 8
<i>Do you own a vehicle?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Quantity & Value: \$
<i>Resources, I.E, 401K, taxes, bank accounts, 2nd homes, ATV's?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	Total Value of Resource: \$

~ LIST ALL HOUSEHOLD INCOME & BENEFITS RECEIVED ~

- | | | | | | |
|-------------------------------|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> USDA | <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> OHP / Medicare | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Housing EA | <input type="checkbox"/> Higher Education |
| <input type="checkbox"/> TANF | <input type="checkbox"/> State DV- TANF | <input type="checkbox"/> SSI | <input type="checkbox"/> SSD / SSB | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> GASA | <input type="checkbox"/> Earned Income | <input type="checkbox"/> Unearned Income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ | |

Recipients Name	Source	Type	Monthly Amount	Date Last Received	Still Receiving
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

~ EMPLOYMENT HISTORY ~

Employer's Name & Address	Area Code & Phone Number	Supervisor's Name	Type of Work	Rate of Pay	Reason for Leaving
Applicant					
Other adult					

What is the most amount of money you have made per hour in the last 6 months? _____/hr.
Other adult? _____/hr.

~ APPLICANT STATEMENT ~

Write a statement below of your current situation that makes it necessary for you to apply for services. Also list how you have been meeting your basic needs (food, shelter, utilities and clothing) for the last six-months.

~ 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 any false fictitious or fraudulent statements or representations or makes or uses any false writings 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 more than five years or both.”

Fraud of the Social Services Program will lead to a negative and immediate termination from the Program.

I, (we), have read, or heard, or have had interpreted to me (us) the proceeding provisions of law and understand them. I, (we), agree to supply all necessary information if my (our) situation changes. I, (we), also authorize the Winnebago Tribe of Nebraska to obtain information necessary to establish my, (our), eligibility for assistance. By my (our) signature, I, (we), verify that all the above information reported on this application and any oral information given is true and correct to the best of my (our) knowledge.

Applicant Signature: _____ **Other Adult:** _____ **Date:** _____



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~ RELEASE OF INFORMATION ~

Purpose: The Social Services Program can assist applicants and clients more fully if we are able to work with other organizations and agencies that know you and your family. By signing this form, you are giving permission for other organizations/agencies & the Social Services Program to share information about your situation and case as long as it is relevant to your case plan. The information received will be used to plan and coordinate services for you and your family. This will also allow the Social Services Program to verify eligibility or establish need for on-going assistance through the Winnebago Tribe of Nebraska's Social Services Program. This authorization is good for one year from the signature date below. I understand that information about my case is confidential and protected by State and Federal laws.



I Grant Deny the Winnebago Social Services Program authorization to share and exchange information with outside Agencies.

***Note:** A denial of authorization may cause a delay in eligibility determination as the client will need to provide verification on their own without the full assistance of the program.*

To those that receive information under this authorization:

Information disclosed to you by the Social Services Program is protected by Tribal, State and Federal laws. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.



Head of Household (Print)

Spouse/Significant Other (Print)

Head of Household (Signature)

Spouse/Significant Other (Signature)

~ NON-DUPLICATION OF SERVICES ~

By signing this document, I am verifying no one in my household is receiving funds from any other source such as Child Support, or tribal, state, county public assistance programs for the same assistance that we are requesting from the Social Services Program.

I further understand that to receive duplication of funds will be considered fraudulent and I may be subject to recovery of funds received, exclusion from the Social Services Program for one year, and possible legal action.

I hereby state that I will advise the Winnebago Tribe of Nebraska Social Services Program office within 10 days, should there be any change in other sources of funding assistance for my household.

This verification is in effect for the entire time the client is receiving funds from the Social Services Program.



Head of Household (Print)

Spouse/Significant Other (Print)

Head of Household (Signature)

Spouse/Significant Other (Signature)

Date

Date