To Whom It May Concern:

The Little Shell Chippewa Tribe in coordination with the Bureau of Indian Affairs (BIA), Rocky Mountain Regional Office, Branch of Indian Services has been allocated Welfare Assistance funding under the CARES Act to promote the safety, financial security, and social health of the Little Shell Chippewa Tribe members. These funds are authorized to provide services to tribal members due to COVID-19 related hardships. This includes reduced or lost employment and burials directly related to COVID-19. Below you will find further explanation of the programs, the required documentation needed to determine eligibility and the process the Tribe and the BIA will follow to provide these funds to tribal members.

**GENERAL ASSISTANCE:** Provides financial assistance payments to eligible Indians for essential needs of food, clothing, shelter, and utilities. The goal of General Assistance is to increase self-sufficiency. This is accomplished through specific steps an individual will take to increase independence as outlined in his/her Individual Self-Sufficiency Plan (ISP). Due to Covid-19 the ISP requirement is waived until further notice. To be eligible for General Assistance, all applicants must apply concurrently for financial assistance from other state, tribal, county, local or other Federal agency programs for which they might be eligible.

**BURIAL ASSISTANCE:** This program provides funds to assist with the burial expenses of deceased indigent Indians whose death was due to COVID-19. Application must be made within 189 days of an individual’s death.

**Little Shell Members Application Process:**

- The Little Shell Chippewa Tribal Administration will distribute application packets to tribal members.
- Tribal members will complete the application and attach supporting documentation then either mail or fax completed applications to the Rocky Mountain Region, Division of Social Services.
- The Division of Social Services will:
  - Assess applications for completeness
  - Initiate a phone interview
  - Process payments of approved applications

Assistance is based on the availability of funds.
GENERAL ASSISTANCE APPLICATION AND INSTRUCTIONS
General Assistance application must be completed before it is accepted and processed.

New Applicants:
☐ Application (filled out completely)
☐ Birth Certificate (for all children in household composition)
☐ Social Security Cards (All Individuals)
☐ Tribal Enrollment Verification (All Individuals)
☐ Residency Statement (Verified by Head of Household or Landlord)
Have you received General Assistance in the past? Yes ___ No ___ When: _______
If Yes Name Used:
Agency or Tribe where you received services: _________________________________

SUPPLEMENTAL REQUIREMENTS:
☐ Households are required to apply, accept & participate in TANF?
   Have you been denied/sanctioned from TANF? Yes ___ NO ___
   Have you utilized all 60 months of TANF? Yes ___ NO ___

☐ If eligible, you must apply for Social Security. If you have applied and been denied you must provide the letter of denial.

☐ Letter of Termination, furlough or reductions of hours

☐ You are required to apply for unemployment compensation, if employed within the past 12 months.
   • Need to submit a letter of DENIAL, if you were denied unemployment benefits.

SUBMITTAL:

Once you have completed the application and attached the required documents fax or mail to:
Rocky Mountain Regional Office
Attn: Division of Social Services
Jodi Abbott, Regional Social Worker
2021 4th Ave North
Billings, MT 59101
406-247-7566

Per 25 CFR, Part 20, applicant must complete the entire application packet and participate in a phone interview.
Payments are based on eligible funds.
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
U.S. Department of the Interior Bureau of Indian Affairs Division of Human Services

APPLICATION for FINANCIAL ASSISTANCE and SOCIAL SERVICES

Date of Application: ___________________________
Date of Interview: ___________________________

Decision:
☐ Approved; Date: _______ to _______: __________/__________
☐ Denied; Date: __________: __________/__________
Reason for Denial:
Date of Redetermination __________/__________

AREAS ARE FOR BIA AGENCY USE ONLY.

Name: ___________________________ Tribe/Enrollment Number: ___________________________
Other Name(s) Used: ___________________________ 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.

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<tr>
<th>Members of Household</th>
<th>Date of Birth</th>
<th>Relation to Head of Household</th>
<th>Marital Status (Married, Single, Widowed, Divorced, Common Law, Separated)</th>
<th>Highest Grade/ Degree Completed</th>
<th>Social Security Number</th>
<th>Verified</th>
<th>Tribal Enrollment Number</th>
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Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES (Check type of Assistance or Services applying for)

A. □ General Assistance
B. Child Assistance
   * □ Foster Care
   * □ Residential Care
   * □ Adoption Subsidy
   * □ Guardianship Subsidy
   * □ Special Needs
   * □ Homemakers Services
C. Adult Care Assistance
   * □ Homemakers Services
   □ Residential Care/ Group Home
F. Services-Only
   □ Child Protection
   □ Adult Protection
   □ Child & Family Services
   □ IIM Services
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**

☐ Wages/ Salary  Amount $:
☐ Alimony/ Child Support  Amount $:
☐ Gifts/ Contributions  Amount $:
☐ Income Tax Refund (Federal/State)  Amount $:
☐ Insurance Settlement (Auto Accident, etc.)  Amount $:
☐ Interest/ Dividends (Bank Accounts)  Amount $:
☐ Lease Income (list)  Amount $:
☐ 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 $:

**Unearned Income**

☐ Supplemental Security Income (SSI)  Amount $:
☐ TANF  Amount $:
☐ Food Stamps  Amount $:
☐ Commodities
☐ Foster Care Payments  Amount $:
☐ Other (list)  Amount $:
(Example: Carl Perkins P.L. 105-332)
☐ Other (list)  Amount $:
(Example: Alaska Native Corporation Dividend)

Explain the Amount Approved and/or Disapproved - need to specify gross and net earnings. (Social Service Worker Section)

Have you applied for TANF? □ YES □ NO  Date: __________
Have you been terminated from TANF past 90 days? □ YES □ NO  Date: __________
Are you eligible to reapply for TANF? □ YES □ NO  Date: __________
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 & initial: □ 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)
G. INFORMATION & REFERRAL ONLY

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☐ Not applicable
NOTIFICATION TO CLIENT

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 Bureau of Indian Affairs (BIA) Child Welfare, Burial and Disaster Assistance 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 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, Financial Assistance and Social Services – Case Management System, Interior/BIA-8 (76 FR 56787), which can be obtained upon request from the Chief, Division of Human Service, 1849 C Street, N.W., 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 records pertain. 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.

Under the Privacy Act, 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 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.

PAPER WORK 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-3071-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 Human 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 Human Services Office wants to help you. Ask your Human 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 County/State Public Welfare or Social Security Income. 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, Veteran Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. The BIA 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 Human Services worker with evidence of job search activities as required in the Individual Service Plan (ISP) and if they do not seek available local and seasonal employment or quit a job without good cause, they cannot receive GA 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
RELEASE OF INFORMATION

You grant and authorize the exchange of information between the BIA/ Tribal 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 3 of the Application) 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 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  ____________________________
RESIDENCY STATEMENT
(Utilized in Lieu of a required home visit during Covid-19 Pandemic)

DATE: ____________________

GENERAL ASSISTANCE CLIENT NAME: ________________________________________

MAILING ADDRESS: _________________________________________________________

CITY, STATE, ZIP: _________________________________________________________

IS THE HOME YOU LIVE IN A:

RENTAL _____ PRIVATE RENTAL _____ YOU OWN HOME _____ HOMELESS _____

SHARED LIVING _____ IF SO, ARE YOU ON THE HOUSING COMPOSITION? YES / NO

PLEASE INDICATE WHAT YOUR UTILITIES ARE:

RENT $ ____________________
LIGHTS $ ____________________
CABLE $ ____________________
TELEPHONE $ ____________________
PROPANE: $ ____________________

RECERTIFYING CLIENTS: CAN USE A UTILITY BILL IN THEIR NAME IF CLAIMING HEAD OF HOUSEHOLD

THIS SECTION SHOULD BE VERIFIED BY HOUSING AUTHORITY, YOUR LANDLORD, OR THE HOME OWNER YOU’RE LIVING WITH.

HOUSE #: __________
HEAD OF HOUSEHOLD: ________________________________

ROOM & BOARD: $ ________
PHONE #: ________________________________

PHYSICAL ADDRESS OR DIRECTIONS TO HOME: _________________________________________

DATE OF MOVE IN: _________________________________________

PERSON VERIFYING RESIDENCE: PLEASE CHECK

HOUSING REPRESENTATIVE _____ LANDLORD _____ HOME OWNER _____ OTHER: __________

NAME: ________________________________

ADDRESS: ________________________________

PHONE #: ________________________________