



Nez Perce Tribe TANF Program

378 Agency Rd | PO Box 365 | Lapwai | ID 83540

Phone (208) 843-2464

Fax (208) 843-7137

FAMILY ASSISTANCE UNIT CHECKLIST

Applicant Name: _____

Co-Applicant Name: _____

Required TANF Application Documents

Please submit all required forms and verification documents to avoid delays in processing your application.

Forms to Complete

- Application
- School Enrollment Verification
- Release of Information
- Client Rights and Responsibilities

Verification Documents

- Proof of Tribal Enrollment (Tribal ID Card, Certificate of Indian Blood (CIB), etc.)
- Proof of Residency (Utility bill, rental agreement, etc.)
- Proof of Income for all household members (pay stubs, employer statement, benefit award letter, etc.)
- Copy of Court Order for Custody (if applicable)
- Copy of Child Support Order (if applicable)
- Copy of Birth Certificates & Social Security Cards (if available)

APPLICATION PROCESS

After the application process is complete, the TANF Program may take up to 14 days to make an eligibility determination for approval or denial.

Upon review, an Approval or Denial Letter will be sent to you. If approved, you will be provided with information on the next steps to receive TANF services for your family. If your application is denied, you have the right to appeal the decision.

<p>FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>TANF DIRECTOR: _____</p>	<p>Application Received: _____</p> <p>Assigned Case No: _____</p> <p>Assigned CM: _____</p> <p>Date of Decision: _____</p>
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FAMILY ASSISTANCE UNIT (FAU) APPLICATION

APPLICANT(S) INFORMATION

Applicant Name: _____

Co-Applicant Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Mailing Address: _____ City _____ State _____ ZIP _____

Physical Address: _____ City _____ State _____ ZIP _____

Two Parent Home? Yes No

Are you Married? Yes No

Type of Housing: Own Home HUD Renting Homeless
 Section 8 Tribal Housing Staying with family/friends

HOUSEHOLD INFORMATION

Name	Relationship	DOB	SSN	Tribe & Enrollment #
	self			

Have you or any member of your household ever received Temporary Assistance for Needy Families (TANF) from a State or Tribal program? Yes No

If yes, please list the State or Tribe and approximate dates benefits were received: _____

HEALTH INFORMATION

Are you currently pregnant?

Yes No

If yes, what trimester are you in?

1st 2nd 3rd Due date: _____

Do you or any member of your household currently receive Medicaid health coverage? Yes No

If yes, please list the name(s) of the person(s) receiving coverage: _____

Do you or any member of your household currently receive Nimiipuu Health coverage? Yes No

If yes, please list the name(s) of the person(s) receiving coverage: _____

Does anyone in your household have a disability? Yes No



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FINANCIAL

Fill in all sources of income for the past 30 days

Applicant:

Source	Income
Employment	
Unemployment	
TANF/TAFI	
Child Support	
Food Stamps / SNAP	
NPT Foods	
Per Capita	
General Assistance	
Workman's Comp	
Housing Assistance	
Social Security (SSA)	
Disability (SSDI)	
Other	

Co-Applicant:

Source	Income
Employment	
Unemployment	
TANF/TAFI	
Child Support	
Food Stamps / SNAP	
NPT Foods	
Per Capita	
General Assistance	
Workman's Comp	
Housing Assistance	
Social Security (SSA)	
Disability (SSDI)	
Other	

APPLICANT AGREEMENT

I agree to work with my assigned case manager to support the needs and self-sufficiency of my Family Assistance Unit (FAU) and to follow the FAU TANF Program requirements. I will provide complete and honest information and report any changes in circumstances. I affirm that the information provided is true and correct.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____



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SCHOOL ENROLLMENT VERIFICATION

INSTRUCTIONS TO TANF APPLICANT

The TANF Program requires proof of school enrollment for all school-aged children. Please deliver this form to your child(ren)'s school and request that the school district return the completed form directly to the Nez Perce Tribe TANF Program.

CHILD(REN) INFORMATION

Name	Date of Birth	Grade

APPLICANT AUTHORIZATION

My signature authorizes this form to be released to the school district for the purpose of verifying school enrollment for the child(ren) listed above.

Applicant Signature: _____ Date: _____

SCHOOL OFFICIAL CERTIFICATION

The TANF Program requires verification of school enrollment for the current school year. As a representative of the school district, I certify that the child(ren) listed above is/are currently enrolled and that this form is being returned directly to the Nez Perce Tribe TANF Program.

1. Above CHILD(REN) INFORMATION match school records? Yes No

2. Are the student(s) currently attending school regularly and in good standing? Yes No

3. Guardian(s) name as shown in school records: _____

4. Child(ren)'s current address as shown in school records: _____

School Name: _____

School Address: _____

School Official Signature: _____ Date: _____



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RELEASE OF INFORMATION

First Name:	Last Name:	Date of Birth:	Phone:

I authorize the Nez Perce Tribe TANF Program to release and/or obtain confidential information about me and/or my household as necessary to determine eligibility, verify information, coordinate services, prevent duplication of benefits, and meet federal, state, and tribal audit requirements. Only the programs, departments, or organizations selected below are authorized to share or receive information.

TRIBAL PROGRAMS

- Enrollment
- Tribal Court
- Tribal Housing Authority (NPTHA)
- Nimiipuu Health (NMPH)
- Education Department

TRIBAL SOCIAL SERVICES DEPARTMENT

- Financial Assistance Program
- Indian Child Welfare / Child Protective Services
- Food & Nutrition Program
- Uuyit Kimti Program
- Veteran's Program

STATE / FEDERAL PROGRAMS

- Idaho Department of Health and Welfare (includes all programs administered by the agency)
- Washington Department of Health and Welfare (includes all programs administered by the agency)
- Idaho Department of Labor
- Washington Department of Labor
- Social Security Administration

SCHOOLS

- Mamay'asnim Hiteemenwees / ECDP
- Lapwai School District
- Orofino School District
- Kamiah School District
- Clearwater Valley School District
- Other School: _____

OTHER

Other: _____

CLIENT ACKNOWLEDGMENT

I understand that:

- My information will be kept confidential and used only for program administration.
- I may refuse to sign this authorization; however, doing so may delay eligibility if information cannot be verified.
- I may revoke this authorization at any time in writing.
- This authorization is valid for 12 months from the date signed unless revoked earlier.

Print Client Name: _____

Signature of Client: _____ Date: _____

Signature of Parent / Guardian (if under age 18): _____



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CLIENT RIGHTS AND RESPONSIBILITIES

Clients have the right to:

- Receive services in a respectful and professional manner
- Make informed choices about services and program participation
- Expect confidentiality of personal information and protection of records in accordance with applicable laws and program policies
- Receive timely responses to requests and reasonable continuity and coordination of services
- Receive services based on an approved service plan, such as a Family Self-Sufficiency Plan (FSP) or Child Development Plan (CDP), as applicable to their program participation
- Participate in the development and updating of their plan when their needs or circumstances change

Clients have the responsibility to:

- Provide accurate and complete information about their household, needs, and participation in other assistance programs
- Report changes in circumstances to the TANF Case Manager within ten (10) calendar days of the change. Changes may include, but are not limited to: address, household members, income, employment, school attendance, child custody, or other factors that may affect eligibility or services
- Notify the program as soon as possible if scheduled appointments must be changed and make reasonable efforts to attend scheduled appointments
- Work cooperatively with staff in planning, reviewing, and updating their service plan
- Maintain a safe and respectful environment when visiting tribal offices, including refraining from threatening, harassing, or disruptive behavior and not being under the influence of alcohol or illegal substances
- Respect the privacy and confidentiality of other individuals receiving services

ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand my rights and responsibilities as a participant in the Nez Perce Tribe TANF Program.

TANF Client Signature Date

TANF Case Manager Signature Date