



Nez Perce Tribe TANF Program

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

Phone (208) 843-2464

Fax (208) 843-7137

NON-NEEDY CARETAKER RELATIVE 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.)
- Copy of Court Order for Custody or Guardianship
- Copy of Child Support Order (if applicable)
- Copy of Child’s Birth Certificate & Social Security Card (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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NON-NEEDY CARETAKER RELATIVE (NNCR) APPLICATION

CHILD(REN) INFORMATION

Name	Date of Birth	SSN	Tribe & Enrollment #

CAREGIVER / APPLICANT INFORMATION

Primary Caregiver Name: _____

Phone Number: _____

Date of Birth: _____

Tribe & Enrollment No: _____

SSN: _____

Co-Caregiver Name (if applicable): _____

Phone Number: _____

Date of Birth: _____

Tribe & Enrollment No: _____

SSN: _____

Mailing Address: _____

Physical Address: _____

City: _____

State: _____ Zip Code: _____

- Does the applicant have a court order or other legal document establishing custody? Yes No
- Is any income being received on behalf of the child by the caretaker, including but not limited to child support, SSI, or other benefits? Yes No If yes, specify: _____
- Is the caregiver/applicant or any child in this household currently receiving TANF benefits from another Tribal or State program? Yes No If yes, specify: _____

APPLICANT AGREEMENT

I agree to work with my assigned case manager to support the child(ren) in my care and follow the NNCR 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

- | | |
|---|---|
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Nimiipuu Health (NMPH) |
| <input type="checkbox"/> Tribal Court | <input type="checkbox"/> Education Department |
| <input type="checkbox"/> Tribal Housing Authority (NPTHA) | |

TRIBAL SOCIAL SERVICES DEPARTMENT

- | | |
|---|--|
| <input type="checkbox"/> Financial Assistance Program | <input type="checkbox"/> Uuyit Kimti Program |
| <input type="checkbox"/> Indian Child Welfare / Child Protective Services | <input type="checkbox"/> Veteran's Program |
| <input type="checkbox"/> Food & Nutrition Program | |

STATE / FEDERAL PROGRAMS

- | | |
|---|---|
| <input type="checkbox"/> Idaho Department of Health and Welfare (includes all programs administered by the agency) | <input type="checkbox"/> Idaho Department of Labor |
| <input type="checkbox"/> Washington Department of Health and Welfare (includes all programs administered by the agency) | <input type="checkbox"/> Washington Department of Labor |
| | <input type="checkbox"/> Social Security Administration |

SCHOOLS

- | | |
|--|--|
| <input type="checkbox"/> Mamay'asnim Hiteemenwees / ECDP | <input type="checkbox"/> Kamiah School District |
| <input type="checkbox"/> Lapwai School District | <input type="checkbox"/> Clearwater Valley School District |
| <input type="checkbox"/> Orofino School District | <input type="checkbox"/> 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