

APPLICATION FOR : Monthly Assistance Diversion APPLICATION DATE: ____/____/____ INTERVIEW DATE: ____/____/____ APPROVAL DATE: ____/____/____

APPLICATION TYPE: New Application Application for Continued Assistance One Parent Two-Parent Child Only EFFECTIVE DATE: ____/____/____



DEPARTMENT FOR SELF RELIANCE
NAVAJO NATION DIVISION OF SOCIAL SERVICES
Application for Assistance

Please read the entire application form and clearly print all your answers in blue/black ink.

Name Last			First			Middle			Other Name Used			
Home Phone #				Cell/Message Phone #				E-mail Address				
Mailing Address (Box # or Street Address)						City			State		Zip Code	
Physical/Rural/Residential Address						City			State		Chapter you reside in?	
Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Navajo <input type="checkbox"/> Both Other: _____										Is anyone in your household a Veteran?		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married-Living Together <input type="checkbox"/> Married-Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced										<input type="checkbox"/> No <input type="checkbox"/> Yes Who: _____		

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1. How long have you lived at your current address (number of years/months/days)? _____

2. Filing Unit Members: List all household members on whose behalf you are applying for assistance.

Benefit Group		NAME	SSN	Tribal Enrollment Number	Date of Birth	Relation to Applicant	US Citizen		Ethnicity	Gender		Last Grade completed
Y	N						Y	N		M	F	
						Self						

3. Have you, or any household member, ever been convicted of a felony? No Yes
 IF YES, who? _____ Type of felony: _____ Date of Conviction: _____
 Are you, or any adult household member, currently on Probation or Parole? No Yes

4. Have you ever been disqualified from Food Stamps or Public Assistance Program? No Yes
 IF YES, when and why? _____

5. Have you, or a household member, ever received TANF assistance or General Assistance from a Tribal/State Program? No Yes
 IF YES: From which State/County/Tribe? _____ For how long: From _____ to _____
 Monthly Assistance Amount: TANF \$ _____ General Assistance \$ _____ Contact Phone # _____

6. Are you or anyone in your household attending school (including university, college, trade school)? No Yes
 IF YES, complete the following:

Student's Name	School Name and Address	Last Grade Complete	ATTENDING	
			Full Time	Part Time

7. Has anyone in your household applied for, or is currently receiving income from, any of the following sources?

Type of Income	Receiving?			Who is the Recipient?	Amount Received?	How Often? (Monthly, Bi-Weekly, Weekly)
	Yes	No	Pending			
Social Security - Retirement						
Social Security - Survivor						
SSI - Disability						
Veteran's Benefits						
Unemployment Comp.						
Worker's Comp.						
Pension/Retirement						
Insurance/Settlement						
Per Capita Royalties						
Allotment (Individual Indian Monies)						
Other:						
Other:						

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8. Are you or anyone in your household currently self-employed? No Yes IF YES, complete the following:

Name	Type of Employment/Business Name	How Long	Hours Per Week	Monthly Gross Income	Monthly Business Expenses

9. Is anyone in your household currently employed by others? No Yes IF YES, complete the following:

Name	Employer's Name and Address	Date of Employment	Hours Per Week	Monthly Gross Income

10. Do you, or anyone in your household, have any of the following financial assets?

Financial Assets	Yes	No	Name on Account	Amount	Financial Institution
Checking Account					
Savings Account					
Certificate of Deposit					
Credit Union Account					
Stock/Bonds/Annuities					

11. Do you own any of the following tangible assets which are not held in lien or pawn?

Tangible Assets	Yes	No			
Stock/Horse Trailer(s)					
Flatbed Trailer(s)					
All Terrain Vehicle (ATV)					
Mobile Home (which is not the Primary Residence)					
Other:					

12. Do you or any household member own a vehicle (car, trucks, van, etc.)? No Yes IF YES, complete the following:

Name(s) of Registered Owner(s)	Type of Vehicle	Model	Year	Value	Amount Owed

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QUESTIONS #13-20 ONLY APPLY TO MONTHLY ASSISTANCE APPLICATIONS

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13. Are the legal parents of all the children listed in Question 2 in the home? No (Complete below) Yes (skip to Question #15)

Absent Parent	Where do they currently reside?	Length of Absence	Reason for Absence?

14. Do you receive Child Support Payments? No Yes Not Applicable (No Absent Parent)
 IF YES, for whom? _____ How often? _____ How much? _____

15. Are you or anyone in your household disabled and receiving disability payments? No Yes IF YES, complete below

Name	Type of Disability Benefit

16. Are you receiving SNAP (Food Stamps)? No Yes: From which State/County: _____ Monthly Benefit Amount: \$ _____

17. Are you receiving housing assistance (subsidized)? No Yes IF YES, type? Public Housing-HUD Rent Subsidy

18. Are you receiving childcare assistance (subsidized)? No Yes
 IF YES: Type: State Funded Tribal Funded Local Funds Average monthly assistance amount: \$ _____

19. Do you or anyone in your household have: Medicaid Medicare AZ AHCCCS Other Medical Coverage: _____
 IF YES, from which State/County? NM AZ UT County: _____

20. Do you pay child support to anyone? No Yes (IF YES, complete the following:)

Amount	Name of Person You Pay Child Support To	Name Of Child(ren)	How Often

QUESTIONS #21 & 22 ONLY APPLY TO DIVERSION BENEFIT APPLICATIONS

21. Have you, or a household member, ever received Diversion Benefits from a Tribal/State Program? No Yes
 IF YES: From which State/Tribe? _____ When: _____ Amount Received: \$ _____
 Contact Person/Phone # _____

22. Does an adult household member have a barrier which is preventing them from accepting an offer of employment or is putting their current employment at risk? No Yes IF YES, complete the following:

a. WHO has the barrier? _____

b. WHAT is the barrier? _____

c. Name of Employer/Contact Person: _____ Phone Number: _____

ACKNOWLEDGEMENT/CERTIFICATION SHEET

INITIAL(S)	PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE YOU UNDERSTAND THE INFORMATION PROVIDED IN THE SECTION AND SIGN THE APPLICATION (For Two-Parent applications, both Parents must sign)
____/____	CUSTOMER RESPONSIBILITY - I understand and acknowledge I am responsible for providing complete and accurate information, reporting all changes that may affect my eligibility for DSR assistance/benefits within five (5) working days after the change occurs, and cooperating with DSR staff, including, if necessary, investigators.
____/____	* PERSONAL RESPONSIBILITY PLAN - I understand I am required to develop a "Personal Responsibility Plan" (PRP) within forty-five working days after approval for DSR assistance, comply with the provisions outlined in my PRP, and review my PRP with my assigned DSR staff every four (4) months. If I do not comply with these requirements a penalty may be imposed which will reduce my monthly assistance payment amount.
____/____	* WORK PARTICIPATION (WP) REQUIREMENTS - I understand adults included in a DSR assistance benefit group are required to participate in authorized work activities for a minimum number of hours each month. I understand that, if I am required to meet WP requirements and do not meet the minimum hours, my case will be subject to penalty. The types of work activities that are countable and the minimum number of hours I must participate have been explained to me.
____/____	* MONTHLY UPDATE REPORT (MUR) - I understand I must submit a MUR every month in order to continue receiving monthly assistance payments. If I fail to submit a MUR form, I understand that my next month's assistance payment will not be processed and my case may be closed.
____/____	* FAIR HEARING RIGHTS - I understand if I do not agree with a decision made on my application or assistance case, I have the right to appeal the decision by submitting a Request for Informal Hearing within twenty (20) working days from the postmark date on the notice.
____/____	CONFIDENTIALITY - I understand information obtained to determine my eligibility is confidential and, in compliance with the Navajo Nation Privacy and Access to Information Act, may not be released to a third party, unless I sign a Notarized Release of Information form authorizing the release of information to the third party.
____/____	RELEASE OF INFORMATION - I authorize DSR to contact any other agency to obtain information necessary to determine my eligibility for DSR assistance/ benefits. I also authorize DSR to access my information stored in the DSR data base to verify information I have provided and to prevent duplication of assistance.
____/____	FRAUD PENALTIES - I understand if I intentionally provide false information, or withhold information, in order to make my benefit group eligible for DSR assistance, which my benefit group would otherwise be ineligible to receive, I and my benefit group members may be disqualified from receiving DSR assistance. In addition, I may be subject to criminal penalties under applicable tribal, state or federal laws.
____/____	PAYMENT ERRORS - I understand a payment error will occur if I receive a monthly assistance payment that is more or less than I am eligible to receive. If I receive a payment for more or less than I was eligible to receive, I will immediately report this to the DSR. I understand I will be responsible for repaying the amount of assistance that I was not eligible to receive.
____/____	BACKGROUND CHECKS - I understand an individual is ineligible to apply for/receive DSR assistance if they were convicted of certain types of felonies; is a fugitive felon; or is violating the terms of their probation/parole. The types of felonies which would result in my disqualification have been explained to me. I understand DSR will conduct a Background check on all adults in my filing unit to verify that I/we have not been convicted of a felony which may disqualify me/us.
____/____	# DIVERSION: I understand I am eligible to receive only one (1) DSR Diversion Benefit in my lifetime. In addition, I understand if I receive a Diversion Benefit payment, I must submit original receipts verifying the full amount of the Diversion Benefit payment was used for its intended purpose. Finally, I understand that I and my entire benefit group will be ineligible to apply for DSR Monthly Assistance for a six (6) month period beginning on the date my Diversion Benefit is issued.

*** DOES NOT APPLY TO DIVERSION BENEFIT APPLICATIONS**

ONLY APPLIES TO DIVERSION BENEFIT APPLICATIONS

SIGNATURES

Head of Household's Signature

Print Name

Date

Spouse's Signature (Two-Parent Application)

Print Name

Date

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Interviewer's Signature

Title

Date

DRAW A MAP TO YOUR RESIDENCE (Identify landmark sites, location of significant buildings/structures, major roads. Indicate miles and direction.)

Miles from home to DSR Office: _____

Additional Information:

Use this page to provide additional information, questions, concerns, or comments.

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