Sac and Fox Nation
Human Services Department
920883 S. Highway 99, Building A, Stroud, OK 74079
Phone: (918) 968-3526, Ext. 2011/2010 • Fax: (918) 968-0142

General Assistance Guidelines and Document Checklist

General (Welfare) Assistance is assistance available to applicants that have no income and have been without income for at least 30 days. Applicants must provide proof of residence within the jurisdiction, tribal enrollment, and food stamps verification. Households with children must show proof of application for TANF benefits.

Employable applicants must register with Workforce Oklahoma and provide three (3) job searches each week while receiving benefits (form available upon request).

Medically unemployable applicants must provide verification from their physician regarding their condition (medical form available upon request) and proof of filing for disability benefits.

Documents Needed:

1. Completed Application (with a piece of mail that shows your name, address and has a current months postmark on envelope).
2. Release of Information Form.
3. BIA Fraud Notice Form.
4. CDIB / Tribal Enrollment verification for all household members.
5. Social Security Cards for all household members.
6. Photo ID/Driver's License for all household members over the age of 18
7. Residence verification form (to include: if buying/renting, a receipt for proof of rent, if free shelter, form signed by person staying with, if home is owned, a copy of the warranty deed).
8. Income Verification / Declaration of Income. (copy of income tax return may need to be submitted)
9. Health Form signed by doctor indicating length of *un-employability* (if claiming medical reason)/Copy of all appointment cards
10. Job Searches (3 per week – must submit each week, no exceptions)
11. Current letter for social security disability benefits/Worker's Compensation claims (if applicable, must have representation and must submit monthly status update letter)
12. Verification of application/denial for TANF-Department of Human Services. (copy of food stamps letter)
13. Unemployment/Workforce verification letter. (Copy of appeals for unemployment)

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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 statue, 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

Sac and Fox Nation
Human Services Department

APPLICATION for FINANCIAL ASSISTANCE and SOCIAL SERVICES

Date of Application: _____

Date of Interview: _____

Decision:
Approved; Date: _____ to _____: _____
Initials

Denied; Date: _____: _____
Initials

Reason for Denial:

Date of Redetermination _____ / _____

SHADED AREAS ARE FOR 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.

Members of Household (Last, First, Middle)	**Date of Birth**	**Sex** (M/F)	**Relation to Head of Household**	**Marital Status** (Married, Single, Widowed, Divorced, Common Law, Separated)	Highest Grade/ Degree Completed	**Social Security Number**	**Verified**	**Tribal Enrollment Number**	**Verified**
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

Section II: TYPES OF FINANCIAL ASSISTANCE AND SOCIAL SERVICES (Check type of Assistance or Services applying for)
[Items with an asterisk (*) require BIA Line Officer Approval & Signature; Cost-Sharing for Foster Care or Adoption Subsidy requires BIA Line Officer Approval &Signature]

	B. Child Assistance	**C. Adult Care Assistance**	**F. Services-Only**
A. ☐ **General Assistance** **D.** ☐ **Burial Assistance** **E.** ☐ **Emergency Assistance** **G.** ☐ **Information & Referral Only**	*□ Foster Care *□ Residential Care *□ Adoption Subsidy *□ Guardianship Subsidy *□ Special Needs *□ Homemakers Services	*□ Homemakers Services *□ Residential Care/ Group Home	□ 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		Unearned Income	
□ Wages/ Salary	Amount: $	□ Supplemental Security Income (SSI)	Amount: $
□ Alimony/ Child Support	Amount: $	□ TANF	Amount: $
□ Gifts/ Contributions	Amount: $	□ Food Stamps	Amount: $
□ Income Tax Refund (Federal/State)	Amount: $	□ Commodities	Amount: $
□ Insurance Settlement (Auto Accident, etc.)	Amount: $	□ Foster Care Payments	Amount: $
□ Interest/ Dividends (Bank Accounts)	Amount: $	□ Other (list) (Example: Carl Perkins P.L. 105-332)	Amount: $
Other (list): □ Lease Income (List)	Amount: $	□ Other (list) (Example: Alaska Native Corporation Dividend	Amount: $
□ Lottery/ Gaming Income (cash winnings)	Amount: $	Explain the Amount Approved and/or Disapproved- need to specify gross and net earnings. (Social Service Worker Section)	
□ 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: $		

Have you applied for TANF? □ YES □ NO Date: _____
Have you been terminated from TANF past 90 days? □ YES □ NO
Are you eligible to reapply for TANF? □ YES □ NO
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 Worker Signature Date Human Services Director

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 pertains. 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 any 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

IMPORTANT: Once you have finished reading the *Notification to the Client* you must sign and date Page 4 of the Application and check that you have read and understand all provisions of the Privacy Act/FOIA, the Fraud Statement, the Paperwork Reduction Act, and sign the Release of Information Statement.

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DECLARATION OF INCOME FORM

I, _____, do hereby declare that my total household income is $_____, and the size of my household is ____. I further certify that I meet the income guidelines for the _____ program assistance for which I am applying for.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

_____
Applicant's Signature

_____
Date

DISCLAIMER: If any member of an eligible household receives benefits from one of the following sources, the household is considered categorically eligible:

A. Recipients of TANF (Temporary Assistance for Needy Families) as stated in Sec. 2605(b)(2).
B. Persons receiving Food Stamps as stated in Sec. 2605(b)(2).
C. Persons receiving SSI benefits as stated in Sec. 2605(b)(2).
D. Persons receiving Veterans benefits as stated in Sec. 2605(b)(2).

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RELEASE OF INFORMATION

I, _____, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office
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
Other (specify): _____

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): _____

Any information exchanged will pertain to my eligibility to receive Financial Assistance and Social Services benefits or referral to other programs that would benefit me. By signing on the statement of cooperation (Page 4) I 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 my behalf. I 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 I request in writing to rescind said authorization.

_____ _____
Signature of Applicant Date

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BIA PROGRAMS FRAUD NOTICE

Fraud

Through the Bureau of Indian Affairs Financial Assistance and Social Services Programs, there are a variety of factors that we must consider when determining if an individual is eligible for assistance: residence, household members, income/resources, employment history, tribal membership, eligible/available resources, and health/employability. We rely on the information that you provide us to help in our determination of eligibility, as well as, information from other agencies. Any and all information that is provided will be investigated for accuracy.

Part 6. Code of Federal Regulations (CFR)
Title 25: Indians; Part 20-Financial Assistance and Social Services Programs; Subpart F-Administrative Procedures; 20.607 – What happens when applicants or recipients knowingly and willingly provide false or fraudulent information?

Applicants or recipients who knowingly and willingly provide false or fraudulent information are subject to prosecution under 18.U.S.C §1001, which carries a fine of not more than $10,000 or imprisonment for not more than five (5) years, or both. It will also result in the denial of your application.

I, _____, hereby authorize the Social Services workers to obtain or release all information necessary to verify eligibility for all my Social Services applications and have read and understand the above Code of Federal Regulations (CFR).

_____ _____
Signature of Applicant Date

_____ _____
Signature of Human Services Director Date

The Human Services Department strives to provide the best assistance in a timely manner. Your cooperation during this process will aid the social services worker in processing your application quickly. If you have any questions about this notice, please contact the Human Services Department at (800) 259-3970 ext. 2010 or 2011.

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RESIDENCE VERIFICATION
(BUYING/RENTING)

- **This is a legal document** – Any statements made on this form are subject to verification and subject to prosecution in Federal Court if any of the statements made are found to be false.

- To the landlords who are friends/relatives: Income received from rent will be counted as income for YOU on application with General Assistance.

- To the client: this form is not a payment receipt. You will need a separate and formal payment receipt with this form each month services are requested in order to be considered a BUYER/RENTER. Copy of receipt, money order, or check stub only-written statements are not acceptable.

To the Sac and Fox Nation of Oklahoma, _____ is buying/renting from me at (Physical address only-use rural route or actual street address; NO **PO BOX** addresses):

_____

_____

Date Rental Agreement Began: _____

Finding Directions (include description of house, road name/number, and 911 numbers):

_____

_____

They are currently paying $_____ per month rent.

_____	_____
Signature	Date
_____	_____
Business Phone	Other Contact Number
_____	_____
Mailing Address	City, State, Zip Code

UNITED STATES CODE, Title 18, 1001: Statements or entries generally whoever in any matter within the jurisdiction of any department agency of the United States knowingly and willfully falsifies, conceals or covers up any trick , scheme, or devise a material fact, or makes any false or fictitious or fraudulent statements or representation, or makes or use any false writing or document 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. June 25, 1948. C 645. 62 Stat. 749

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RESIDENCE VERIFICATION
(FREE SHELTER)

- **This is a legal document** – Any statements made on this form are subject to verification and subject to prosecution in Federal Court if any of the statements made are found to be false.

- To the person applicant is staying with: by signing this form you are making a legal statement verifying that a particular person or persons are living with you in the Sac and Fox jurisdiction. You are subject to prosecution if you sign this form verifying a person is living with you if they are not.

- To the client: this form must be completed each month services are requested. You are subject to prosecution if you submit this form and are found to not be residing at this residence and/or in the Sac and Fox jurisdictional area.

To the Sac and Fox Nation of Oklahoma, _____ is staying/living with me, rent free, at (Physical address only-use rural route or actual street address; NO **PO BOX** addresses):

_____

_____

Date client began living with me: _____ Current month: _____

Finding Directions (include description of house, road name/number, and 911 numbers):

_____

_____

_____	_____
Signature	Date
_____	_____
Business Phone	Other Contact Number
_____	_____
Mailing Address	City, State, Zip Code

UNITED STATES CODE, Title 18, 1001: Statements or entries generally whoever in any matter within the jurisdiction of any department agency of the United States knowingly and willfully falsifies, conceals or covers up any trick , scheme, or devise a material fact, or makes any false or fictitious or fraudulent statements or representation, or makes or use any false writing or document 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. June 25, 1948. C 645. 62 Stat. 749

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HEALTH EXAMINATION FORM

To the Physician: Please return this health report either to the client or to the address listed above.

To the Client: Only original medical forms will be accepted, and **MUST BE** signed by physician only.

_____
Last Name First Name Middle Name Gender Date of Birth

_____
Street Address City State Zip Code

1) Patient's complaint: _____
2) Diagnosis:
   i) _____
   ii) _____
   iii) _____

3) Comment on patient's ability to perform gainful employment: _____
   _____

4) Recommendations for treatment as given to patient by primary physician:
   i) _____
   ii) _____
   iii) _____

5) Has patient been adhering to prescribed medication/therapy treatment? ☐ Yes ☐ No
6) Employability of Patient: ***(Check only one)***

   i) ☐ Not Employable: If so, please circle approximate length of time
      1 month 2 months 3 months Indefinite

   ii) ☐ Light Manual Labor

   iii) ☐ Heavy Manual Labor
7) Additional comments: _____
   _____

_____ _____
Signature of Physician Date

_____ _____
Hospital/Physician Office Address Telephone Number

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JOB SEARCH VERIFICATION

DATE: _____

APPLICANT NAME: _____

Dear Potential Employer:

Your agency is not obligated to hire the above named individual. Participants in the Sac and Fox Nation Human Services Program who are eligible for employment are required to demonstrate that they are actively seeking employment. Please fill out the bottom of this letter and return to the applicant.

****

This is to certify that the above named person has applied for employment with our agency.

_____ Yes, there is work available at this time and application was submitted.
For the position of _____

_____ No, there is not work available at this time and no application was submitted.

Company Name: _____

Address: _____

City: _____ Zip Code: _____

Business Phone Number: _____

_____

Official Representative Job Title Date

Human Services Participant:

Job search verification must be completed in person or online via the internet, no phone calls. If you have completed an application online, a printed copy of the completed application or printed verification from the company must be submitted with the job search. Job searches are subject to verification by the Human Services Department.