



**Cook Inlet Tribal Council
Tribal Temporary Assistance Program**

ELIGIBILITY REVIEW FORM

Office Use Only D.O. Date Rec'd _____ Fee Agent Date Rec'd _____ Fee Agent Signature: _____ _____ _____
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Check Box for All Programs Due for Review:

- Tribal Temporary Assistance
 Adult Public Assistance
 Food Stamps
 Medicaid

NOTE: You need to complete only one review form for all programs that are due for review this month.

Be sure the form is complete and remember to sign the statement at #15 to avoid processing delays. If you need more space for any answer, use another piece of paper. Please print clearly.

Name		Case Number
Mailing Address		
Residence Address (if different from mailing address)		
Home Phone Number	Message Phone Number	Work Phone Number

1. HOUSEHOLD INFORMATION: List all persons who live with you. List yourself first. **Disclosure of your Race and Ethnicity information is voluntary and will not affect your eligibility or level of benefits. This information will be used to assure that program benefits are distributed without regard to race, color or national origin.*

Name (First M I Last)	Relation to You If not related write NR.	Date of Birth	Social Security Number	US Citizen?	*Ethnicity (optional) Hispanic or Latino?	*Race (Optional) Select one or more: AN - Alaska Native AI - American Indian AS - Asian BL - Black/African-American PI - Native Hawaiian/Pacific Islander WH - White
	Self			Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH
				Yes No	Yes No	AN AI AS BL PI WH

Is anyone in your household pregnant? ***Please provide medical proof with due date.***

- Yes No If yes, who? _____

Has anyone in your household received assistance from the Food Distribution Program on Indian Reservations (FDPIR) in Alaska or any other state?

- Yes No If yes, who and when? _____

Has anyone been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996?

- Yes No If yes, who? _____

Is anyone in your household attending postsecondary education at a college or university? Yes No

If yes, who? _____

ASSETS INFORMATION:

2. List all vehicles owned or being purchased by you or anyone in your household. *Include cars, trucks, boats, motorcycles, RVs, ATVs, snowmobiles, etc.*

Owner's Name	Type of Vehicle	Model / Year	How Used?	Amount Owed	Current Value
				\$	\$
				\$	\$
				\$	\$
				\$	\$

3. List any houses, cabins, property, stocks, bonds, or other assets you or anyone in your household owns or is buying. List any life insurance policies or burial accounts or policies you or anyone in your household owns, and the current cash value of the account or policy.

Owner	Type of Property/Asset	Value	Owner	Type of Property/Asset	Value
		\$			\$
		\$			\$
		\$			\$
		\$			\$

4. List how much money you or anyone in your household has in cash and bank accounts. *Please provide a copy of your most recent bank statement for each account.*

Name(s) on Account	Name of Bank/Credit Union & Branch	Account Number	Balance
			\$
			\$
			\$
	Cash on Hand		\$

5. List anyone in your household who belongs to a Native Corporation.

Shareholder Name	Native Corporation	Shares Owned	Amount/Date of Last Dividend

6. Do you or anyone who lives with you own a commercial fishing permit or IFQs? Yes No

If yes, Permit/IFQ Number

Value

\$

MONEY RECEIVED INFORMATION:

7. Complete if you or anyone in your household is working. *Please provide three or four most recent pay stubs. If self-employed, attach proof of income and expenses.*

Person Employed	Employer	Hours Worked	Hourly Wage	How often paid?
		per week		

Will anyone's job, wages or hours of work change soon? Yes No If yes, please explain.

8. List any other money you or anyone in your household receives. *Include Social Security, SSI, BIA, VA, retirement, unemployment insurance, Worker's Compensation, Native assistance, child support, cash gifts, etc. Please attach proof.*

Who Receives	Income Source	Amount	Who Receives	Income Source	Amount
		\$			\$
		\$			\$
		\$			\$

Do you expect any changes to your income? Yes No If yes, please explain. _____

Does anyone work in exchange for food, shelter, utilities, etc.? Yes No If yes, please explain. _____

HOUSEHOLD EXPENSE INFORMATION:

9. Complete if you or anyone in your household has any of these monthly expenses. *Please provide proof of the obligated monthly rent amount, utility costs, and yearly property tax and insurance amounts.*

Expense Type	Monthly Amount	Expense Type	Monthly Amount	Expense Type	Monthly Amount
Rent/ Mortgage	\$	Telephone	\$	Heating Oil	\$
Lot or Space Rent	\$	Electricity	\$	Natural Gas	\$
Property Tax	\$	Water / Sewer	\$	Wood / Coal	\$
Home Insurance	\$	Garbage Collection	\$	Other _____	\$

Are you responsible for paying the cost of heating your home? Yes No

If yes, what fuel do you heat your home with? _____

If you share payment of these expenses with anyone, or receive assistance paying the expenses (such as rental assistance or heating assistance), please explain. _____

10. Complete if anyone in your household has expenses for the care of a child, or an elderly or disabled adult. *Please provide proof of amounts paid for the last two months.*

Child / Dependent Name	Monthly Care Cost	Child / Dependent Name	Monthly Care Cost
	\$		\$
	\$		\$

Do you get money to help pay dependent care costs? Yes No If yes, how much? _____

From whom? _____

11. Complete if you or anyone in your household pays child support. *Please provide proof of your monthly obligation and the amount paid in the last two months.*

Who Pays Child Support	Who Do They Pay	How Much	When
		\$	
		\$	

12. Complete if you or anyone in your household is over age 59 or disabled, and has medical expenses. *List the person and provide proof of these expenses.*

Person with Medical Expense	Amount	Person with Medical Expense	Amount
	\$		\$

If you expect any changes in your household expenses or circumstances, please explain: _____

13. MEDICAID REVIEW: Complete if you or anyone in your household receives Medicaid

In the past twelve months, did you or anyone in your household receive treatment at a hospital because of an accident or illness for which someone else was responsible to pay? Yes No If yes, please explain what happened and who is responsible to pay for treatment. _____

Have you or anyone in your household had employer-based health insurance coverage begin or end in the last twelve months? Yes No If yes, please provide the name and address of the employer, the name and phone number of the insurance company, and a copy of the front and back of your insurance card. _____

If you or anyone in your household has health insurance please complete the following table. (*Health Insurance includes: Tricare, Medicare A&B, Worker’s Compensation, IHS, Native Health, Veteran/Military, Blue Cross, Aetna, AlaskaCare, school insurance, or any employer-based health plan.*)

Covered Household Member	Insurance Company	Policy Number	Name of Policy Holder	Insured through job? Yes/No	Date Coverage Began	Check Benefits Covered					
						Hospital	Physician	Drugs	Dental	Vision	Other

14. AUTHORIZED REPRESENTATIVE:

I have asked this person to help with my public assistance case.

Name: _____ Phone Number: _____

15. STATEMENT OF TRUTH:

I have read and understand the rights and responsibilities section attached to this form. Under penalty of perjury or unsworn falsification, I certify the statements made on this review form and during any related interview for assistance regarding the persons in my home, the income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

SIGN HERE _____
 Applicant Signature Date Other Adult Applicant Signature Date

Cook Inlet Tribal Council, Inc.
 3600 San Jeronimo Drive, Anchorage, AK 99508
 Phone (907) 793-3300 Fax (907) 793-3394
Authorization to Obtain Personal Information

Participant's Name: _____ DOB: _____ Last four digits of SSN: _____
 I (_____ Participant _____ Parent _____ Legal Guardian) hereby authorize Cook Inlet Tribal Council (CITC) to:
 _____ Obtain protected health and other information as indicated below.

The Participant's signature below authorizes CITC to obtain protected health information and personal information from the following organization(s).
 Name: Housing, Financial, & Employment Institutions
 (Facility, Organization, or Individual Name)
 Address: _____ Phone/Fax: _____

PURPOSE OF INFORMATION: At the request of the participant for the purpose of treatment or services. I understand that although this ROI provides CITC with the authority to obtain my information, CITC policies require that only the minimum necessary information be obtained for the provision of services. Other specifications, if any: _____ _____ Psychotherapy Notes CANNOT be released with this Authorization – see Psychotherapy Authorization to obtain those records	WRITTEN (W), ELECTRONIC (E) AND/OR VERBAL (V) INFORMATION RELEASED: (circle and initial all that apply) W / E / V <input checked="" type="checkbox"/> Application for Services W / E / V <input checked="" type="checkbox"/> Income and Wages W / E / V _____ Admission Summary W / E / V _____ Health History/Physical Records W / E / V _____ Psychosocial History W / E / V _____ Lab Reports (OCS and PO) W / E / V _____ Treatment Plan (clinical) W / E / V _____ Medication Records W / E / V _____ Discharge Status W / E / V _____ Career Development Assessment W / E / V _____ Psychological Evaluation W / E / V _____ Psychiatric Evaluation W / E / V _____ Attendance/ Progress Report W / E / V _____ Education assessments* W / E / V _____ Immunization Records W / E / V _____ FAS/FASD Assessments W / E / V <input checked="" type="checkbox"/> Billing Information W / E / V _____ Legal History W / E / V _____ Service Plan (non-clinical) W / E / V <input checked="" type="checkbox"/> Housing W / E / V _____ Other (specify) _____
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***I give permission for the exchange of any and all information required for these purposes, including but not limited to grades, personal information, attendance, test scores, date and place of birth, schools attended, tribal affiliation, educational barriers, applicable community agencies and other information through Zangle and other resources between CITC and ASD, and within CITC. This exchange is permissible until this release expires, even if I am no longer a student of ASD or participant of CITC. I understand that I may request a copy of the records being released at any time.**
 _____ (initials)

- I understand that: (1) I can refuse to authorize the release of any personal health information (PHI); (2) I am not required to release PHI in order to ensure health care treatment, payment, enrollment, or eligibility for health care benefits; (3) I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524; (4) the information released may include information regarding Psychiatric Treatment (except psychotherapy notes), Substance Abuse Treatment/Rehabilitation, Medical Treatment, and HIV status. I give specific authorization for these records to be used and disclosed. If I have questions about disclosure of my health information, I can contact the CITC Privacy Officer at 907-793-3403.
- I understand that; (1) I have a right to revoke this authorization at any time; (2) if I revoke this authorization I must do so in writing and present my written revocation to CITC for PHI records, and by telephone for substance abuse treatment records; (3) the revocation will not apply to information that has already been released in response to this authorization; (4) the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise revoked, this authorization will expire on the following date : _____
If this space is left blank, this authorization will be presumed to expire two (2) years after the signature date below.

- I understand that my alcohol and/or drug treatment records (if any) are protected under the Health Insurance Portability Accountability Act of 1996 (HIPAA), and its enacting regulations, and that, depending on the nature of the record and treatment involved, my records may also be protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2. I understand that only health information covered by 42 CFR Part 2 (alcohol and drug abuse records), will continue to be protected by law from redisclosure once it leaves CITC. However, if the information is covered only by HIPAA, it is subject to redisclosure by the recipient and may no longer be protected. I understand that my records cannot be disclosed by CITC beyond what is permitted under this authorization without my written consent, unless provided for by the regulations.

_____ **Check if information being disclosed is subject to 42 CFR part 2 (alcohol and substance abuse treatment).**
NOTICE TO RECIPIENT – PROHIBITION ON REDISCLOSURE IF BOX IS CHECKED: This information has been disclosed to you from records that may be protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from further disclosing this information unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

By my signature below, I indicate that I have read this document or have had it read to me, that I fully understand its meaning, and that I consent to its terms knowingly and voluntarily.

 Signature
 _____ / ____ / ____
 Date
 _____ / ____ / ____
 Date

Signed copy received by participant: _____ Yes _____ No, participant declined copy

COOK INLET TRIBAL COUNCIL TRIBAL TEMPORARY ASSISTANCE TO NEEDY FAMILIES

REQUEST FOR CONTACT PERSONS AND ORGANIZATIONS

We contact persons or organizations that can verify your situation to determine your eligibility for temporary assistance. When we contact these persons or organizations, we tell them our name, title, and that we work for Cook Inlet Tribal Council Tribal TANF Program or the Division of Public Assistance. We are prohibited by law from telling them anything about you or about your Temporary Assistance Case.

The information we most often need to verify is where you live, who lives with you, and your household's income and resources. We may also ask for information about absent parents for Temporary Assistance and Medicaid applicants.

Please provide the information requested below:

NAME OF SOMEONE WHO KNOWS YOU WELL _____

RELATION TO YOU _____

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

NAME OF SOMEONE WHO KNOWS YOU WELL _____

RELATION TO YOU _____

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

NAME OF LANDLORD _____

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

FINANCIAL INSTITUTION (BANK, CREDIT UNION) _____

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

EMPLOYER _____

MAILING ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

PARTICIPANT APPEAL

If you disagree with an action taken by the CITC Tribal TANF program that affects the benefits, you may file an appeal within 30 days of action. You may continue to receive Tribal TANF benefits until a CITC agency appeal decision is made if you request in writing continuing cash assistance. If the appeal decision is not in your favor, you will be responsible to pay back any extra benefits you received while awaiting the appeal decision.

CITC CLIENT GRIEVANCE

If you disagree with the services offered, or the way you are treated, you must follow the client grievance procedure outlined in CITC Policy #3.100.

The first step in either an appeal or grievance is to contact the staff with whom you have a complaint to attempt to resolve the disputed action.

If you are unable to resolve the disputed action with the staff, you then meet with the staff's supervisor who will work with you to resolve the complaint.

For a grievance, if your complaint remains unresolved, you then provide a written complaint to the CITC CRP Officer at 3600 San Jeronimo Drive, Anchorage, AK 99508. You will work with the CRP officer until a solution is reached.

CHANGES IN HOUSEHOLD CIRCUMSTANCES

You must report changes in your household within 10 days of when you learn of the change. You may do this by contacting the CITC Tribal TANF office by phone, in person or in writing. You are required to report the following changes:

1. Changes in employment-starting or stopping a job, change in wage rate, change from part-time to full-time or full-time to part-time.
2. Changes in the source of unearned income and changes in the amount of total unearned income greater than \$50.00 per month. (Examples: Social Security or Unemployment)
3. When someone moves into or out of your home (report within 5 days when a child is/or going to be absent)
4. If you change your residence or get a new mailing address; you need to verify your new shelter costs if you move or we cannot use them in calculating your benefits.
5. If your household gets a vehicle or sells any item to obtain cash.
6. If your household has more than \$2000 in cash and money in bank accounts.
7. Changes in your legal obligations to pay child support

WORK/SCHOOL REQUIREMENTS

Tribal Temporary Assistance is a Work First program. To receive Tribal Temporary Assistance you may have to participate in work activities. Tribal Temporary Assistance participants must meet with their case manager and develop a family self-sufficiency plan that lists steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are employed and voluntarily reduce your hours or income without good cause and do not have approval from the case manager, a job quit penalty may be applied to the case. If you are an unmarried minor parent, to receive Tribal Temporary Assistance you must live with a parent or in another approved living arrangement and attend school or training. If you have school age children they must be enrolled and attending school. Failure to provide school attendance and grade verification reports may result in a penalty may being applied to the case. If you do not fulfill these work and education requirements, or minor parent requirements your cash assistance benefits may be reduced or ended.

HOME VISITS

A CITC Tribal Temporary Assistance worker may visit your home and may contact other people to verify your eligibility for assistance for any or all of the following reasons: household composition, residence, and/or income and resources. If you do not cooperate with the home visit, your TANF case will be closed. A home visit may also be conducted if you are under a Tribal Temporary Assistance penalty. It is in your best interest to cooperate with a penalty home visit. If there is no cooperation, your assistance could be further reduced or ended. For these several types of home visits, no appointment will be set up with the participant ahead of time.

FRAUD PENALTY WARNINGS

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get Tribal Temporary Assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible. You must repay any benefit you wrongly receive.

WARNING: Any information you provide to Cook Inlet Tribal TANF Program may be used against you in a Court of Law or for implementing an Administrative Disqualification Hearing which will result in an Intentional Program Violation disqualification from Tribal TANF.

If you misrepresent your residence or identity to receive multiple benefits, you can be barred from receiving Tribal Temporary Assistance for 10 years.

Other penalties may also apply.

POST TRIBAL TANF SERVICES

If your Tribal TANF case closes because of earnings, you may still be eligible for other services to help your family move from welfare to work. Tribal TANF recipients may get child care assistance and caseworker support when their case closes for earnings, please contact the CITC Tribal TANF office for more information.

You may also be eligible for additional services offered by the State of Alaska Division of Public Assistance such as Food Stamps and Medicaid, please contact your case manager or nearest Division of Public Assistance Office for more information.

CHILD SUPPORT INFORMATION AND COOPERATION

Alaska must collect child support and medical support from any parent who has the duty to pay support to a Tribal Temporary Assistance recipient. This includes any money owed to you at the time you apply, as well as current and future child support payments.

Any child support payments given or paid to you while receiving Tribal Temporary Assistance benefits must be reported and turned over to the CITC Tribal Temporary Assistance Program immediately. If you wish to change a child support order, you must obtain a new court order or get permission from the State of Alaska Child Support Services Division (CSSD).

Note: If you believe you have a good reason not to cooperate with CSSD for the Tribal Temporary Assistance program, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

When you apply for Tribal Temporary Assistance you must:

- Sign over to the CITC Tribal Temporary Assistance Program your right to receive and keep child support payments due to you or to a child on Tribal Temporary Assistance.
- Cooperate with the Child Support Services Division (CSSD) by providing information to establish paternity, help locate an absent parent, and enforce a child support obligation.
- Non-cooperation with CSSD can result in a penalty applied to the case or case closure.

AMERICANS WITH DISABILITIES ACT OF 1990

Cook Inlet Tribal Council, Inc. complies with Title II of the Americans with Disabilities Act of 1990. If you have questions, contact the CITC Corporate Affairs Officer at (907) 793-3407.

SOCIAL SECURITY NUMBERS

You must provide or apply for a social security number for yourself and each household member for whom you are seeking benefits from the CITC Tribal Temporary Assistance program (42 CFR 435.910). Cook Inlet Tribal Council will use social security numbers to access information from the Social Security Administration data system.

SPENDING POLICIES FOR TANF ASSISTANCE PROGRAMS: Under Federal Law (section 4004(c) of P.L. 112-96) it is illegal to make purchases with or to access the cash benefits on EBT cards at any ATMs that are located in bars, liquor stores, gambling or adult entertainment establishments. If you fail to abide to this policy a payee may be required.

I certify that I have read and understand the entirety of this document.

Signature of Participant/ Date

Signature of Other Adult/ Date