

NOTIFICATION TO CLIENT

Before the Bureau of Indian Affairs can give social services help, it must get information about your and your family. The authority which authorizes the Bureau to provide such help and to ask for the needed information in the Act of Congress passed on November 2, 1921. It is published in Title 25 of United States Code at Section 13 and is usually called the Synder Act. The only information you need to give is that necessary for social services to decide if you qualify for help. That is the main purpose it will be used for.

Under the Privacy Act, 5 U.S.C. 552(a) Sect. 7(a)(1)(2), social services cannot give out the information you give the caseworker except social services can share this information with other Federal, State, 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 for some other benefits and for law enforcement purposes. This can be done without your written consent. For an y other person or program wanting information from your case record file, you just first give your written consent. You have a right to know what information is in your case record and you can ask to see it. If you believe some information is inaccurate, ask your caseworker about how to change the information in the case record.

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 review of the decision by seeing your caseworker or supervisor. You also may file an appeal and have a hearing. The policy for social services is in Title 25 of the Code of Federal Regulations at Part 20 and in Part 66 of the Bureau of Indian Affairs Manual.

The amount of grant assistance you may receive is based on State standards of public assistance less your income and resources. The information you give must be accurate. If your circumstances change, you must report this to your social services office. In this way, social services can give you the proper assistance you are eligible to receive.

On the other side of this form is a copy of the application you made for social services and it contains the majority of information used to decide your eligibility for social services.

Within limits of the authority, the social services program want to help you. Ask your caseworker to more fully explain any of the information given above. If you give inaccurate information and receive assistance to which you are not entitled, you must pay it back.

The Federal Law concerning fraud states..."Whoever, in any matter withing the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false fictitious or fraudulent statement or entry will be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature _____

Date _____

PRIVACY REDUCTION ACT AND PRIVACY ACT STATEMENT

This information is being collected to determine the degree of unmet need and arrangement for assistance. This information will be used to determine the eligibility of applicants for financial assistance or other services. Response to this request is required to obtain a benefits in accordance with 25 U.C. 13.

Public reporting for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, an completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Information Collection Clearance Officer, Bureau of Indian Affairs, Mailstop 337-SIB, 18th & C Streets, NW, Washington D.C. 20240; and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C. 20503.

US. DEPARTMENT OF INTERIOR BUREAU OF INDIAN AFFAIRS FAMILY PROFILE

List people in your household, include yourself	Birth Date			Sex	Social Security No.	Tribe	Relationship	Marital Status	Highest Edu. Level
	Mo/Day/Year								
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Children not in your home:

Name _____ Marital Status _____

Address _____

Date of Birth _____

Emergency Contacts: _____

Name _____

Relationship _____

Religious Affiliation

Name

PERSONAL AND SOCIAL HISTORY**HEALTH**

Do you have any health problems (physical or mental) which require ongoing medical attention? () Yes () No

Do they affect your ability to do certain kinds of work? () Yes () No

If yes, please describe the problem(s) in your own words:

Have you been diagnosed disabled for any purpose? () Yes () No

If yes, by whom?

Diagnosis:

Please list the name, address, and phone number of your regular doctor(s) and /or therapist(s). Also note the date of your last appointment.

NAME	ADDRESS	PHONE	DATE

If you are receiving mental health treatment, how often do you see your doctor, counselor, or therapist?

Are you currently taking any prescribed medication or pills? () Yes () No

If yes, please list:

Do you have any other medical, emotional, or dental needs that you currently need help with? () Yes () No

If yes, please describe:

Have you been to the emergency room any time in the past year? () Yes () No

If yes, please give date and reason:

Have you been hospitalized any time during the past three years? () Yes () No

If yes, please give date and reason:

Do you have any allergies? () Yes () No

If yes, please describe:

Do you have, or have you had in the past, any convulsions, seizures, or blackout spells? () Yes () No

If yes, when was the last spell and how frequently do they occur?

When was your last complete medical exam? Date: _____ (Month/Year)

Do you use alcoholic beverages or other addictive drugs? () Yes () No

Alcohol () Yes () No How often per day _____ per week

Other drugs () Yes () No How often per day _____ per week

Have you ever received alcohol or other drug abuse treatment? () Yes () No

If yes, please list location, dates (month and year), and type of program (i.e. inpatient, outpatient).

LOCATION	DATES (from and to)	TYPE OF PROGRAM

Do you presently attend any alcohol or other drug abuse support groups/meetings? () Yes () No

If yes, how often?

Are you presently on Antabuse? () Yes () No

Are you or anyone close to you concerned about your use of alcohol or other drugs? () Yes () No

LEGAL ISSUES

Have you ever been convicted of a felony? () Yes () No

If yes, give type of conviction, sentence, and dates:

CONVICTION	SENTENCE	MONTH/YEAR

Are you presently on probation or parole? () Yes () No

If yes, please explain:

Probation/Parole Officer's Name:

Are you currently awaiting a court trial/hearing? () Yes () No

If yes, please give trial/hearing date:

Are you currently awaiting a court sentence? () Yes () No

If yes, please give sentencing date:

TRANSPORTATION

What means of transportation do you normally use?

Is there a bus services close to where you live? () Yes () No

Do you have a Driver's License? () Yes () No

Regular Operator's () Other

Chauffeur's () Restrictions

Do you have a dependable vehicle/driver for work, school, appointments, etc.? () Yes () No

RECORD OF INCOME AND RESOURCES

HOME

[] Owned value \$_____ Balance Due \$_____ Payments \$_____ [] Per Mo. [] Per Year

[] Rented Monthly Rental \$_____ Subsidized Unsubsidized

[] Free Shelter

Type: [] Very Poor [] Poor [] Adequate No. Of Rooms_____ Source of Water Supply_____ **REAL**

ESTATE

Total No. Of Acres : Owned_____ Assigned_____ Allotted_____ Undivided Interest

Is land operated by family? [] Yes [] No If yes, how many acres?

Estimated annual net income from farming and/or ranching: \$

Is all or part of land leased? [] Yes [] No If yes, give # of acres leased

Total annual rentals \$_____ Name of lessee

Name of lessee

LIVESTOCK-Enter information on livestock in possession of family group

Kind

Name and Address of Creditor

VEHICLES

Type	Make	Model	Est. Value	Mthly Pmt	No. Pmts Due
Car Truck			\$	\$	
Car Truck			\$	\$	
Car Truck			\$	\$	
Car Truck					
Year					

SOCIAL SECURITY Information	Entitlement Cleared	Benefit Amount
	Yes No	
Name of W/E or Beneficiary	Yes No	

SS/AN or CN

PENSIONS AND BENEFITS (Includes Public Assistance and Unemployment Insurance, etc)

Name of Recipient
 Kind of Payment
 Amount of Payment

VETERANS	Branch	Benefit Amount
Name of Veteran		\$
Dates of Service	VA Claim No.	

UNEARNED INCOME-OTHER SOURCES

Name of Person

Annual Amount

\$ \$

Month Available

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS
EDUCATION/EMPLOYMENT INFORMATION**

EDUCATION HISTORY

Circle the highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

Check those that describe your educational experience.

DATE RECEIVED (Mo/Yr)

- () GED
- () H.S. Equivalency Diploma
- () High School Diploma
- () Vocational Certificate Subject: Other _____ Type:
- () Associate Degree Subject:
- () Bachelor's Degree Subject:

If you did not complete high school, briefly state reason why:

If you started, but did not complete, your GED tests, please indicate those you successfully completed, and when you completed them.

GED TEST	DATE COMPLETED (MONTH/YEAR)

Have you had any post high school educational training that you started but did not complete? Yes No

If yes, please describe:

Was any part of your schooling in Special Education classes? Yes No

Were you ever diagnosed as having a Learning Disability? Yes No

What were your favorite classes/subjects in school?

What were your least favorite classes/subjects in school?

Have you received any other vocational or job-related training from an employer, in the military, or while incarcerated? Yes No If yes, please describe:

Do you have any special trade licenses, certificates, or union affiliation? Yes No

If yes, please describe:

Are you interested in receiving any additional vocational or job-related training? Yes No

If yes, please describe:

What would keep you from seeking vocational or job-related training? Check all that apply.

lack of money undecided career goals family members/friends not supportive

don't know how to go about it lack of motivation other:

no transportation defaulted student loan(s)

Are you permanently laid off and possible eligible for specialized training? Yes No

Are you able to speak the English language?

read the English language?

write the English language?

comprehend the English language? List all the languages that you are able to communicate in :

EMPLOYMENT HISTORY

Start with the most recent employment. Do not include work relief or volunteer work.

Name of employer:

Location:

Start Date: (Month/Year)

End Date:

Month/Year)

Job title and duties/responsibilities:

Likes and/or dislikes of the job:

Reason for leaving job:

Name of employer:

Location:

Start Date: (Month/Year)

End Date:

(Month/Year)

Job title and duties/responsibilities:

Likes and/or dislikes of the job:

Reason for leaving job:

Name of employer: _____ Location: _____

Start Date: (Month/Year) _____ End Date: (Month/Year) _____

Job title and duties/responsibilities: _____

Likes and/or dislikes of the job: _____

Reason for leaving job: _____

COMMENTS: _____

Please list activities/hobbies you do, or have done, that may be related to work skills. Include volunteer or other work experience (for example, work relief) you haven't mentioned elsewhere.

List office machines, and other work related machines you are able to operate.

Do you type? Yes No If yes, approximately how many words per minute? _____ WPM

How often did you miss work due to illness, personal reasons, etc?

once or twice a week once or twice a month three or four times a year

Reason for absenteeism or tardiness for work: (Check all that apply)

lack of transportation did not get along with co-workers

child care problems did not get along with boss/supervisor

did not like work hours did not like job duties/work conditions

sickness/health problems pay was too low

alcohol or other drug abuse other (explain)

Military service: Yes No

Dates served (month and year) From: _____ To: _____

Branch of service: _____

Duties: _____

Discharge type: _____

If less than honorable discharge, please explain:

Are you a Vietnam era veteran? Yes No

Are you a disabled veteran? Yes No

Are you considering military service? Yes No

JOB SEEKING EXPERIENCE

How many employers have you personally contacted while looking for a job in the past 6 months?

0 to 5 10 to 20 50 to 100

5 to 10 20 to 50 over 100

When was the last time you actively looked for a

job? _____

Have you been successful in getting interviews? Yes No

What reasons have employers given you for not hiring you?

G:\Css\GA Application.doc

What do you feel have been your biggest problem(s) in looking for a job? Check all that apply.

- finding out about job openings
- no resume
- getting employers to interview me
- transportation
- lack of child care
- lack of work experience
- lack of job related skills
- other:
- inability to communicate effectively
- lack of motivation
- attitude
- appearance
- health problems
- legal problems
- employer bias or prejudice due to :
 - race
 - sex
 - age

Have you completed job application forms? Yes No

Do you have difficulties completing application forms? Yes No

If yes, please explain:

Do you know how to write a resume? Yes No

Do you have an updated resume? Yes No

Do you know how to write letters of application? Yes No

Have you written letter of application? Yes No

Indicate by check mark, if you are presently active or have ever been involved with any of the following agencies/programs.

- Private Industry Council (PIC)
- Division of Vocational Rehab (DVR)
- Career Center
- Goodwill Industries
- Curative Workshop
- JTPA
- Summer Youth Program
- Jail Alternatives
- WIN
- WEOP
- Learn fare
- other:

VOCATIONAL VALUES, INTERESTS AND GOALS

List the jobs or corporations you are interested in obtaining. List the most important choice first.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Here is a list of various things people look for in a job. Decide what YOU think is the most valuable to you. Read over the list once or twice and identify the 6 most important things YOU look for in a job. List 1 as the most important, 2 as the second, and so on.'

- | | |
|-----------------------------------|--------------------------------------|
| Satisfaction | Enjoyment |
| Rate of Pay (\$ /hr) | Vacation plan |
| Location | Paid Holidays |
| Use of training | Sick leave |
| Reputation of employer | Retirement plan |
| What shift or days you would work | Union |
| Safe working conditions | Likeable co-workers |
| Chances for advancement | Accessible |
| Insurance plan | Likeable boss |
| Clean work area | Use of natural ability |
| Quiet work area | Approval of family/friends |
| Job security | Be able to wear nice clothes to work |

If you are willing to move to get a job, where would you move to? _____

What hours/shifts could you work taking into consideration you child care and transportation needs?

- days
- afternoons
- evenings
- nights

G:\Css\GA Application.doc

Please check all types of work you are not able to due to medical reasons.

- | | | | |
|------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> any lifting | <input type="checkbox"/> light lifting | <input type="checkbox"/> medium lifting | <input type="checkbox"/> heavy lifting |
| <input type="checkbox"/> prolonged standing, walking | <input type="checkbox"/> prolonged sitting | <input type="checkbox"/> bending, stooping | |
| <input type="checkbox"/> climbing, balancing (i.e. ladder) | <input type="checkbox"/> indoors | <input type="checkbox"/> outdoors | |
| <input type="checkbox"/> near dust, fumes, etc | <input type="checkbox"/> near dirt, grime | <input type="checkbox"/> in extremes of cold | |
| <input type="checkbox"/> in extremes of heat | <input type="checkbox"/> near noise, high activity area | <input type="checkbox"/> working alone/isolated area | |

Please explain any limitations you've listed above.

Do you think you have enough education, training, skills, work experience and/or motivation to get the kind of job you want?

Check all that apply.

- | | | |
|-----------------|------------------------------|-----------------------------|
| Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work Experience | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motivation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I(We) apply for financial assistance for social services for the listed members of my(our) household who are in need.

I(We) have received a copy of, have had explained to us, and understand the provisions of Federal Law governing fraud.

I(We) agree to supply information regarding resources and income and notify the agency of any changes in my(our) situation.

I(We) give permission for the information here to be released to all other employment/training agencies and JOBS program Operators to whom I am referred with no further notification given to me.

Social Services is authorized to obtain information necessary to establish eligibility for assistance.

DATE _____ SIGNATURE OF APPLICANT _____

I certify that the responses I have given to the above questions and statements are to the best of my knowledge accurate, truthful, and without omission.

PARTICIPANT SIGNATURE: _____ DATE: _____

INTERVIEWED BY: _____ DATE: _____

G:\Css\GA Application.doc