

SAN CARLOS APACHE TRIBE TANF REFERRAL NOTICE

Program Service Evaluator (PSE) Name (Last, First, M.I.) _____

FAA Site Code _____ AZTECS Case No. _____

Phone No. and Extension _____ Date _____

I. CASE INFORMATION

Case Name _____

AZTECS Case No. _____ Participant's Phone No. _____

Physical Address (No., Street) _____

City _____ State _____ ZIP Code _____

Mailing Address (No., Street) _____

City _____ State _____ ZIP Code _____

The Family Assistance Administration (FAA) requires verification of cooperation with the San Carlos Apache Tribe (SCAT) TANF Program requirements for the following individual(s) who MUST comply before approval of Cash Assistance (CA), when potential eligibility exists. The SCAT TANF Program office notifies FAA when the required individual(s) has complied.

FAA must receive compliance information by: _____ (Date)

Name of Person that Must Comply with SCAT TANF Program Requirements (Last, First, M.I.) _____

II. DECLARATION OF UNDERSTANDING

I, (Print Full Name) _____, understand that I must go to the San Carlos Apache Tribe (SCAT) TANF Program located at (SCAT TANF program/local office address) _____

_____ within 10 calendar days to pre-comply with the SCAT TANF Program. Each eligible CA member in my household, including myself and any person for whom I receive CA benefits, are required to participate, unless exempt.

NOTE: When the 10th day falls on a weekend or holiday, compliance must occur by the next work day.

The participant must read the following responsibilities and initial each:

_____ **PRE-APPROVAL REQUIREMENT:** All mandatory participants are required to complete the SCAT TANF Program orientation requirements before CA approval. If you fail to comply, your CA application will be denied

_____ **PARTICIPATION REQUIREMENTS:** Recipients of CA are required to participate in the SCAT TANF Program as a condition of their eligibility unless they meet specific exemption criteria.

_____ **PARTICIPATION RESPONSIBILITIES:** SCAT TANF Program participants must cooperate with program staff in the development and follow-through of an individual plan directed towards employment and self-sufficiency.

_____ **FAILURE TO PARTICIPATE:** After CA approval, when a participant does not cooperate with SCAT TANF Program requirements, the CA payment will be reduced and eventually closed, unless the participant complies.

I understand each of these responsibilities and the penalty for failure to comply.

Participant's Signature _____ Date _____

III. SCAT TANF PROGRAM COMPLIANCE

SCAT TANF Case Manager's Name _____

Case Manager's Signature _____ The participant: Did Comply Did Not Comply

IV. DETERMINATION

Eligibility Interviewer's Signature _____

Benefit Amount \$ _____ Denial Reason _____ Effective Date _____

1st Month Benefit _____ 2nd Month Benefit _____ 3rd Month Benefit _____

Prior to the current application, this assistance unit has received _____ months of TANF/CA benefits.

(This information is for Welfare to Work participation requirements)

Completion Instructions for FAA-1402A FORFF

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A. Purpose.

- 1) To refer San Carlos Apache Tribe (SCAT) TANF Cash Assistance participants to the SCAT TANF Program to complete the SCAT TANF pre-compliance requirement.
- 2) To notify SCAT TANF participants of the SCAT TANF Program requirements and responsibilities.
- 3) To notify SCAT TANF Program staff of SCAT TANF Cash Assistance approval and assistance unit status.

B. Completion. The responsible Program Service Evaluator (PSE) completes **I. CASE INFORMATION**. The primary information person completes **II. DECLARATION OF UNDERSTANDING**, initials the responsibilities of the participant and signs where indicated. The SCAT TANF Program case manager completes **III. SCAT TANF PROGRAM COMPLIANCE**. The responsible PSE completes **IV. DETERMINATION** with the benefit amount and effective date if case is approved, or a denial reason if not approved, and signs the form. A copy is sent by fax to the SCAT TANF Program office.

C. Routing.

- 1) One **copy** is given to the applicant at the interview. The participant may take his/her copy to the SCAT TANF Program office for participation purposes. One **copy** is sent by the PSE to the SCAT TANF Program office by fax. The original is filed in the FAA case file.
- 2) The SCAT TANF Program case manager indicates on the form if the participant complied with the program requirements, signs the form, and faxes a copy back to the originating FAA office.
- 3) The responsible PSE completes the determination section and returns a copy of the form to the SCAT TANF Program case manager by hand or fax.

D. Retention. Retained in the case file until the file is destroyed

The USDA is an equal opportunity provider and employer • DES/TANF Agencies are Equal Opportunity Employers/Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.