

TRIBAL NATIVE EMPLOYMENT WORKS (NEW) REFERRAL

FAA WORKER'S NAME _____ MAIL DROP _____
PHONE NO. _____ DATE _____

I. CASE INFORMATION

AZTECS CASE NAME _____
CASE NO. _____ PARTICIPANT'S PHONE NO. _____
RESIDENCY ADDRESS. (No., Street, Apt. No.) _____
CITY _____ STATE _____ ZIP CODE _____
MAILING ADDRESS (P.O. Box/No., Street) _____
CITY _____ STATE _____ ZIP CODE _____

II. DECLARATION OF UNDERSTANDING

I, _____, understand that I must participate with the
(Print Full Name)
Native Employment Works (NEW) office located at _____

Each eligible Cash Assistance (CA) participant in my household, including myself and any person for whom I receive CA or Two Parent Employment Program (TPEP) benefits, may be required to participate.

Participant must read the following responsibilities and initial each:

_____ **PARTICIPATION REQUIREMENTS:** Recipients of CA or TPEP are required to participate in the NEW program as a condition of their eligibility unless they meet specific exemption criteria. If determined exempt, they may still volunteer for NEW.

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

_____ **FAILURE TO PARTICIPATE:** Cooperation with NEW is required. If the participant does not cooperate, the CA payment is reduced and eventually closed, unless the participant complies.

_____ **FAILURE TO PARTICIPATE:** For a TPEP case, when the participant does not cooperate, the check which corresponds to the work period in which the parent did not cooperate will be held. When a check is withheld for three pay cycles within the six month TPEP eligibility period, TPEP benefits are terminated and the household is required to reapply.

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

PARTICIPANT'S SIGNATURE _____ DATE _____

III. CA BENEFIT INFORMATION

Case Participants	
Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB
Name	DOB

BENEFIT AMOUNT _____ EFFECTIVE DATE _____

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 FA-161-A-FF

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- A. Purpose. To refer tribal participants to the appropriate NEW program and to notify persons of the NEW requirements and responsibilities. To notify NEW staff of CA approval and assistance unit status.
- B. Completion.
 - Section 1. **CASE INFORMATION:** The responsible Eligibility Worker (EW) completes.
 - Section 2. **DECLARATION OF UNDERSTANDING:** The Primary Informant (PI) completes, initials the responsibilities of the participant, and signs where indicated.
 - Section 3. **CA Benefit Information:** At case approval, the responsible EW completes.
- C. Routing. One COPY is given to the applicant at the interview. The participant may take his/her copy to the NEW office for voluntary participation purposes. One COPY is sent by the EI worker to the NEW office at case approval. The ORIGINAL is filed in the FAA case file.
- D. Retention. Retained in the case file until the file is destroyed.