

HOPI TRIBAL TANF REFERRAL NOTICE

Eligibility Worker Name (*Last, First, M.I.*): _____

FAA Mail Drop: _____ Phone No. and Extension: _____ Date: _____

I. CASE INFORMATION

Case Name: _____

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

Physical Address (*No., Street*): _____

Mailing Address (*P.O. Box / No., Street, City, State, ZIP*): _____

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

The Family Assistance Administration (FAA) requires verification of cooperation with the Hopi TANF Program requirements for the following individual(s) who MUST comply before approval of Cash Assistance (CA), when potential eligibility exists. The Hopi TANF Program office notifies FAA when the required individual(s) has complied. FAA must receive compliance information by: _____

II. DECLARATION OF UNDERSTANDING

I, (*Print full name*) _____, understand that I must go to the Hopi Tribal TANF Program located at (*Hopi TANF Program local office address*) _____ within 10 calendar days to pre-comply with the Hopi 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 Hopi 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 Hopi TANF Program as a condition of their eligibility unless they meet specific exemption criteria.

PARTICIPATION RESPONSIBILITIES: Hopi 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 Hopi 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. HOPI TANF PROGRAM COMPLIANCE

Hopi TANF Case Manager's Name _____

Case Manager's Signature _____ Date: _____

The participant: Did Comply Did Not Comply

IV. DETERMINATION

Eligibility Worker'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-1459A FORFF HOPI TRIBAL TANF REFERRAL NOTICE

A. Purpose.

- 1) To refer Hopi TANF Cash Assistance participants to the Hopi Tribal TANF Program to complete the Hopi TANF pre-compliance requirement.
- 2) To notify Hopi TANF participants of the Hopi TANF Program requirements and responsibilities.
- 3) To notify Hopi TANF Program staff of Hopi 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 Hopi TANF Program case manager completes **III. HOPI 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 Hopi 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 Hopi TANF Program office for participation purposes. One copy is sent by the PSE to the Hopi TANF Program office by fax. The original is filed in the FAA case file.
- 2) The Hopi 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 Hopi TANF Program case manager by hand or fax.

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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