ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

TRIBAL / FAA - TURN AROUND DOCUMENT (TAD)

A. ROUTING

Document Sent By *(Print Name)*: _____

   FAA   Indicate Tribal Program: _____   Mail Drop: _____   Date Sent: _____

Document Received By *(Print Name)*: _____

   FAA   Indicate Tribal Program: _____   Mail Drop: _____   Date Sent: _____

B. PARTICIPANT INFORMATION

Case Name *(Last, First, M.I.)*: _____   Telephone Number: _____

AZTECS Case No.: _____   HEAPlus Application ID: _____   Tribal Case No.: _____

Social Security Number: _____   Date of Birth: _____

Note: Document CADO when a Turn Around Document (TAD) is generate.

C. APPROVAL INFORMATION   CA(TANF)   NA   MA

Date of Application: _____   Approval Period: _____   Approval Date: _____

Initial Month of Application: _____   Benefit Amount: $ _____   Date Issued: _____

2nd Month: _____   Benefit Amount: $ _____   Date Issued: _____

3rd Month: _____   Benefit Amount: $ _____   Date Issued: _____

D. CASE INFORMATION

HOUSEHOLD MEMBERS' NAMES	SOC. SEC. NO.	TRIBAL ENROLLMENT NUMBER	IS THIS PERSON INCLUDED IN THE BENEFIT AMOUNT?	
1)			Yes	No
2)			Yes	No
3)			Yes	No
4)			Yes	No
5)			Yes	No
6)			Yes	No
7)			Yes	No
8)			Yes	No
9)			Yes	No
10)			Yes	No

E. SANCTIONS

1st Effective Month: _____   Sanction: _____%

Sanction Reason: _____   Benefit Amount After Sanction: $ _____

2nd Effective Month: _____   Sanction: _____%

Sanction Reason: _____   Benefit Amount After Sanction: $ _____

3rd Effective Month: _____   Sanction: _____%

Sanction Reason: _____   Benefit Amount After Sanction: $ _____

See page 3 for USDA/EOE/ADA disclosures

Denial   Closure   Program   CA (TANF)   NA   MA

Effective Month: _____   Denial Reason: _____

Indicate Last Month Benefits Were Paid: _____

Sanction Not Imposed Due to Appeal Request: Yes   No

Sanction Not Imposed Due to Appeal Decision: Yes   No Date: _____

Sanction Removed at the Tribe's Request *(Written request required):*   Yes   No Date: _____

LIBL Countable Months: _____ As of: _____

Adult Participant's Name: _____   Adult Participant's Name: _____

F. PERSONAL RESPONSIBILITY AGREEMENT (PRA) NONCOMPLIANCE

    Not Applicable

Adult Participant Name: _____   Date: _____

Noncompliance Reason: _____

Adult Participant Name: _____   Date: _____

Noncompliance Reason: _____

G. TRIBAL TANF LIBL EXEMPTION

    Not Applicable

Participant Name: _____   Exemption Reason: _____   Date Verified: _____

Participant Name: _____   Exemption Reason: _____   Date Verified: _____

H. CHANGE INFORMATION

Type of Change - (Attach verification)	Date of Change	Effective Month of Change	Benefit Amount After Change	Ongoing Benefit Amount
Household Composition			$	$
Adding a Member			$	$
Removing a Member			$	$
Earned Income			$	$
Unearned Income			$	$
Residency			$	$

Did the enrolled tribal member move out of the NEW Service Delivery Area?   Yes   No

New Residential Address *(No., Street, City, State, ZIP)*: _____

Other Change: _____

Explain Why Benefits Changed:

Additional Comments:

Tribal Worker's Name *(Print)*: _____

Phone No. and Ext.: _____ FAX No.: _____ Date: _____

FAA Worker's Name *(Print)*: _____

Phone No. and Ext.: _____ FAX No.: _____ Date: _____

COMPLETION INSTRUCTIONS FOR FAA-1125A FORFF

I. Purpose. The purpose of the TRIBAL / FAA - TURN AROUND DOCUMENT (TAD) form is to exchange information between FAA and Tribal TANF programs:

• Navajo Nation Department for Self-Reliance (NNDSR), Salt River Pima-Maricopa Community (SRP-MIC) LEARN, San Carlos Apache Tribe (SCAT) Nnee Bich' o Nii program, Pascua Yaqui (PY) TANF, and White Mountain Apache TANF (WMAT): reports changes, provides change verification, and FAA program applications to FAA.

• Hopi Tribal TANF offices notify FAA when a participant fails to comply with PRA requirements during the approval period and when a participant is eligible for a hardship exemption.

• FAA sends applications of any NNDSR, SRP-MIC, SCAT , PY TANF, and WMAT TANF tribal member who has applied for CA and lives in the specified service delivery area (SDA) of the Tribal TANF program.

II. Completion.

Section A. ROUTING. The sending and receiving office checks the appropriate boxes and enters their information.

Section B. PARTICIPANT INFORMATION. The sending office enters the participant information.

Section C. APPROVAL INFORMATION. The FAA, NNSDR, SCAT, SRP-MIC, PY TANF, or WMAT TANF program enters their program approval information.

Section D. CASE INFORMATION. The sending office enters the information of all persons living in the household and indicates who is or is not included in the benefits.

Section E. FAA ACTIONS. FAA staff completes this section to notify an NNDSR, WMAT, PY TANF, or SCAT-TANF office of actions taken on a Tribal TANF program case.

Section F. PERSONAL RESPONSIBILITY AGREEMENT NONCOMPLIANCE. The Hopi Tribal TANF office/staff enters the name of the adult noncompliant participant(s), the date(s), and the reason for noncompliance. All others mark the Not Applicable box.

Section G. LIBL EXEMPTION. The Hopi Tribal office /staff enters the participant's name and the reason the participant is eligible for a LIBL hardship exemption. All others mark the Not Applicable box.

Section H. CHANGE INFORMATION. This section is primarily used by NNDSR, SCAT, PY TANF, WMAT TANF programs, and FAA to exchange applications, change information and verification between FAA and the NNDSR, SCAT, PY TANF, or WMAT Tribal TANF offices. The Hopi Tribal TANF office/staff use this section to report a move out of their SDA.

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