CHAPTER 4

RELATIONSHIPS WITH OTHER BRANCHES, TRIBAL ORGANIZATIONS
AND GROUPS, AND OTHER AGENCIES, GOVERNMENTAL AND VOLUNTARY

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Section 401. Relationship with Other Branches.

§1 Objective. To coordinate welfare programs, policies, and procedures with those of other Branches within the Bureau so that there will be an integrated approach to matters involving placement, extension, credit, health, education, law and order, and other programs of the Bureau.

§2 Policy. The Welfare staff is responsible for working cooperatively with staff of other Branches to correlate social welfare programs, services, and activities with those of other Branches and to serve as consultants to the Branches of the Bureau in determining the social factors to be considered in the development of over-all programs.

§3 Cooperation with Other Branches. All Branch programs have as their common objective to assist Indians, individually and tribally, to become self-sustaining individuals in their own communities or elsewhere through development, conservation, and utilization of their own potential capacities and resources. Within the over-all program of the Bureau, each Branch provides specialized services in its area of responsibility and functional field. In addition to correlating its own program and services with those of other Branches, the Welfare staff should serve as consultants to tribes and the Branches on those program aspects that concern or involve interpersonal relationships, the social adjustment of individuals or families, economic conditions, and community services. Welfare staff should work cooperatively with other Branches in making information available on community services and agencies and in making provision for services as needed. Program aspects on which Welfare staff should cooperate with other Branches are as follows:

A. Placement. Cooperate in making information available on community services, act in a liaison capacity in relationships with social welfare agencies, and assist in evaluating social, emotional, and other factors involved in the relocation of families and the adjustment of individuals in employment placements.

B. Education. Cooperate and consult on matters relating to boarding school enrollment and suitability of such placement for the individual child; on problems of school attendance.
adjustment, and achievement as these relate to family relationships, economic or social situations; and on the use of community agencies providing specialized services to children.

C. Health. Cooperate in assisting individuals or families with social problems due to illness; making known information that is obtained in the performance of social work functions on special needs for preventive health services and medical care; assisting in the interpretation of health programs to individuals, families, tribal groups, and to other agencies in the communities; and interpreting the physical handicap provisions and requirements for medical statements needed to establish eligibility under the Social Security programs, including aid to the blind, aid to dependent children, and aid to the permanently and totally disabled.

D. Law and Order. Cooperate by providing or making provision for social services to individuals and families who are in difficulty because of law violations; to children in need of protective service because of neglect or the delinquent behavior of their parents; to other minors who are victims of sex offenses or who are in difficulty because of their own delinquent behavior; and to persons on probation or parole who are in need of help in making a satisfactory social adjustment.

E. Extension. Cooperate by integrating services on family planning with those of the Branch of Extension on matters relating to home making, family budgeting, youth activities, and related programs by working cooperatively in maintaining relationships with community agencies and tribal groups.

F. Credit. Cooperate by integrating services in making available family counseling with regard to need for loans and by assisting with the evaluation of social factors involved in the ability of families to meet loan obligations.

G. Land. Cooperate by interpreting land policies to departments of public welfare as these policies affect the individual's eligibility for public assistance; by assisting in the evaluation of social factors in situations involving requests for removal of restrictions; and, upon request, by assisting individuals and families in planning on matters involving land sales.
H. Irrigation. Cooperate in planning for families who have suffered losses due to flood damage and in making provision for emergency relief and rehabilitation through the Red Cross disaster relief program.

Section 4928. Relationships with Tribal Councils.

§1 Objective. In cooperation with tribal councils and other Indian groups, to assist in the development of policies and programs which will provide assistance and social services necessary for the well-being of each tribe. Provision of these services may be by the tribe itself, by the Bureau of Indian Affairs, or by arrangements with existing local, State, or Federal agencies.

§2 Policy. Welfare staff shall assist tribal councils to plan and develop social welfare programs and to provide or make provision for such services as the tribes themselves have determined to be needed; serve as consultants to tribes in determining the social factors that should be considered in the development of over-all programs; assist in acquainting them with services and programs of other agencies; and encourage their participation and leadership in all programs.

§3 Assistance to Tribal Councils in Planning Tribal Welfare Programs. The Welfare staff is responsible for assisting tribal councils, through consultation, to plan and develop tribal welfare programs when the tribe has decided that a need exists and has agreed to sponsor a program. Assistance should be given to the tribal council in gathering basic factual information on which to base decisions regarding the scope of the program to be sponsored, estimating its cost, determining the kind of services to be provided, standards and eligibility qualifications to be applied, and developing other policies or procedures necessary to carry out the program.

§4 Assistance to Tribes in Evaluating Social Factors. The Welfare staff is responsible for serving as consultants to tribes; for helping them recognize the social factors present in other Branch programs and evaluate the probable effect of these factors on the success of the over-all program.
4.3.

Section 4.3. Relationships with Social Welfare Agencies, Governmental and Voluntary.

.91 Objective. To coordinate services and assistance provided under other Federal, State, and local social welfare programs and to avoid duplication by the Bureau of Indian Affairs of services and assistance otherwise available.

.92 Policy. Persons who appear to be eligible for services or assistance provided under other Federal, State, and local programs shall be encouraged to apply for such assistance. Policies of the Bureau of Indian Affairs are directed toward assisting Indians to become integrated into the life of the State and other local communities and toward the gradual withdrawal of services as other agencies extend services or assume responsibility for giving them. Benefits available under other programs shall be taken into consideration in determining the kind of service or assistance programs which the Bureau of Indian Affairs provides and the eligibility of the individual or family for Bureau services.

.93 Cooperation with Other Agencies. The Bureau of Indian Affairs, through its area and agency personnel, shall cooperate with other agencies in the communities providing services or assistance. Cooperative activities by agency and area staff include providing other agencies with record information and verifications; facilitating the work of their representatives when on the reservation; assisting individuals, tribal organizations, and other interested persons to understand the benefits available through these agencies, and the procedures and eligibility requirements necessary to make
successful application for them; encouraging persons who seem eligible to apply; and, when necessary, helping applicants to establish eligibility.

Public agencies are responsible for providing services to all persons in like circumstances or to all who meet the eligibility requirements established by law, rule, or regulation. In order to qualify for assistance or services under programs of these legally constituted agencies, which are supported by public funds, applicants must meet specific eligibility requirements and be able to present acceptable proof to support their claims. Information in records maintained by the Bureau of Indian Affairs is often essential to the establishment of an applicant's eligibility and, therefore, shall be made readily available to authorized representatives of other agencies. This includes, but is not necessarily limited to, information regarding income; ownership or interest in real property, personal property, and other assets; age; residence; family relationship; physical condition; and medical needs.

Programs of voluntary or private agencies, in general, serve special or limited groups of persons on a selective basis and usually furnish types of services not provided by public agencies. These programs often fill gaps in public programs and as such constitute essential elements in every community's welfare organization. Area and agency staff, therefore, should work cooperatively with these agencies as with public agencies; also, make available to their authorized representatives, essential record information and otherwise facilitate their work in behalf of Indian families and individuals.

Programs of Other Agencies and Eligibility Requirements for Services. The Area Social Worker is responsible for securing information on the several assistance and service programs operated by other agencies within the States of the area and for making this information available to area and agency staffs, tribal councils, and other Indian groups. Information on programs of other agencies should include the purpose of the program, nature of services provided, conditions of eligibility for services, and how and where to make application. Program information should be provided on all programs operated by Federal agencies, those in which there is Federal financial participation, other State and local governmental and voluntary programs, and welfare projects and services sponsored by civic organizations.

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Release 66-16, 8-15-67

BIAM REISSUE

FEBRUARY 1984
5 RECORD AND REPORT FORMS AND INSTRUCTIONS

5.1 Social Service Record and Report Forms

.1 Objective. The Social Service record and report forms included in this chapter are designed to furnish uniform procedures for determining need for social services and assistance, to provide information for analyzing problems for planning for and assisting families and individuals to make the best social adjustment, and to provide statistical data about selected social service program operations.

.2 Record and Report Forms -- Listed

5-1200 Application for Assistance (Revised)
5-1200B Application Register, General Assistance (Optional)
5-1201A Family Profile
5-1201B Record of Income and Resources
5-1201C Employment Information
5-1201D Household Budget Sheet
5-1202 Master File Card
5-1203A Workers Desk Card (Optional)
5-1203B Statistical - Financial Card
5-1204 Change in Status Form
5-1209 Social Workers Day Sheet
5-1210 Statistical Report
5-1211A Worker's Child Welfare Desk Card (Optional)
5-1211B Statistical-Financial Child Welfare Card
Area Semi-Annual Report (Social Services)
Agency Quarterly Report
Instructions for Using Social Service Record Forms and Preparing Reports.

A. Application Form.

1. Form 5-1200. Application for assistance is to be used for General Assistance, only. Because of its simplicity, applicants who can write should be able to enter the information in the items pertaining to the family and income.

The statement on fraud is to be used in apprising applicants of their responsibility in providing correct facts about their situations, family and income.

A properly executed application form should be in the case record which covers the current period of time that General Assistance is furnished. Exception may be made for furnishing assistance on a temporary or an emergency basis in the following situations:

Where an applicant is precluded from making an application in person because of great distance from the office and it is customary for requests for assistance to be made by letter, as in Alaska.

When an applicant is reasonably prevented from coming to the office due to long distance and lack of transportation, illness on the part of the applicant or need to care for small children or an incapacitated family member, a letter requesting assistance will suffice as an application. (See 66 IAM 3.1.5).

If general assistance is continued for longer than a temporary or emergency period, an application for assistance on Form 5-1200 is to be obtained by correspondence or in another available manner.
A former recipient must execute a Form 5-1200 upon reapplication after discontinuance of payment, unless it has been planned that the payment be suspended for a period of time, not to exceed three months. Application forms are to be maintained in the respective case records.

(a) **Instructions for Specific Items.** The items on the form in general are self-explanatory. In the event the applicant is unable to complete the items relative to his statements, or has not done so, the information should be entered by an interpreter, receptionist, or social worker.

**Fraud Statement.** This statement is U.S.C. Title 18, section 1001. The applicant is to be made aware of the contents of the statement, either by reading it himself, or having it read or interpreted to him, if he cannot read or understand English.

**Statement of Agreement.** The applicant's agreement to supply necessary information about his income and resources and of changes in his situation in the future, and to authorize the Bureau to obtain information necessary to establish eligibility for assistance, shall be made clear to the applicant.

**Signatures.** Spaces for signatures of witnesses to his mark are provided when he is unable to write. Agencies that use the thumb print method can have the impression made near spaces for applicant's signatures. The signature of the head of the household will be required when he is living with his family, unless there is a reasonable cause which prevents him from entering his signature at the time the application is made.
The signature of a competent household head shall be obtained later. The signature of both spouses is preferred, unless the wife is prevented due to reasonable inconvenience or circumstance.

Disposition of Application. The social worker making the determination of eligibility shall enter the appropriate action taken. If disapproved, a brief statement giving the reason for ineligibility will be entered. Date of action and the social worker's signature will be entered.

The amount of the grant approved is to be shown on Form 5-1201D, Assistance Budget; 5-1203B, Statistical-Financial Card. The Form 5-1204, Change of Status, is to be used in authorizing the amount of payment and the effective date.
(2) Application Register - General Assistance Form 5-1200B.
The use of Form 5-1200B is optional with Area Offices.
It is designed for and is recommended for keeping a
current account of the status of general assistance
applications and to provide a simple method for
reporting items I.A. of Form 5-1210, Statistical Report.
The application register forms should be maintained
permanently in a loose leaf binder. The Application
Register should be handled by the clerk with the
responsibility for the preparation of the Statistical
Report.

Information for posting the Application Register is
to be taken from instructions furnished by the social
worker on Form 5-1204, Change of Status.

(a) Instructions for Specific Items.

  Agency. Enter name of agency.

  Year. Enter current year.

  Month. Enter current month.

  Number Pending from Previous Month. Enter in this
  block the number of applications carried over from
  the previous month.

  Date. Enter date application is taken.

  Name of Applicant. Enter applicant's name.

  Case Number, New - Old. Under New, enter case number
  assigned new applicant. If a reapplication enter
  case number assigned previously under Old.

  Action: Approved - Disapproved - Date.
  When an application is approved for payment enter
  X in Column A, and enter date of approval in column
  Date. When an application is disapproved enter X
  in Column D and enter date of disapproval in column
  Date.
Pending. When an application is carried over to the next month without being acted upon enter X in this column. When the application is acted on circle the X, and enter action and date under the appropriate actions' columns.

Worker. The last name initial of the social worker to whom the application is assigned for processing is to be entered.

Number Acted on Registered in Previous Months, A and D. Enter in Action column A the number of applications approved in the current month that was pending from the previous month. Enter in Action column D the number of applications disapproved in the current month that was pending from the previous month.

Number Acted on Registered this Month, A and D. Enter under Action column A the number approved that was registered during the current month. Enter under Action column D the number disapproved that was registered during the current month.

Total Number of Actions, A and D. Enter under Action column A the total number of applications approved during current month. Enter under Action column D the total number of applications disapproved during the current month.

Total Number of Actions. Enter the total number of actions, approved and disapproved, during the current month. Sum of number approved and disapproved.

Total Number of Applications. Enter in this block the total number of applications. This will be the number pending from previous month plus the number registered during the current month.
Carryover to Next Month. Enter in this block the total number of applications to be carried over to the next month. This number should be the number brought over pending from the previous month plus the number registered during the current month minus the total number disposed of approved and disapproved during the current month.
B. Social Service Case Record (Revised). Case record forms and components consist of: Family Profile 5-1201A, Record of Income and Resources 5-1201B, Employment Information 5-1201C, Household Budget Sheet 5-1201D, a Narrative, and correspondence. Correspondence and reports relevant to a case will be filed in the individual's case folder.

(1) Family Profile 5-1201A. The purpose of the Family Profile Form is to record significant information about members of a family group comprising a household, to maintain data about key relatives and to record other related data. The form is to be used for general assistance, service only-families and individuals, and for child welfare cases. In addition to recording significant information initially, it is to serve the social worker in maintaining currency of information as changes in the case situation occur and for adding new data.

(a) Instructions for Specific Items. Entries of data may be made with pen or pencil if made orderly and legibly. Typewriter may be used. Entries where the data is subject to change or those made later may be made with pencil.

Date and Worker's Initials. The worker who initially completes the form will enter the date of completion and his initials.

Case Name and Number. Above the line enter case name and case number. The case name and name of household head will be identical except in unusual circumstances. If the information serves the agency's needs, for a married couple enter below the line the family name, first and middle name of the spouse of the case head.
Review Dates. The Family Profile form should be reviewed at periodic intervals with the case head to assure currency of information on the form. Appropriate changes are to be made when they come to the attention of the social worker servicing the case. The dates of the reviews and the initials of the social worker are to be entered in the spaces provided.

Other Names Used. When either the household head or spouse are known by different names enter such names.

Address. Enter mailing address of the case head.

Location. Enter directions for reaching the home with pencil.

Members of the Household. The full name and information on the head of the household is to be entered in line 1 and that of the spouse; if a member of the household, in line 2. A family group is defined as persons living together with a common family head who are related to or accepted by the family head as members of his family group. (Household). See 66 IAM 3.1.7A(3)

Information on members of a nuclear family will be entered first, beginning with the family group head, followed by his spouse and their children in descending order according to their ages. Information on other relatives and non-relatives who are members of the family group will be entered following nuclear family members.

If there are household members who are not members of the family group, the worker will insert on the form after other appropriate entries are made the heading: "Other Persons in the Household". Then enter the names of the other persons and other necessary data when the names of such persons are not appropriately includable in case records as described under instructions in item: "Cross Reference."

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Birth Date. Self-explanatory

Sex. Enter M for male; F for female.

Relationship to Head. Enter H for husband; W for wife; S for son; D for daughter; GD for granddaughter; GS for grandson; NCE for niece; NPW for nephew; F for father; M for mother; GF for grandfather; GM for grandmother; U for uncle; A for aunt; C for cousin, and other descriptive symbols for designating relationships of a lesser degree. No relationship, enter none.

Marital Status. Enter M for married; W for widowed; Sep when not living with marital partner; Div for divorced; S for single person never married; UM for an unmarried parent who has never married and has children in the household or elsewhere from whom custody has not been removed permanently. Spaces for children under 18 may be left blank unless one of the above symbols is appropriate.

Identification No. Enter whichever number is appropriate to the agency if identification with other agency records is necessary or is of use to the agency otherwise.

Tribe Enrolled. Enter tribe in which member is enrolled. If unenrolled, enter none. This data may be essential on children who may be entitled for enrollment but are not enrolled.
Blood Degree. Enter blood degree if necessary for eligibility, or if this is advisable for keeping as a record for current or future needs.

Grade Education. Enter last grade completed in school for persons no longer attending school. Enter in pencil current grade for school-age children attending school. For school-age children 6 to 18 not attending school, also enter NIS in pencil after the last grade completed. For children attending boarding school, enter BS in pencil after grade.

Marriages. Enter information using appropriate symbols as used under topic "Marital Status". When there is need of more comprehensive information narrative entries should be made.

Physical or Mental Handicap. Enter information relative to physical, mental, or other handicapping disabilities experienced by a member of the household. This is to identify problems which may require social services. Narrative entries may be necessary in addition to information recorded here. When narrative entries are necessary the worker should enter in this section a notation referring to the narrative entry. Social worker will evaluate the permanency and severity of the handicap according to his observation, history of condition, and other professional diagnosis and evaluation.

Children not in Home. Enter first information on minor children of the case head or spouse not in the home. Next enter information on their adult children not living in the home. A child in boarding school who lives in the home during the summer not under a foster care arrangement is not to be entered here.

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Other Key Relatives. Other key relatives include those of close kinship or otherwise close relationship, usually to the head or spouse who may be available as a current or future resource in service needs including absent parents of children. The names of married couple relatives may be entered on same line as: "John and Mary Doe". Insert case number if a case record is maintained as active or inactive case. Enter from Section A., MEMBERS OF HOUSEHOLD, the line number and name of the person to whom related. Enter the degree of relationship. Enter the address of the key relative.

Cross References. Enter case names and case numbers of family groups sharing the same shelter accommodations. (See 66 IAM 3.1.7A (3) (Cont'd)).

Religious Affiliation. Enter information on principal religious affiliations or associations for both head and spouse.
(2) Record of Income and Resources 5-1201B.
The purpose of this form is for the recording of information about income and resources of applicants for and recipients of general assistance. The form may be used also in other cases where such data is essential in planning for and providing casework services, and in providing financial aid in behalf of a child. Using the applicant or recipient as the primary source of information the worker will obtain data and leads to additional sources for a planned exploration of income and resources to determine eligibility and the amount of payment, if eligible. Since applicants and recipients often do not have at hand specific needed information it will be essential, occasionally, for the worker to refer to records and other collateral sources to verify or establish facts and data to complete the form properly. Therefore, the worker, as necessary, will make an exploration of income and resources, current, expected and potential to use as a basis for meeting the unmet needs of a family or individual and for providing services that will help them make effective use of their assets (see IAM 3.1.6).

The data should be recorded in a precise and concise manner so as to have pertinent facts recorded in one place and to avoid unnecessary narrative entries. At each determination or redetermination of need the Record of Income and Resources is to be reviewed with the case head to reflect the current status and to include data relative to any changes that have occurred. When necessary, a new form should be completed to have a clear record of current data. Pen or pencil entries may be made if they are clear and legible.
(a) Instructions for Specific Items.
Each section of the form and the specific items are to be explored.
When the exploration reveals that the applicant or recipient family group or individual possesses no income or resource related to a section "none" will be entered.

Date. Enter date of initial completion of the form.

Review Dates. These spaces are for the worker who makes subsequent reviews of the Record of Income and Resources to enter the dates the reviews are made and his initials.

Case Name. Enter last, first and middle name of the case head. The name of the spouse may also be entered under the name of the case head.

Case No. Enter case number.

Home. Check block "owned" if home is owned or being purchased. Enter a best estimate of current value and amount of balance due, if any. Enter amount of payments being made and check month or year, whichever is appropriate.

Rented. If home is rented, check block "rented" and enter amount of monthly rental. When shelter cost is proper for inclusion in the assistance plan appropriate verification should be made of the amount and that the payments are being made.
Free. If free shelter check appropriate block.

Type. Check appropriate condition of housing, enter number of rooms and source of water supply.

Real Estate. Enter in appropriate spaces data on total estimated number of acres in possession of members of the assistance group. If data on undivided interest is difficult or complex to obtain enter rough estimates since any income from undivided interests can be included in the following items. The estimated net annual income from farming or ranching should be entered, (see 66 IAM 3.1.7B(1)(a) as this is essential in planning for current and future need. Reliable data should be entered about leased land and income from rentals where independent leasing is involved. Data on lease and and other income handled by the Bureau is to be recorded in Section J. "Income - Other Sources".

Livestock. Enter information on all livestock in possession of the family group. Enter kind, number, and value on a best estimate considering prevailing prices.

If debts are owed against the livestock enter the amounts and the identity of the creditors.

Enter a best estimate of amounts of annual net income.
Farm Machinery and/or Equipment. Enter kinds in possession of the head of family group or other members of said group, and rough current value. Enter balance owed on items of equipment, if any. (Payments on equipment used in producing income are deductible items in determining net income). Verification of amounts and the creditor should be secured when necessary. Enter name and address of creditor.

Automotive Equipment. Enter information on automotive equipment as to make, year, and model. Enter a reasonable estimate of resale value, if any, (not a trade-in value). Enter amount of monthly payment, if any, and number of payments due. (see 66 IAM 3.1.7B(2)(b).) If an automobile or truck is used for income producing not in connection with farming or a small business enterprise a determination of estimated net income should be made. (Expenses of operation includable in farm or business enterprise should be computed in determining net income from such sources.).

Social Security Information. Enter name of eligible insured wage earner, or beneficiary of a wage earner, and the Social Security account number or claim number. If potential entitlement or entitlement has been cleared whether or not eligibility for benefits exists check "Yes". If not cleared check "No". Enter amounts of benefits received. If Social Security benefits are in no way involved enter "None".

Pensions and Benefits. Enter information on pensions or benefits received
by members of the assistance group by entering name of recipient, kind of payment, and the monthly amount.

Veterans Administration. Enter name of a veteran and dates of service, branch of service, identification number, and amount of benefit received, if any. When a veteran has no VA claim number his military service serial number should be recorded.

If a widow, parent, or child of veteran receives a benefit on his service enter their names in space under "Name of Veteran" and enter amount of benefit received. (See 66 IAM 3.1.7B (1)(b).) Indicate relationship to veteran, W-widow, C-Child, P-parent.

Cash on Hand or Available. Enter information relative to cash on hand, personal savings, bank deposit, tangible investments. Bonds and the like are to be entered when exploration reveals their existence. Plan for use must be evaluated and considered according to 66 IAM 3.1.7B(1)(c).

Income - Other Sources. An exploration is to be made of current and potential income from sources not included in the above sections. Income from earnings recorded on Form 5-1201C "Employment Information" is to be entered in Section K below after "Earnings". Income in kind to be included in current assistance plan is to be entered in "Other" in Section K.
Since Section J is also for the purpose of current and future planning the recording of facts about other income is essential. Data on lease income handled by the Bureau should be recorded in this section. Data on grazing permits is to be entered here.

Enter name of person receiving the income, the annual amount, month(s) in which income is available, e.g., 1st, 4th, 9th, or 11th, the source, and plan for use. Plan for use must be evaluated and considered according to 66 IAM 3.1.7B(1).

**Summation of Unduplicated Income for Inclusion in the Assistance Plan.**

After the exploration, investigation, and recording of information about income and resources available to members of a family group or to an individual is done, a careful assessment will be made to determine sources and amounts that must be included in the assistance plan. Care is to be exercised that there is no duplication of amounts. Section K is designed for the entering of amounts by sources that are to be included. (See 66 IAM 3.1.8) Income is to be applied according to established policy governing current availability, consideration of plans to meet actual living needs not includable in the assistance plan, plans for improved living conditions, or training or education. (See 66 IAM 3.1.7B).
Income received by the day, week, or month such as income from earnings, small business, self-employment, pension benefits, is to be applied as monthly income in the Household Budget Sheet 5-1201D. Annual income, or other income when available, received during the year not on a monthly regular basis and which is determined to be available to meet current budget needs is to be determined and applied according to 66 IAM 3.1.7B(1)(C).

Signature of Worker. The worker who makes the exploration and investigation of income and resources is to sign the form and enter dates.

(b) Responsibility for Confirming Information after and Exploration of Income and Resources.
In the event that it is determined after an exploration has been made that an applicant or recipient failed to report substantially the correct facts with respect to kinds and sources of income or resources available to the family group, he will be requested to review with the worker the data recorded on the Income and Resource Sheet. This should be done so he will understand the decisions made regarding eligibility or the amount of payment, if any, and to assure that he is given the opportunity to exercise his expected responsibility in determining his eligibility. Any necessary corrections or adjustments are to be made.
(3) Employment Information 5-1201C. The purpose of this form is to obtain and record brief significant employment data about members of a family group, or an individual who may be expected to perform available employment. (See 66 IAM 3.1.4D) It is to be used in all general assistance cases. When the information is pertinent to the furnishing of casework services to a family, adult or child, the form may be used.

(a) Instructions for Specific Items. This form may be completed in pencil or pen if entries are made clear and legible. Use more than one form if this is necessary.

Review Dates. At each reapplication or redetermination of eligibility for general assistance, the social worker should review the employment record with the head of the family group to determine the current employment status of working members of the family group. The date of review and workers' initials are to be entered. A review in other types of cases should be made if necessary to update information about the case.

Name. Enter last, first and middle name of case head, and enter the case number.

Skill or Training. Enter information on family members who have a work skill or have had specific training for employment. Information can be of value in helping unemployed skilled or trained persons to seek employment or to determine reasons why they are not employed.

Past Employment. This space is provided to record significant information regarding the past employment of members of the family for the past year only. Enter name of family member who has worked, type of work performed, dates, and the name and address of employer. Employers may be used as references only when some significant information is needed.
Current Employment. Enter information on members of the family employed currently. Indicate earnings per week or month. Employers will be used as a reference if essential to verify amounts of earnings or obtain pertinent information. Total net amount of monthly earnings are to be entered on Form 1201B, Record of income and resources. Monthly amounts are determined by multiplying the weekly amount by 4 1/3.

Unemployed. Enter information on unemployed family members who may be expected to work when work is available.

Date and Signature of Worker. Worker recording the data is to enter date and his signature.

(4) Assistance Budget 5-1201D. A household budget sheet computation will be made to determine the need of applicants for and recipients of general assistance. Using the state assistance standard of the state in which the applicant or recipient lives, the worker will explore the need for all basic consumption items and special need items for an individual or family group that are provided in the state assistance standard. (See 66 IAM 3.1.7A). Money amounts are to be applied as provided in the state standards for the items of need. A budget computation is to be made on determining initial eligibility and at each redetermination of eligibility. (See IAM 66 3.1.10)

With the concurrence of the Central Office, Area Offices may adapt a state assistance budget form or design one if to do so will facilitate or simplify the inclusion of need items, money amounts, and computations in relation to a particular state assistance standard and budgeting methods.
SOCIAL SERVICES

RECORD AND REPORT FORMS AND INSTRUCTIONS

(a) Instructions for Specific Items.

Case Number. Enter case number.

Name. Enter last, first, and middle name. Enter county of residence.

Dates of Budgets. Enter dates budget plans are prepared.

Number of Persons Included in the Grant. Enter number of adults under A and minors under C whose needs are included in the assistance grant.

Requirements for Month. Enter the money amounts for the items of need for the individual or family group as are provided in the state assistance standard, and according to 66 IAM 3.1.7A(1) and (2) and (3).

Total Requirements. Enter the total of money amounts entered above.

Income and Resources Per Month. Enter total amount of income and resources determined to be available to meet current need as determined on Form 5-1201B - Record of Income and Resources, item K - Summation of Income and Resources.

Budget Deficit. Enter difference between amount of total requirements and the amount of income and resources.

Amount of Grant. Enter amount of grant to be made. (See 66 IAM 3.1.8.).

Review Date. Enter date for plan for future review.

Worker's Initials. Worker preparing the budget will enter his initials.
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(5) **Narrative.** The purpose of the narrative is for the recording of relevant and significant information about the needs and problems of a family or individual which is necessary to assist in coping with these problems. The recording should include the plans and efforts of the family and the social worker to meet the needs and deal with the problems, and the results of their efforts. Narrative entries need not duplicate data recorded elsewhere. Where case record forms do not provide for adequate accountability for financial assistance furnished, supplementary narrative entries should be made.

Data in the narrative record should be selective and concise, to avoid unnecessary or unduly voluminous material. The requirements for recorded material will vary, depending upon the type case, complexity of problems, and plan of actions.

(6) **Correspondence and Special Reports.** Correspondence received and copies of communications sent relative to a case are to be filed together chronologically in the case file. The same procedure applies to reports concerning a family or individual.

C. **Master File Card 5-1202.** A master file card is to be maintained for each case for which assistance or major service is given. The master file card is a permanent record of the fact that a family or individual has received services from the agency. Master file cards are to be maintained alphabetically in a permanent master card file. A minimum of identifying information about the case is to be included on the card. Case name and variations in name, mailing address, date of initial opening of the case for assistance or service, and cross reference to other case records which contains information about the family.
D. Worker's Desk Cards and Statistical-Financial Cards.

(1) **Worker's Desk Cards.** Worker's Desk Card, GA or SOF Form 5-1203A and Worker's Child Welfare Desk Card, Form 5-1211A are for purposes of furnishing handy reference regarding cases, and for planning for and control of case actions. The use of these cards is optional with the Area Offices. Their use is strongly recommended because of the advantages they will afford the social worker in keeping up with case situations, in preparing instructions on Form 5-1204, Change of Status, and for quick reference when the use of the case record is not necessary. (See 66 IAM 5.3E).

(a) **Worker's Desk Card GA or SOF 5-1203A.** A Worker's Desk Card representing each active case of general assistance and service only family should be maintained by all social workers with assigned caseloads. A card should be prepared when a new application is made for general assistance and when a new service only family case is accepted. When a case is reopened for general assistance or service only the Worker's Desk Card used previously should be reactivated.

(i) **Instructions for Specific Items.**

**Case Name.** Enter last, first, and middle name of the case head.

**Mailing Address.** Enter mailing address of case head.

**Home Location.** Enter directions for reaching the home.

**Cross References.** Enter the case names and case numbers of family groups sharing the same shelter accommodations. (See 66 IAM 3.1.7A(3) (Cont'd)).
Case No. Enter case number.

Census or Enrollment Number. Enter whichever number is appropriate for head and spouse if identification with other agency records is necessary.

Worker. Enter social worker's last name.

Dates of Application. Enter dates of applications for general assistance.

Dates Opened. Enter dates case is opened.

Dates Closed. Enter dates case is closed.

Classifications. Under Classification are two kinds of cases, Service Only and General Assistance.

Service Only. Check space, if a Service Only Family case and enter the number of persons in the family. Such a case is one in which no financial assistance is furnished, and casework services are being provided on a continuing basis, and there is a recorded plan for the provision of casework services. (See 66 IAM 5.3F (Cont'd) Services Only).

General Assistance. Check space if a general assistance case. Enter the number of persons included in the payment and the number of adults and children included.

Classification G.A. General assistance cases are classified under two main groups, home assistance and adult institutional care. Under home assistance are three categories, unemployable, employable, and pending
public assistance. (Also see 66 IAM 5.3F (Cont'd), Analysis of General Assistance, and Form 5-1210 Statistical Report Sec. I.C.1.)

All cases living outside an institution are classified as home assistance. For such cases item a is to be circled.

Circle item (1) for cases where the normal wage earner is unable to support himself or his family because of chronic illness, physical handicap, old age, or other reason.

Circle item (2) for cases where the normal wage earner is employable but is unemployed, or his earnings through wages or self-employment are insufficient to meet the unmet assistance needs of himself or his family. Cases with partially employed wage earners in part time or seasonal employment are to be included in this category.

Circle item (3) for cases which have made application for public assistance and are awaiting disposition of their applications, or have appealed for a fair hearing and are awaiting appeal decisions.

Circle item b for cases receiving payment on their behalf for custodial or institutional care.

Members of Household. Enter information on members of the family group according to the instruction for the Family Profile 5-1201A, and for the items: Name, Sex, Date of Birth, and Relation to the Head of the Family Group. Also, an asterisk should be placed at the left of names of persons not included
in a general assistance payment. (See Family Profile, Form 5-1201A, bottom of first page).

Reverse Side of Worker's Desk Card. The reverse side of the card provides for spaces for the social worker to enter brief information on dates and plans for follow-up actions and actions taken.

When the case is closed for financial assistance and service only the card should be filed in the case record.

(b) Worker's Child Welfare Desk Card 5-1211. A card representing each active case of child welfare assistance and child welfare service only should be maintained by all social workers with assigned caseloads. For purposes of this card see 66 IAM 5.3D(1). A card should be prepared when a case is accepted for financial assistance or service. When a case is reopened the Worker's Child Welfare desk card used previously should be reactivated.

(i) Instructions for Specific Items.

Name of Child. Enter last, first and middle name of child.

Case Number. If a case record is maintained on the child that has a case number enter the case number.

Case Name (Family). If information about the child is recorded in a case record on his family enter the family record case name and case number.

If information about the child is recorded in a case record other than his or his family enter the name of the case and the case number. Also enter the notation "Cross-ref."
Home Address. Enter the home address of the child.

Date of Birth. Enter child's birth date, month, day, year.

Blood Quantum. Enter the degree of blood quantum of the child.

Worker. Enter the last name of the worker servicing the case.

Census or Enrollment Number. In agencies where census or enrollment records are maintained enter the child's number.

Classification. If no Bureau funds are to be expended in behalf of the child, check Service Only. If Bureau funds are to be expended, check Financial Assistance.

Date Opened. Enter the date(s) case is accepted for service or care.

Date Closed. Enter the date(s) the case is closed.

Date Placed. Enter the date child is placed in a foster home or institution.

Foster Home or Institution. Enter name and address of foster home or institution where child is placed.

Rate. Enter monthly rate for cost of care. If payment is made on other than a monthly basis enter average rate per month.

Contract Number. Enter contract number if used by the agency.
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Removal Date. Enter date child is removed from placement.

Removal Reason. Enter reason for removal.

Child Welfare Assistance. If child is in a foster home circle a. For a child in an institution circle b and circle the number that designates the type. A child for whom special needs are met circle c. (See 66 IAM 5.3F(Cont'd) Analysis of Child Welfare Assistance Cases).

Services Only. Circle d and circle the number that designates child's location. (See 66 IAM 5.3F (Cont'd) Analysis of Service Only Cases).

Plans and Follow-up Actions and Actions. The reverse side of the card provides spaces for the social worker to enter brief information on dates and plans for follow-up actions and actions taken.

When the case is closed for financial assistance and service the card should be filed in the case record.

(2) Statistical-Financial Cards. Statistical-Financial Card Form 5-1203B and Statistical-Financial Child Welfare Card Form 5-1211B are for the purpose of maintaining an Agency Statistical Financial Card file to keep current data on cases of general assistance, service only family, child welfare assistance, and child welfare service only. This file is to be used for the preparation of the Statistical Report Form 5-1210 and for keeping a record of financial obligations.

This card file is to be maintained by the clerk who has the responsibility for the preparation of the Statistical Report.
(a) **Statistical-Financial Card - Form 5-1203B.** One of these cards is to be maintained in the Statistical-Financial Card on each active general assistance and service only family case. Data on the card must reflect the current status of the case it represents.

A card no longer needed in the Statistical-Financial Card file is to be filed in the case record. When a closed general assistance or service only case is reopened the Statistical-Financial Card is to be reactivated.

(i) **Instructions for Specific Items.** All entries subject to change should be entered in pencil.

**Case Name.** Enter last, first and middle name of the case head.

**Case Number.** Enter case number.

**Data on Head of Family.** Enter age and education for head of family. (Male or female head.)

**Mailing Address.** Enter mailing address for the payee for general assistance. Enter address of case head for service only case.

**Worker.** Enter the social worker's last name to whom the case is assigned currently.

**Census or Enrollment Number.** If the agency has need of this data enter appropriate number.

**Dates of Applications.** Enter dates of applications for general assistance.

**Dates Opened.** Enter dates opened for general assistance or service only.

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Dates Closed. Enter dates closed for general assistance or service only.

General Assistance. Enter the number of persons included in the general assistance payment.

Home Assistance. If the recipient lives outside an institution check space at right and check the appropriate classification space below.

Adult Institutional Care. If the recipient is domiciled in an institution or nursing home check space.

Services Only Family. Check this space for a service only case and enter the number of persons in the family.

Notes: For Future Reference. This part of the card is for the clerk's use in keeping temporary reminders for future needs.

Record of Monthly Obligations. The reverse side of the Form 5-1203B provides spaces for the posting of amounts of general assistance payments authorized by the social worker. Amounts obligated from imprest funds and for purchase orders are to be posted.

New amounts, changes in amounts, and other actions regarding general assistance payments are to be posted prior to the preparation of the general assistance payment vouchers. The data must be kept correct and in proper order for the preparation of the payment vouchers.
If a recipient's monthly grant is to be made in partial payments during a month the partial payment amounts are to be entered for the month involved.

(b) Statistical-Financial Child Welfare Card 5-1211B. One of these cards is to be included in the Statistical-Financial Card file representing each active case of child welfare assistance and child welfare service only. Data on the card must reflect the current status of the case it represents.

A card no longer needed in the Statistical-Financial Card file is to be filed in the case record. When a closed general assistance or a service only case is reopened the Statistical-Financial card is to be reactivated.

(i) Instructions for Specific Items. All entries subject to change should be entered with pencil.

Name of Child. Enter last, first, and middle name of child.

Case Number. If a case record is maintained on the child that has a case number enter the case number.

Case Name (Family). If information about the child is recorded in a case record on his family enter the family record case name and the case number.

If information on the child is recorded in a case record other than his or his family enter the name of the case and case number. Enter "cross ref".
Home Address. Enter home address of child.

Date of Birth. Enter child's birth date, month, day and year.

Blood Quantum. Enter the degree of blood quantum.

Worker. Enter the social worker's last name to whom the case is assigned currently.

Census or Enrollment No. In agencies where census or enrollment numbers are maintained enter the child's number.

Classification. If no Bureau funds are to be expended on behalf of child, check Service Only. If Bureau funds are to be expended, check Financial Assistance.

Date Opened. Enter date(s) case is opened (accepted) for assistance or service.

Date Closed. Enter date(s) case is closed for assistance or service.

Date Placed. Enter the date child is placed in a foster home or institution.

Foster Home or Institution. Enter name and address of the foster home or institution.

Rate. Enter monthly rate for cost of care. If payment is made on other than monthly basis enter average rate per month.

Contract Number. Enter contract number if needed by the agency.
Removal Date. Enter date child is removed from placement.

Removal Reason. Enter reason for removal.

Child Welfare Assistance. If child is in a foster home circle a. For a child in an institution circle b and circle the number that designates the type of institution. A child for whom special needs are met circle c. (See 66 IAM 5.3F (Cont'd), Analysis of Child Welfare Assistance Cases.)

Services Only. Circle d and circle the number that designates child's location. (See 66 IAM 5.3F (Cont'd) Analysis of Service Only Cases).

Record of Monthly Obligations. The reverse side of the card provides for the posting of obligations made for or on behalf of a child by month and year. The amounts or estimate of amounts of obligations for child welfare assistance will be posted according to month and year. This is to facilitate the preparation of vouchers and section IV.B of the Statistical Report, Form 5-1210.

Cards on closed cases will be kept in the case record.

(c) Maintaining the Currency of Case Data on the Statistical-Financial Cards. Currency of case status data shall be maintained through instructions furnished to the clerk by the social worker on Form 5-1204, Change in Status. It will be essential for the social worker to prepare and dispatch Change of Status forms promptly on cases
where changes occur or, as case actions are taken, to assure prompt recording of case data on the cards, provide an even flow of work, and avoid the piling up of work at the end of the month.

The social worker shall be responsible for making periodic reviews matching the current status of data relative to his assigned cases with the data recorded on the corresponding file cards to assure proper functioning of the Statistical-Financial card file system and accuracy in statistical reporting.

It is recommended that the Area Office make a review of the Statistical-Financial card file in each agency, at least annually, to assure that its functions are being carried out properly and that accurate statistical reports are made.

(d) Suggested Arrangement for the Statistical-Financial Card File. Since the main purpose of this file is for the maintenance of statistical data the arrangement and headings for the divisions of the file should correspond to the arrangement and appropriate headings of the sections of the Statistical Report Form 5-1210.

For ease of reference and accuracy in maintaining the file, cards should be filed alphabetically in the divisions representing the current status of the cases.

The suggested arrangement is as follows:

GENERAL ASSISTANCE
APPLICATIONS
Pending
Disapproved
Approved. (Applications which have been approved but no payments have been received.)

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CASES
Closed. (To be reported on Form 5-1210)
Closed. (Annual Report of Unduplicated Number of General Assistance cases. If there is a large number of cards they may be filed in a separate file box.)

ANALYSIS OF GENERAL ASSISTANCE CASES
Unemployable.
Employable.
Pending Public Assistance.
Adult Institutional Care.
Assistance Payments Suspended.

MISCELLANEOUS ASSISTANCE
Burials.
Other.

BOARDING SCHOOL APPLICATIONS
Recommended.
Not Recommended.

CHILD WELFARE ASSISTANCE CASES
Accepted. (Cases which have been accepted but no payments have been made in their behalf.)
Closed.

ANALYSIS - C.W. ASSISTANCE CASES
In Foster Homes.
Mentally Retarded.
Blind and Deaf.
Dependent.
Delinquent.
Maternity Care.
Other.
Special Needs.

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SERVICES ONLY
CASES
Closed

ANALYSIS SERVICES ONLY CASES
   Families.
   In Foster Homes.
   In Boarding School.
   Other.

The above headings appear to be a necessary
minimum of divisions for the Statistical-
Financial Card file. More can be included if
needed.

(e) Annual Report of Unduplicated Number of Cases
that Received General Assistance During the
Fiscal Year. This report will be requested at
the end of the fiscal year.

The source of data for the report will be the
Statistical Financial Card file. (Forms 5-1203B).

Cards on cases that were discontinued for assist-
ance during the fiscal year and not continued for
services only, or if continued for services only
the cases were closed for services within the
fiscal year filed in the division; Closed (Annual
Report of Unduplicated Number of General Assistance
Cases.)

Cards filed at the end of the fiscal year in the
following divisions, Unemployable, Employable,
Pending Public Assistance, Adult Institutional
Care, and Assistance Payments Suspended.

Cards on cases that received general assistance
during the fiscal year and at the end of the
fiscal year were receiving services only and
filed in the division, Families.
E. Change in Status Form 5-1204. This memorandum form is to be used by the social worker to provide instructions to the clerk for recording and making changes in case data for the Statistical Card File, Forms 5-1203B and 5-1211B, and for performing other functions and actions relative to cases.

It is the responsibility of the social worker to initiate promptly all applicable instructions for case actions and changes of the Change of Status form. When simultaneous actions are necessary in a case, instructions should be given for all actions on the same form.

After all designated actions and postings are completed, the form will be filed in the corresponding case record for a period not longer than two years for future reference.

(1) Instructions for Specific Items. The social worker may enter the instructions with pen or pencil, and avoid erasures.

Type of Case. Circle symbol representing type of case prior to issuing instructions. This is to faciltiate the clerk's efforts in locating the case card. Symbols represent: GA, general assistance; SOF, service only family (or individual adult); CWA, child welfare financial assistance; CWSO, child welfare service only.

Case Name. Enter case name and case number.

Change in Case Name. 1. When a case name is to be changed circle item 1 and enter new name. (In the event of a change in payee for general assistance, temporary or permanent, but the case name is not to be changed, mark out "Case Name" and enter "Payee" above, and also enter name of the payee.)
Address. 2. When instructing regarding the initial address or to change the address circle item 2 and enter complete mailing address.

Financial Actions. 3. If any instructions are given related to financial actions, circle item 3.

Initiate Payment. a. To initiate a payment circle item a, circle appropriate symbol GA or CWA, enter amount and the effective date of payment. For GA the effective date will usually be the date when the next general assistance payroll voucher is to be prepared. This will alert the clerk to include the name on the proper payroll voucher. For child welfare assistance the effective date ordinarily will be the date when obligation for payment begins.

Change Payment. b. Circle item b, circle appropriate symbol GA or CWA, enter amount of future payment and date it is to be effected. Again, dates for the preparation of payroll vouchers for GA and time for changes in a CWA obligation will generally govern the dates entered.

Suspend Payment. c. Circle item c, circle appropriate symbol GA or CWA, enter the amount and the date the suspension is to take effect. A general assistance payment may not be held in suspension for a period longer than three months. (See 66 IAM 5.3.A(1) ). Appropriate action must be taken on a suspended general assistance payment within a three-month period. (Suspended general assistance cases are reported on the Statistical Report, Form 5-1210 in I.C.4.). Since they are considered to receive service only for months general assistance is not received, for such
months they are reported in V.B.1.c in the Statistical Report. Also in order that item V.A. may be made to balance, the case will need to be reported appropriately in section V.A.2 for the first month suspended and in section V.A.4 for the month the suspension is removed.

For the same reason when a payment on behalf of a CWA case is not made for a month and case service is continued the case should be reported for that month in IV.A.4 of Form 5-1210, but not in IV.B. Instead it should be reported in V.A.2 and V.B.1 a.or b.

Reinstate Payment.  d. Circle item d, circle appropriate symbol GA or CWA, enter amount of payment to be made and date the payment is to take effect.

Discontinue Payment.  e. Circle item e, circle appropriate symbol GA or CWA, enter amount and date discontinuance is to be effected.

General Assistance and Service Only Family Cases.  4. When instructions are given in this section circle item 4.

GA Application.  a. Circle item a and enter the date after the appropriate action(s). This alerts the clerk to make proper preparation and disposition of the Statistical Financial Card Form 5-1203B and perform any additional assigned duties relative to the case.

SOF Accepted.  b. This item is to be used only for new or reopened SOF cases that are not changed from general assistance. Circle item b and enter date case was accepted.
Type: Change from: c. Circle c and circle appropriate symbol GA or SOF after "from" and after "to" and enter the effective date. The use of this item may necessitate the giving of instructions in additional items, e.g., items 3a, 3e, 4a, 4d, 4e, and 6 to assure the necessary posting of data on the Statistical Financial Card 5-1203B and that other necessary actions are made properly.

A closed GA case is reported as closed on the Statistical Report 5-1210 effective the last day of the month if general assistance is received during report month. Therefore, item 6, "Close case" must have the effective date as of the last day of the report month. The effective date for the acceptance of the SOF case and other case actions for the SOF case should be in the following month.

In a change from SOF to GA careful planning should be done so that all case actions can be effected within the same month, if possible. Item 6 should show the effective date for the closing of the SOF case so that the clerk may report accurate statistical data on the Statistical Report 5-1210.

Items 3a, 4a, 4d, and 4e, should have instructions for proper posting of the GA data on Form 5-1203B. The SOF case would be reported appropriately in items V A and B in the Statistical Report 5-1210 and the GA case in I.A.B. and C.

GA Classification to: d. When given initial instructions on or in making a change in the classification, circle d and circle the appropriate symbol(s) representing the classification.
Symbols Represent:
a. Home Assistance.
   (1) Unemployable.
   (2) Employable.
   (3) Pending Public Assistance.
b. Adult Institutional Care.

No. Persons in GA - SOF - e. When giving initial instructions or when making a change later circle e and enter number of persons to be reported in the case.

Child Welfare Assistance and Service Only Cases. 5. Circle 5 when giving instructions under this heading.

Accepted for Service. a. Circle a and enter effective date of acceptance for service according to the type of case. This item should be used for setting up a new case or for reopening a case.

Type: Change from: b. Circle b and circle appropriate symbol CWA or CWSO after "from" and after "to" and enter the effective date the change is to be made.

When making a change from CWA to CWSO attention should be given to other instructions that may be necessary, e.g., items 2, 3e, 5d, and 6. The CWA case should show in item 6 closed effective the last day of the month in which financial assistance was expended in behalf of the child. Case actions on the CWSO should be effective the following month. This is advisable for ease and accuracy in reporting case data in the Statistical Report 5-1210 for CWA IV.A. and B. and CWSO V.A. and B.
In changing a CWSO case to CWA and financial assistance is received during month the necessary case actions should be effected within the same month in both type of cases so that the Statistical Report 5-1210 will reflect proper reporting. The effective date for the change over on the CWSO item 5b and close case 6 may be the same. Care should be exercised to furnish necessary data in 3a, 5a, 5c and 5e when appropriate.

**Location c.** When furnishing information initially or making a change, circle c and enter name of foster home and institution and the mailing address.

**Removal Date from Former Placement.** d. Circle d and enter date of removal.

**Contract No.** e. Circle e and enter contract number for initial instructions or when a change in the number is necessary.

**Close Case.** 6. Circle 6 and enter effective date. The dates entered need to be established in view of necessary case actions and for purposes of reporting on the Statistical Report 5-1210.

**Other Instructions.** 7. The social worker will use this item for furnishing instructions that cannot be made in other items, e.g., instructions about purchase order.

**Worker's Signature.** This space is for the signature of the social worker furnishing the instructions.

**Clerk's Initials.** The clerk(s) who carries out the instructions is to initial form when all instructions have had necessary attention.

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F. Social Services Statistical Report 5-1210 (Revised):
(Report No. 66-1). The purpose of this report is to pro-
vide statistical information about selected Social
Services operations.

(1) Preparation of the Social Services Statistical Report:
A report is to be prepared effective the last working
day of each month by each agency, sub-agency, or area
field office with Social Services staff. The report
is to be prepared in triplicate, one copy for the
Central Office, one copy for the Area Office, and one
copy to be retained in the agency office. The report
will be prepared from data on the Statistical-
Financial cards, Forms 5-1203B and 5-1211B.

(2) Submittal Date of the Report: The Area Office and
Central Office copies are due in the Area Office not
later than the 10th day of the month following the end
of the report month. The Central Office copy is due
in that office not later than the 20th of the same
month. The reports are to be examined carefully in the
Area Office to assure completeness and accuracy before
the Central Office copy is forwarded. In the event a
delay or a revision is necessary in a statistical report
the Central Office is to be advised.

(3) Instructions for Specific Items:

(a) General Assistance I.

(1) Applications I.A. For definition of application
(See 66 IAM 3.1.5 and 66 IAN 5.3).

Pending from Last Month. Enter the number of
applications and persons that were carried
over from the previous month. This should be
the same number as reported in item I.A.6 of the
previous month's report.

Received this Month. Enter the number of appli-
cations and persons received during the report
month.
Total: Enter the sum of items 1 and 2.

Approved: Enter the number of applications and persons approved to receive general assistance for the report month. (Funds were obligated for the report month). This includes purchase orders, imprest cash and checks payable to or on behalf of families and individuals from the general assistance account.

Disapproved: Enter the number of applications and persons disapproved, found not eligible for assistance during the report month.

Pending at End of Month: Enter the number of applications and persons pending. This should be the difference between item I.A.3 and the sum of items I.A.4 and I.A.5.

(ii) Cases I.B: A case is a family group with a common family head, or an individual that has been found eligible and approved for general assistance. (See IAM 3.1.7A(3)).

The Statistical Financial File Cards, 5-1203B, representing general assistance cases are to furnish the information to complete Sections I.B and I.C and their respective sub-items.

Carried Over from Last Month: Enter the number of cases and persons shown in item I.B.5 of the report for the previous month.

Added This Month: Enter the number of applications approved and the number of persons included in those applications shown in item I.A.4. that received general assistance for the report month.
Total Open in Month: Enter here sums for cases and persons in items I.B.1 and I.B.2. These numbers should equal the sums of numbers reported in I.C.1 and I.C.4 for cases and persons. If they do not, because of unusual circumstances explain this under remarks.

Cases Closed: Enter the number of cases and persons for whom general assistance was discontinued and closed during the report month. The effective date for closing a case that received general assistance during the report month is the last working day of that month.

In the event that services only are planned for a general assistance case that received general assistance for the report month and is reported closed for the report month, it will be necessary to report the case statistically on Form 5-1210 in section V.A.2 "Accepted this month", and appropriately in V.B in the report for the following month to avoid duplicate reporting of the case.

Carried Over to Next Month: Subtract item I.B.4 from I.B.3, cases and persons, and enter the remainders in item I.B.5.

(iii) Analysis of General Assistance Cases, I.C.: This analysis covers only the cases that received general assistance in some form for the report month, and those suspended for the entire month.

Total Number Receiving General Assistance Payments: Enter the number of cases and persons that received general assistance
for the report month. See also, instructions for item 1.C.2., Total Amount Obligated.

**Home Assistance:** Enter the number of cases and persons that received assistance who are living outside an institution.

**Unemployable:** Enter the number of cases and persons where the normal wage earner is unable to support himself or his family because of chronic illness, physical or mental handicap, or old age, or other reason which renders the wage earner unable to work.

**Employable:** Enter the number of cases and persons when the normal wage earner is employable, but is unemployed or his earnings through wages or self-employment are insufficient to meet the unmet needs of himself or his family. Cases with partially employed wage earners in part time or seasonal work are to be included in this group.

**Pending Public Assistance:** Enter the number of cases and persons who have made applications for public assistance and are awaiting disposition of their applications, or have appealed for fair hearings and are awaiting appeal decisions.

**Adult Institutional Care:** Enter the number of cases and persons who received direct or on their behalf, payment for institutional or custodial care.
Total Amount Obligated: Enter the total amount of general assistance expenditures authorized for the report month including total amount of vouchers for payments on regular and supplemental payrolls for the month, imprest cash funds utilized for general assistance, and amounts of purchase orders issued to general assistance recipients, and amounts obligated on behalf of adults receiving institutional care for the month.

Home Assistance. Enter the total amount obligated for general assistance cases not receiving institutional or custodial care.

Adult Institutional Care. Enter total amount obligated for cases receiving institutional or custodial care.

Average Payments.

Home Assistance. Enter average amount per case and per person. Determine amount per case by dividing the amount shown in item I.C.2.a. by number of cases reported in I.C.1.a. Per person, divide amount shown in item I.C.2.a. by the number of persons reported in item I.C.1.a.

Adult Institutional Care. Enter the average amount obligated per case for adult institutional care. Determine by dividing the amount shown in item I.C.2.b. by the number reported in item I.C.1.b.

All Cases. Enter the average amount per case and per person. Determine by dividing the total amount obligated in item I.C.2 by the total number of cases in item I.C.1 for cases. For persons divide the amount in I.C.2 by the total number of persons reported in I.C.1.
Assistance Payments Temporarily Suspended. Enter the number of cases and persons in the cases of general assistance where payment has been suspended for the entire month. This includes suspended cases where no form of financial assistance was received for the report month.

(b) Miscellaneous Assistance. This includes burials and all other obligations made during the report month not otherwise reported under the above classifications.

Burials. Enter total number of burials for which Bureau of Indian Affairs' funds were authorized during the month and the total amount obligated for these burials.

Other Welfare Expenditures. Enter total amount of funds obligated for purposes other than those to be reported in sub-sections 1.C and IV.B. and for burials. If this amount is considerable or significant, explain in footnote in "Remarks."

(c) Federal Boarding School Applications. III.

Applications Recommended. Enter the number of applications for Federal Boarding School recommended for approval for social reasons. A review which results in a formal recommendation is to be considered as an action taken on a boarding school application.

Applications not Recommended. Enter the number of applications for social reasons which were not recommended for approval.

In the event a service only case is accepted resulting from a boarding school application such case must be processed in the regular manner and reported in V.A. and V.B.
(d) **Child Welfare Assistance. IV.** This section is to include data on cases of children for whom financial assistance has been obligated. The Statistical-Financial Child Welfare cards, Form 5-1211B, should provide the information for the preparation of section IV.A. and B, including all the sub-items.

(i) **Cases IV.A.**

**Carried Over from Last Month.** Enter the number of children reported in item IV.A.5 for the previous month.

**Accepted This Month.** Enter number of children approved to receive financial assistance for the report month.

**Total Open During Month.** Enter total number of child welfare assistance cases open during the report month. This is the sum of IV.A.1 and IV.A.2 and should also equal the number reported in IV.B.1. Total no. children., if, because of unusual circumstances, it does not explain under Remarks.

**Closed This Month.** Enter number of children for whom child welfare assistance was discontinued during the month. A case closed during the report month is to be reported as closed statistically effective the last day of the month for which child welfare assistance was obligated. When a Services Only case is to be continued on a child who remains away from his family, and for whom child welfare assistance is discontinued, the case will be reported in V.A.2 and V.B.1.b on Form 5-1210 for the following month.

If child welfare assistance is discontinued for a child and he is returned to his family with continuation of Services Only he should
be included as a member of his family if it is currently a Services Only case. If his family is not a Services Only case a record on the family should appropriately be processed and reported in V.A. and V.B.

Carried Over to Next Month. Enter the number of children to be carried forward to the next month. This should be item IV.A.3 minus item IV.A.4.

(ii) Analysis of Cases that Received Child Welfare Assistance. IV.B. In this subsection include only cases of children for whom financial obligation was incurred for the report month from Bureau child welfare funds who were in placement outside their natural homes for foster home or institutional care, or for whom a special financial need was met where the use of general assistance was not appropriate. The reported data is to be made in terms of the number of children and a best estimate of funds obligated on their behalf for the report month.

Total Number of Children. Enter the total unduplicated number of children that received child welfare assistance on their behalf during the month, and the total amount obligated for their care and other needs.

In Foster Homes. Enter the total unduplicated number of children in foster family homes during the month and the total amount obligated for their care and other needs. (A particular child is counted only once regardless of the number of different placements that may have been made for him during the month).

Institutional Care. Enter the total unduplicated number of children in institutions, including group care centers, during the month and the total amount obligated for their care or training. (The totals should be the sums
of items, b.(1), b.(2), b.(3), b.(4), b.(5) and b.(6) for the number of children and the amount.) Where obligations are incurred on an annual basis or other than on a monthly basis, the amount reported per child will be the monthly rate, arrived at by dividing the annual rate by the number of months in the institution year. For simplicity in computation, any part of a month that a child received care is to be considered a full month. Any additional items furnished for a child in an institution, either goods or services, should be included in the institutional care cost. The nature of the child's handicap or reason for institutional care, according to definitions below, will determine the classification under which a case will be entered.

**Mentally Retarded.** Enter number of children in institutions because of mental retardation and an estimate of amount of funds obligated for their care for the month.

**Blind and Deaf.** Enter the number of children in institutions for the blind and deaf and the total amount of funds obligated for their care for the month.

**Dependent.** Enter number of children in institutions because of dependency, and an estimate of total amount of funds obligated for their care for the month. (Do not include children in mission schools as this report will be requested separately.)

**Delinquent.** Enter the number of children that have been adjudged delinquent and committed to an institution, either public or private, and an estimate of amount of funds obligated for their care for the month.

**Maternity Care.** Enter total number of females, regardless of age, placed in an institution,
public or private, for maternity care, and an estimate of the amount of funds obligated for their care for the month.

Other. Enter number of children in institutions or treatment centers for reasons other than those enumerated above, and an estimate of the total amount of funds obligated for their care for the month.

Special Needs. Enter the number of children not included in items B.1.a and B.1.b, above, for whom funds were obligated from child welfare funds and the total amount of funds obligated. This should not ordinarily include children who are members of, and living with, a family which is eligible for general assistance.

(e) Services Only. V. A Services Only case is defined as one in which no financial assistance is furnished but social services are being provided on a continuing basis and there is a recorded plan for the provision of such services. A Services Only case need not have received a service or contact during the report month to be reported as receiving services only. A Services Only case, family or child, may not be reported as receiving services when a service or purposeful contact has not occurred and been recorded within the four months prior to the current statistical report month. The Statistical-Financial file cards, 5-1203B, representing Services Only cases should furnish the information for the preparation of Sections V.A. and V.B.

(i) Cases, V.A.

Carried Over from Last Month. Enter the number of cases shown in item V.A.5 in the report for the previous month.
Accepted this Month. Enter the number of cases accepted for social services only this month. Also include cases where general assistance and child welfare assistance has been discontinued and they were closed for those categories the previous month but, social services are to be continued.

Total Open Cases. Enter the sum of items V.A.1 and 2, above, for cases. The number should be the same as reported in V.B.1. Total number cases.

Closed. Enter number of cases closed for the report month.

Carried Over to Next Month. Enter the number of cases to be carried over to the next month. Subtract number of cases reported in V.A.4 from number reported in V.A.3.

(ii) Analysis of Service Only Cases, V.B.

Total Number Cases. Enter total number of cases receiving services only during the month.

Families. Enter the number of cases in which services are given to families, individuals, and to unattached adults. Include also cases where services involve a child or children who are living with their family, natural, adoptive, or near relative family who has their care and custody on a continuing basis.

Children Away from Family. The Statistical-Financial Child Welfare Cards, 5-1211B, on Child Welfare Services Only cases should furnish information for the preparation of this item and sub-item, (1), (2) and (3).
Enter the number of cases of individual children who are away from their families, or who are without a family.

**Foster Homes.** Enter number of cases of children in foster homes other than those for whom payments for care are made from Bureau of Indian Affairs funds. These include children for whom care is provided from their own funds or other non-Bureau of Indian Affairs funds, and children in adoptive, free, or wage homes.

**In Boarding School.** Enter the number of children in boarding school who are receiving social services from an agency social worker while in school. Services include planning for care of a child while in school, during vacations, or on a permanent basis. Children for whom services are not provided or planned are not to be included. Definition of Services Only case applies to cases of children in boarding school.

**Other.** Enter the number of children to whom services were provided who have not been included in one of the preceding classifications.

(f) **Capitulation of all Cases. VI.**

- **Total Cases Open this Month.** Enter sum of item I.B.3, IV.A.3 and V.A.3.

- **Total Number Closed.** Enter sum of items I.B.4, IV.A.4 and V.A.4.

- **Total Carried Forward to Next Month.** Enter sum of items I.B.5, IV.A.5 and V.A.5.
Signature. The report will be signed by the Agency Social Worker, and the Superintendent or his designated representative.

REMARKS. Enter any footnotes or explanatory information regarding report items that the agency considers necessary.
This narrative report is to be submitted by the Area Social Worker to keep the Central Office apprised of the progress and problems and both general and specific conditions affecting social service activities on a particular reservation or in the particular Area covered by the report. The Area Semi-Annual Report shall be submitted in duplicate to reach the Central Office not later than January 20 and July 20.

(1) Suggested topics, subjects and guidelines for the Preparation of the Report. No specific outline need be followed. The following suggestions are offered as guides only. The reports should be objective and factual. Topical headings should be used. Elements of fact should be clearly stated and distinguished from evaluative comments. Sources of information should be identified clearly; including full names and titles of persons quoted or mentioned in the report. Reports should be brief. Their usefulness and adequacy depends as much on sharpness of selectivity of subject matter and skill in its condensation as upon content.

Suggested topics include:

(a) Significant developments in all Bureau operations as they relate to social services.

(i) Assistance and social services - trends and unexpected changes in case load, in standards of assistance, any information that explains significance of the items in the monthly statistical report.

(ii) Other Bureau programs as they affect social services - Credit, Individual Indian Money, Land Leasing, Law and Order, etc.
SOCIAL SERVICES

RECORD AND REPORT FORMS AND INSTRUCTIONS

(b) Significant developments in relations with the Indians - tribal welfare committees and planning activities, tribal welfare activities and services.

(c) Significant developments in relation with other social service agencies.
   (i) State Welfare - public assistance and services to Indians, changes in organization, policies, etc.
   (ii) Churches, missions, other voluntary agency activities.
   (iii) State legislative developments affecting Indian welfare.

(d) Identification of social problems, plans to correct them, relationship to and assistance of tribal council or other groups of individuals.

(e) Analysis of policy and its effect.

(f) Staff activities - conferences, budgetary matters, personnel, recruitment, etc.

H. Agency Quarterly Report, Report No. 66-3. An Agency narrative report shall be submitted in triplicate by each agency to reach the Area Office not later than the 15th day of the month following the end of each quarter. (January 15, April 15, July 15, October 15) The Area Office shall forward two copies to reach the Central Office not later than the 20th of the same month.

The suggested topics and guidelines given for the Area-Semi-Annual Report are applicable.

I. Social Worker's Day Sheet, Form 5-1209. This form shall be kept by all social workers and will afford a daily record of clients served, name and type of contacts made, and kind of services given.

Release 66-15, 6-30-67
APPLICATION FOR ASSISTANCE

Jurisdiction __________________________ Date ______________

I __________________________

Last Name __________ First __________ Middle __________

______________________________ Address __________ County __________ State __________

I wish to apply for general assistance for _____ members of my household.

The source of our support in the past has been __________________________

______________________________ Our present income is _______ Amount _______ Per _____ Source ______

I agree to supply all necessary information about my resources and income and to notify the agency when my situation changes. I also authorize the Bureau to obtain information necessary to establish my eligibility for assistance.

______________________________ Signature of Applicant

Disposition of Application

Date ______________

Approved [ ] Amount of grant _______ Disapproved [ ]

Reasons: __________________________

______________________________ Signature of Worker

Signature of Case Supervisor

Interior—Duplicating Section, Washington, D.C.
WELFARE CASE RECORD

Jurisdiction ______________________ Case No. __________

Identifying Information

Family name ______________________ Date __________

Variation ______________________ Date Reviewed __________

Address ______________________________

*Persons in Household Sex Birth Date Relationship to Head Blood Degree Education Occupation Health

______ _______ _______ ___________ ___________ ___________ ___________ ___________ ___________ ___________

______ _______ _______ ___________ ___________ ___________ ___________ ___________ ___________ ___________

______ _______ _______ ___________ ___________ ___________ ___________ ___________ ___________ ___________

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______ _______ _______ ___________ ___________ ___________ ___________ ___________ ___________ ___________

______ _______ _______ ___________ ___________ ___________ ___________ ___________ ___________ ___________

**Sex: Man ______________________ Woman ______________________

Woman’s Maiden Name ______________________

Family Status: S _ M _ Div. _ Wid. _ Sep. _ Des. __________

Present Marriage: Date and Place __________ Kind __________

Wife’s Previous Marriages: ______________________

Husband’s Previous Marriages: ______________________

MILITARY SERVICE

Person Serial No. Date of Induction Branch of Service Rank Date of Discharge Disability and VA Claim No.

Affiliation with Churches or other Organizations ______________________

NAME ______________________

CHILDREN AND RELATIVES NOT IN HOUSEHOLD

Name ______________________ Relationship ______________________ Address ______________________

____________________ ______________________ ______________________

____________________ ______________________ ______________________

____________________ ______________________ ______________________

____________________ ______________________ ______________________

*If general assistance is received, star name of recipient.
INCOME AND RESOURCES

<table>
<thead>
<tr>
<th>Type:</th>
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<th>No. of Rooms</th>
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<tr>
<td>Total Acres:</td>
<td>In Garden</td>
<td>Field Crops</td>
<td>Idle</td>
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<td>Stock (list):</td>
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<td>No. of Repayment Head</td>
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Farm Machinery and Equipment:

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<tr>
<th>Car or Truck</th>
<th>Year and Model</th>
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| List all Debts (Govt. and Other):

Employment of all members of Household:

<table>
<thead>
<tr>
<th>Employee and Social Security No.</th>
<th>Employer</th>
<th>Type of Employment</th>
<th>Earnings</th>
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<tbody>
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List Others in Household Able to Work and Give their Usual Occupations:

List all Pensions or Other Aid Received by Members of Household:

Cash Resources:

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<th>Name</th>
<th>Amount</th>
<th>Date</th>
<th>Depository</th>
<th>Comments</th>
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Comments:

Changes in Above Information and Date:

Name and Title of Worker
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<tr>
<th>Requirements Per Month</th>
<th>Annual Income &amp; Resources</th>
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<tr>
<td><strong>Food</strong></td>
<td>Wages &amp; Earnings</td>
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<td><strong>Clothing</strong></td>
<td>Self Employment</td>
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<td><strong>Shelter</strong></td>
<td>Investments</td>
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<td><strong>Fuel</strong></td>
<td>Rentals,</td>
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<td>Leases &amp; Permits</td>
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<tr>
<td></td>
<td>Per Capita Payments</td>
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<tr>
<td><strong>Water</strong></td>
<td>Veteran's Benefits</td>
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<td><strong>Housekeeping Supplies</strong></td>
<td>Dependency Allowances</td>
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<td><strong>Personal Care</strong></td>
<td>Old Age &amp; Survivor's Insurance</td>
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<td><strong>Special Diet</strong></td>
<td>Pensions</td>
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<td><strong>Medical Care &amp; Supplies</strong></td>
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</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>Compensation</td>
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<td><strong>Education</strong></td>
<td>Workmen's Compensation</td>
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<td><strong>Insurance</strong></td>
<td>Public Assistance</td>
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<td><strong>Other Special Needs</strong></td>
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<td><strong>Social and Religious Activities</strong></td>
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<tr>
<td><strong>TOTAL REQUIRED</strong></td>
<td>TOTAL RESOURCES PER YEAR</td>
</tr>
<tr>
<td><strong>URCES PER MONTH</strong></td>
<td>AVERAGE PER MONTH</td>
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<td><strong>BUDGET DEFICIENCY</strong></td>
<td>GRANT RECOMMENDED</td>
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<td>Members Of Assistance Group</td>
<td>Age</td>
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| Total                       | XXX | XXX |      |         |      |         |      |         |
| Adjusted Total              | XXX | XXX |      |         |      |         |      |         |
| Date                        | XXX | XXX |      |         |      |         |      |         |
United States
Department of the Interior
Bureau of Indian Affairs

Case No.

Name

Last

First

Middle

Variation

Address

Opening Date:

Cross Reference:

BIAM REISSUE
FEBRUARY 1984
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<th>Name(s)</th>
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<td>Home Address</td>
<td>Date of Application</td>
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<td>Classification</td>
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<td>Adults Ch.</td>
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<td>General Assistance:</td>
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<td></td>
<td>Adults Ch.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1a 2b</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1b 2c</td>
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<td></td>
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|----------------------|-----|--------|------|----------------------|-----|--------|------|

Remarks

WELFARE CASE CARD

Bureau of Indian Affairs

Form 5-1203

Rev. July 1959
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</table>

Chapter 5
Exhibit D
(Back of Card)

BIAM REISSUE
FEBRUARY 1984
UNITED STATES
DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs

Case No. __________

CHANGE IN STATUS

Jurisdiction __________________________ Date ______________

Name __________________________ Last Name ____________ First ____________ Middle ______

Change in name:

From __________________________ to __________________________

Change in address:

From __________________________

To __________________________ Directions for reaching new address

Change in grant from __________________________ Amount to __________________________ Amount

Grant discontinued □ Final payment month □

Case reopened □

Reason for action:

________________________________________

Signature of Worker

______________________________ Title

Case Supervisor
<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Type</th>
<th>Service Given</th>
</tr>
</thead>
</table>

Worker: ____________________
Agency: ____________________
Date: ____________________
### AGENCY SOCIAL WORKER

**Comments:** Include on reverse side of this page

---

**BUREAU OF INDIAN AFFAIRS**

**Social Services**

**STATISTICAL REPORT**

---

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<thead>
<tr>
<th><strong>A. APPLICATIONS</strong></th>
<th><strong>C. ANALYSIS OF GEN. ASSISTANCE</strong></th>
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<tr>
<td>Pending from last month</td>
<td>Total no. receiving general assistance payments</td>
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<tr>
<td>Received this month</td>
<td>a. Home assistance</td>
</tr>
<tr>
<td>Total</td>
<td>(1) Necessity</td>
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<tr>
<td>Approved</td>
<td>(2) Employable</td>
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<tr>
<td>Disapproved</td>
<td>(3) Pending Pub. Assist.</td>
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<tr>
<td>Pending at end of month</td>
<td>b. Adult inst. care</td>
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<tr>
<th><strong>B. ANALYSIS OF C.W. ASSISTANCE CASES</strong></th>
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<tr>
<td>Total no. children</td>
</tr>
<tr>
<td>a. In foster homes</td>
</tr>
<tr>
<td>b. Institutional care</td>
</tr>
<tr>
<td>(1) Mentally retarded</td>
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<td>(2) Blind and Deaf</td>
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<td>(3) Dependent</td>
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<td>(4) Delinquent</td>
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<tr>
<td>(5) Maternity care</td>
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<td>(6) Other</td>
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<td>c. Special needs</td>
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<th><strong>D. SERVICES ONLY</strong></th>
<th><strong>E. CAPITULATION OF ALL CASES</strong></th>
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<tbody>
<tr>
<td>Carried over from last month</td>
<td>Total cases open this month</td>
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<tr>
<td>Added this month</td>
<td>a. Total number cases</td>
</tr>
<tr>
<td>Total open in month</td>
<td>a. Families</td>
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<tr>
<td>Cases closed</td>
<td>b. Children away from family</td>
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<td>Carried over to next month</td>
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<tr>
<td></td>
<td>(2) In boarding school</td>
</tr>
<tr>
<td></td>
<td>(3) Other</td>
</tr>
</tbody>
</table>

---

**EMARKS:** Include on reverse side of this page

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**AGENCY SOCIAL WORKER**

**SUPERINTENDENT**

**Release 66-17, 3/10/69**

---

**BIAM REISSUE**

**FEBRUARY 1984**
Sample Contract Form

The following sample form is to be used as a guide in the preparation of a contract for group care of Indian children:

United States
Department of the Interior
Bureau of Indian Affairs

This Agreement, made and entered into this ___ day of _____________, 19___, by and between ____________________________,
(Name of Social Agency or Institution)
hereinafter referred to as the Contractor, and the United States of America, acting through the Area Director, ____________________________
(Area)
Bureau of Indian Affairs, Department of the Interior, and hereinafter referred to as the Bureau of Indian Affairs, witnesseth that:

Article I. The Contractor agrees:

1. To accept for care under this contract only such children as, after joint conference, are certified to it by a social worker of the Bureau of Indian Affairs designated for such purpose by the aforesaid Area Director.

2. That the United States may terminate payment for any child upon certification by such social worker of the Bureau of Indian Affairs.

3. To permit representatives of the Bureau of Indian Affairs access to the ____________________________
(Name of Social Agency or Institution)
its Staff and the children in care under this contract.

4. To maintain an individual record of each child, which shall be open to representatives of the Bureau of Indian Affairs.

5. To comply with standards for foster care of children set by the State licensing agency in the State which the Agency is located, and if not required to be licensed by the State, to request from the State the
services given by the licensing authority, or, in the case of the State itself, to comply with standards set by it for other agencies.

6. To comply with such general conditions as are required by General Services Administration for all contracts.

Article II. The Bureau of Indian Affairs agrees:

1. To pay to the Contractor not to exceed $___________ at the rate of $_________ per month (or) $_________ per annum for each Indian child certified under the provisions of this contract, except that the following monthly rates shall be paid for each child requiring special care, as follows:

2. Payments will be paid on monthly vouchers submitted by the Contractor to the Bureau of Indian Affairs, supported by a list of the names of the children, their birth dates, their tribes, and their home addresses.

The term of this contract shall be from the date of acceptance of the first child through June 30, 19____.

In witness whereof the undersigned have subscribed their names.

Witnesses: __________________________________________

(Name of Social Agency or Institution)

by __________________________________________

Title __________________________________________

The United States of America

by __________________________________________

Area Director
Bureau of Indian Affairs, Department of the Interior
This Agreement is negotiated pursuant to authority provided under Section 302(c)(9) of the Federal Property and Administrative Services Act of 1949, as amended, 41 U.S.C. 1952 Edition, Section 252, and delegated by the Administrator, General Services Administration, to the Secretary of the Interior (18 F.R. 8738), by the Secretary to the Commissioner of Indian Affairs (19 F.R. 1123) and by the Commissioner to the Area Director (19 F.R. 4544).
Sample Contract Form

The following sample form is to be used as a guide in the preparation of Child Welfare contracts with States:

United States
Department of the Interior
Bureau of Indian Affairs

Social welfare of Indian children in the State of _______________________
Contract No. ____________

THIS AGREEMENT is made pursuant to the Act of April 16, 1934, as amended (25 U.S.C. 452 et seq.), by and between the United States, acting through the Commissioner of Indian Affairs, and the State of ____________, acting through the ___________________________, legally authorized so to contract on behalf of the State of ________________________, hereinafter referred to as the State.

The State agrees:

1. To provide the social services specified in the State Plan attached to this contract and made a part hereof for Indian children residents of the State, except those maintained in Federal boarding schools.

2. To allot to counties or local units listed in the State Plan as needing foster care funds for Indian children, their equitable proportion of all other funds and aids to which they are entitled, such allotment to be made without regard to whether the children involved are Indian or non-Indian.

3. To determine and justify the total amount of the contract and the amount allotted for each county or local unit in keeping with the said State Plan.

4. To submit to the ____________________ Area Office, Bureau of Indian Affairs, all estimates, budgets, and reports requested by such Area Office.

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5. To allot funds provided under this contract only to counties or local units which justify assistance under the said State Plan.

6. To include for consideration in justifying funds under this contract only eligible Indian children, who are those possessing one-fourth or more degree of Indian blood and whose family homes are on tax-exempt trust or restricted Indian-owned land.

7. To permit representatives of the Bureau of Indian Affairs to inspect at any time all records maintained by the State, counties and local units respecting the Indian children paid for under contract funds and to provide opportunity for consultation on the program with the officials of the State, counties, and local units.

8. To make available all pertinent financial and related records for the United States to audit expenditures under this contract.

9. To comply with such general conditions as are required by General Services Administration for all contracts.

The Commissioner of Indian Affairs agrees:

1. To pay the State, subject to the availability of appropriations, not more than the total sum of $_________ for ____________ (state period of time) to be paid in installments on monthly vouchers submitted by the State to the Bureau of Indian Affairs, supported by the names of Indian children given foster care, their birth date, tribe, degree of Indian blood, address of family home, county of residence, and the per capita rate of payment for care.

The term of this contract shall be from ________________ to June 30, 19____. (date)

In witness whereof, the undersigned have subscribed their names.

Name of Agency

Commissioner of Indian Affairs

By __________________________

Name of person signing

Date: _______________________

Title

Date: _______________________

BIA M REISSUE

FEBRUARY 1984
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**Form 5-1211**

**Bureau of Indian Affairs**

**July 1959**

**Chapter 5**

**Exhibit N**

**Front of Card**
6 INDIVIDUAL INDIAN MONEY ACCOUNTS

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INDIVIDUAL INDIAN MONEY ACCOUNTS

6.1 Administration of Accounts

1 Authority. Authority for trust and social services essential in complying with regulations and in carrying out policy and objectives of the Bureau with respect to individual funds is derived from R.S. 161 (5 U.S.C. 22) giving the Secretary general powers to make regulations for all Departmental matters, combined with provisions of R.S. 163; R.S. 165; 5 U.S.C. 22, 165; 25 U.S.C. 2, 9. Summarized, these statutory provisions establish within the Department the line of authority for establishing and carrying out policy, objectives, and regulations governing the conduct of Indian affairs as warranted for the welfare of the individuals concerned.

With respect to delegations of authority reference is made to the following:

(1) Authority from the Secretary to the Commissioner on Funds and Fiscal matters, 14 IAM 2, Section 11.

(2) Authority from the Commissioner to Area Directors, 14 IAM 3; Section 134 (22 F.R. 1615); Section 135 (22 F.R. 1615); Section 264 (23 F.R. 6841).

(3) Authority from Area Directors to Superintendents on functions related to Funds and Fiscal matters, and functions related to credit matters, 14 IAM 4 through 14 IAM 7 and 14 IAM 9 through 14 IAM 13.

2 Objective. As a general principle it is intended that adults shall, upon appropriate application, have free access to funds in their Indian money accounts unless the use of such funds is limited by the restrictions contained in 25 CFR 10b.9.

The principal objective of supervision of the accounts of adults is to help those adults who have been determined to be in need of assistance in managing their affairs, taking into consideration the amount of funds involved, their needs, abilities, and responsibilities, to make constructive use of their funds. The objective of supervision shall also be to promote understanding of needs, responsibilities, and resources to the end that the need for such supervision can be diminished or eliminated.

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In the case of minors and of adults under legal disability, it is the objective of the Bureau to protect their interests, to conserve their funds and to permit, in the discretion of the Superintendent, access to their funds only as provided in 25 CFR 104.4 and 25 CFR 104.5.

3 Composition of Accounts. Funds subject to deposit in Individual Indian Money Accounts are funds derived from the following sources:

(1) Income from trust sources.
(2) Pro rata shares distributed from tribally-owned funds.
(3) Proceeds derived from sale or conversion of trust capital assets.
(4) Proceeds derived from inherited interests in trust land.
(5) Proceeds derived from the Federal Government for individual loss or damages with respect to privileges or property, or in fulfillment of treaty obligations.
(6) Proceeds from sale of crops, livestock or other personal property held in trust or restricted status purchased with restricted funds pursuant to a specific plan approved by the Government.
(7) Benefits from Federal agencies due minors and incompetents who have neither guardian nor payee to receive and expend these funds for them.

4 General Requirements. (Refer to 25 CFR 104 and 42 IAM 6.3.3E (I9). The Regulations and the Budget and Finance Manual require the following general administrative actions of the Bureau:

(1) To maintain separate accounts and records for each individual, such records to consist of ledgers and files referred to as individual folders for correspondence, memoranda or documents pertaining to the account.

(2) To render statements of accounts of collections, deposits, withdrawals and balances, to prescribe or provide forms and to designate times and places for transactions.
INDIVIDUAL INDIAN MONEY ACCOUNTS

(3) To hold in custody or to disburse under supervision, funds for certain individuals who in the discretion of the Secretary require supervision, namely:

(a) Individuals who are minors.
(b) Individuals who are adults non compos mentis or under legal disability.
(c) Individuals not under (3)(b) above, who are determined by the Secretary or his authorized representative to be in need of assistance in conducting their affairs.

(4) To retain for disbursement only under prescribed conditions certain trust funds regardless of the status of individuals to whom such funds belong, namely:

(a) Funds derived from the sale of capital assets which by agreement approved prior to sale are to be expended for specific purposes (including subsequent approved modifications thereof).
(b) Funds obligated under contractual arrangements approved in advance by the Superintendent.
(c) Funds subject to deductions specifically authorized or directed by acts of Congress.
(d) Funds of deceased persons derived from trust sources.

6.2 Administrative Control and Staff Services

1 Control. Under delegations and redelegations of authority the Superintendent or other officer in charge of an Indian Agency jurisdiction is responsible for administrative control of Individual Indian Money.

25 CFR 10h authorizes disbursements and specifies the conditions to be met in disbursement procedures. The disbursing officer may disburse funds only upon administrative authorization of the Superintendent as provided in §2 IAM 6.3.3E (19)(b)(1).
INDIVIDUAL INDIAN MONEY ACCOUNTS

.2 Staff Services. Superintendents may assign agency welfare staff when available, and with reasonable regard for their other necessary duties, to provide appropriate social services in complying with established policy and regulations regarding planning, counselling and supervision with respect to Individual Indian Money Accounts.

Superintendents may utilize service of social workers on their staff in some of the following situations with respect to:

(1) 25 CFR 104.4, when a suitable payee must be determined to receive and expend a minor's funds; when supervision of expenditures is required to protect the interests of a minor; when a plan must be approved by the Superintendent for a minor who is not in the custody of his parents or legal guardian, or when a legally appointed guardian must be obtained to receive and expend amounts for the purposes authorized in 25 CFR 104.4.

(2) 25 CFR 104.5, when a suitable payee must be determined; when conditions for expenditures from the account must be prescribed on the basis of a social report; and when a report is necessary in connection with the custody or care of the legal dependents of the person under legal disability.

(3) 25 CFR 104.7, when social services are necessary in administering funds from another Federal agency for beneficiaries for whom no legal guardian or fiduciary has been appointed and when reports must be made to the agencies from which such benefits are received in behalf of such beneficiaries.

(4) 25 CFR 104.9, when individuals with accounts are aged, infirm, chronically ill, and in need of supervision in expenditure of funds from their accounts, when individuals with accounts are recipients of general assistance or public assistance and in need of advice and counselling in managing their funds or in protecting their eligibility for public assistance; when the dependents of an individual in prison or other institutions are in need and when expenditures authorized by such individual.
for them from his account should be supervised, and when for other reasons the Superintendent requires a social report on conditions of an individual as a basis for planning.

Division of Staff Services. Where funds of an individual are to be used for reinvestment in capital, improvement of property, or in expanding family enterprises, as a general rule, planning and counselling should be the primary responsibility of the Branch directly responsible for such activities rather than the Branch of Welfare. Social case information may be useful in such technical planning and should be made available for that purpose. Staff committees consisting of representatives from each of the Branches concerned may be useful in assembling information and making recommendations for Bureau action.

Where it is necessary to budget the funds of an individual adult or minor for maintenance purposes which require withdrawals at regular intervals, as a general rule, planning and counselling may be considered the responsibility of the Branch of Welfare. Information on resources of the individual or family concerned will be considered an essential factor in such planning.

Routine Trust Services, 25 CFR 104.3. There are many accounts of adults requiring only routine Bureau services connected with collecting, depositing and disbursing funds upon proper application. Except for a determination as to whether or not supervision is necessary, such accounts should not be referred to the Branch of Welfare for services.

Supervised Accounts. Accounts of individuals whose funds are subject to disbursement under 25 CFR 104.4, 104.5, 104.7 and 104.9 will require planning, supervision and counselling. Disbursing authorities in 25 CFR 104.4, 104.5, 104.7 and 104.9 provide measures which are intended to protect the individuals and their ownership of these funds.

Essential Procedures and Criteria to be Used in Supervising Accounts Under 25 CFR 104. The following procedures and criteria set forth below may be used as appropriate in discharging such duties when exercising discretionary

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authorities given in 25 CFR 104. The authorization given for
supervising disbursements under each section of 25 CFR 104
identified hereunder provides for use of judgment by the
Superintendent of the agency having jurisdiction over the
trust accounts. To expedite the use of agency information
and to safeguard the interests of the individual in using
judgment in his behalf, some criteria and procedures are set
forth as follows:

A. Planning and Counselling Services. Although administra-
tive action in connection with a payment begins with the
proper execution of Form 5-139b, planning and counselling,
if possible, should begin when it is determined that
supervision of the account is indicated, and should be
related as much as possible to those conditions making
supervision necessary which can be remedied.

B. Minimum Information Essential In Connection With Super-
vised Accounts. A record for each individual whose
account is supervised should contain pertinent inform-
ation from each operating program of the agency's contact
and service to the individual.

The following information should be considered as basic:

(1) In the case of adults the name, age, identifying roll
or allotment number, location, mailing address,
marital status and minor dependent children. In the
case of minors or incompetents, include also the
names of their parents, legal guardians or other
persons having custody of the minor or incompetent
whose account is supervised.

(2) A description of trust property, including inherited
interests, owned by the individual as such descrip-
tions are made for other operating purposes.

(3) The amount of income realized from an individual's
property as such information becomes available from
documents required in other agency operations.
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(4) In the case of minors the names of persons providing for their day to day care, and the person responsible for their support, or person, agency or court legally responsible for making decisions in their behalf.

.2 Supervision of Minor's Accounts, 25 CFR 104.4

A. Protection of Minor's Interests. A minor's funds are considered his personal property, and his funds are not considered to be the property of any other member of his family, nor is there authority to make a gift of his property or to transfer his personal property to any other individual without any consideration accruing to the minor. Authority exists only for disbursements for or in behalf of a minor from his funds to persons identified in 25 CFR 104.4. This authorization is predicated upon the assumption that a minor has someone taking responsibility for him who is his parent, or who is taking the place of a parent as legal guardian or custodian or who is a fiduciary responsible for payments for his care. Prior to disbursements within the terms of 25 CFR 104.4, the interests of the minor shall be protected appropriately. This may be accomplished by:

(1) Determining, according to the circumstances of the minor and in consultation with his parent, guardian, social agency or court having responsibility for him, the amount necessary as payment for his care, annually, quarterly or monthly, in accordance with purposes stated in 25 CFR 104.4 and obligating his funds accordingly.

(2) Arranging, if possible, for some residue from essential expenditures for savings, or as a fund retained to meet the demands of contingencies or emergencies.

B. Procedures For Supervising Expenditures. The following procedures may be applied in supervising expenditures from minors' accounts:
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(1) Parents or relatives standing in the place of parents who are, in fact, assuming financial responsibility for a minor, should be encouraged in taking initiative for planning a program for conserving the funds of each minor under their control. Such program should provide, wherever possible, for parental financial support of the minor and investment of his funds for his future vocational or higher education. If this is not possible, the program should provide for realistic expenditures for necessary goods or services suitable for the minor's age and status and for savings of surplus.

(2) The Superintendent should assume initiative in planning a program of conserving funds of a minor who is socially dependent within the definition of the State of his residence, or when, for one or more of the following reasons, the minor is:

(a) Alleged to be neglected.

(b) Abandoned by his parents, custodians or guardians.

(c) Without proper parental care because of social, mental or physical incapacity of parents or relatives.

(d) Without a parent or guardian or relatives legally responsible for him.

(e) In the custody of persons desiring to be relieved of him.

Such programs should be planned in consultation with a person or social agency close to the needs of the minor.

(3) A minor's funds may be used to pay for his care while resident in a family headed by a relative other than his parent receiving or applying for public assistance. While the minor's funds are used to pay for his care
he should not be considered an applicant for public assistance. The Superintendent shall assure that care is provided for the funds expended.

(4) Funds of a minor whose natural or adoptive parents are receiving or applying for a public assistance grant may be paid for the minor's share of the family expenses while he resides with his family.

(5) Funds of a minor may be obligated for goods or services considered as necessary for his support, health, education, or welfare by issuance of Individual Indian Money Purchase Order, Form 5-367f.

Such arrangements for necessary items or services may be requested and receipted for by parents or persons having control and custody of a minor or in certain circumstances by the minor himself. The approval signature of the Superintendent will be required to give such contracts validity.

(6) Funds of a minor under control of the Superintendent may not be obligated or assigned to secure debts, loans or mortgages of parents or other adults.

.3 Supervision of Accounts of Adults Under Legal Disability or Non Compos Mentis, 25 CFR 104.5. Prior to disbursements from funds belonging to an adult under legal disability in payments according to 25 CFR 104.5, the interests of such adult may be protected by:

(1) Determining his legal dependents, and the extent of his ability to support himself and his legal dependents from his own resources.

(2) Setting up a disbursement schedule for payments to meet his requirements for his support, health and welfare and for his legal dependents; and obligating funds for such purposes.

(3) Making an inventory of all trust property and interests in trust property owned by the adult, and applying authority for its management in accordance with appropriate Department
regulations, and wherever possible and necessary, establishing or causing to be established an income-maintenance program for such adult.

(4) Disbursing funds in the discretion of the Superintendent to a guardian or curator for the adult authorized under State law to receipt for, to manage and invest the funds at least to the adult and under appropriate bond.

.4 Payments to Legal Guardians Under 25 CFR 104.4 and 104.5. Regular monthly payments, in the discretion of the Superintendent, may be made to legally appointed guardians for the purposes stated in 25 CFR 104.4 and 25 CFR 104.5. When, in the judgment of the Superintendent, funds in substantial amounts are transferred to the guardian, in lieu of monthly arrangements, for purposes given in 25 CFR 104.4 and in 25 CFR 104.5, the guardian shall be required to file with the Superintendent, a copy of his letter of guardianship, and evidence of sufficient bond approved by the appointing court, and thereafter, copies of reports prior to submission to the court for approval. In reviewing the reports, the Superintendent may raise questions with the guardian or may make such recommendations to the court as he considers to be within the best interest of the owner.

.5 Payments From Other Federal Agencies, 25 CFR 104.7. The provisions of 25 CFR 104.7 generally shall not apply in the case of any person residing under State jurisdiction either because of his residence away from a reservation or because Public Law 280 of the 83d Congress extends State jurisdiction to the reservation of his residence, or when under State jurisdiction a legal guardian, curator, or trustee exists and may receive the funds from the Federal Agency directly. The provisions of the Act of February 25, 1933 (47 Stat. 907; 25 USC 141), shall not apply to the members of tribes over whose affairs Federal supervision has been terminated.

The provisions of 25 CFR 104.7 may apply to persons residing on a reservation under the jurisdiction of an Indian agency when the best interests of such persons will be served by Bureau acceptance of funds due him from another Federal agency for deposit in his Individual Indian Money account. No purpose would be served by receiving such funds for deposit in an account if supervision is not needed.
Prior to accepting funds from another Federal agency for an individual, the Superintendent shall secure from the Federal agency a request for such service with a statement regarding the necessity for the request. He shall assemble current information on the health and welfare of the individual and his means of support, as well as other existing pertinent data from the Indian agency records and files. Conclusions to accept or to refuse the funds for deposit should be made after an exchange of information between the representatives of the other Federal agency and the Superintendent. The final action should represent a decision taken within the best interest of the individual.

Acceptance of this responsibility does not suggest that Bureau of Indian Affairs' employees can be appointed or designated as guardians to give validity to Bureau services for beneficiaries or clients of other Federal agencies. The service of accepting and administering funds from other Federal agencies for the benefit of individual adults or minors is given under authorities cited in 66 IAM 6.1.1.

When accepting funds from other Federal agencies to be administered by the Bureau, the Federal agency concerned shall be requested to make checks for the beneficiary payable to the Bureau of Indian Affairs for said beneficiary. The name of the beneficiary should be identified, i.e., "Bureau of Indian Affairs for Jane Doe."

The Superintendent will be responsible for maintaining proper records and for making reports in connection with the benefit. In fulfilling these duties the Superintendent may be of assistance in finding and developing persons close to the needs of beneficiaries who may be recommended to the Federal agency as payees.

6 Use of Purchase Orders, 25 CFR 104.8. The debts of individuals should not be paid unless previously authorized under 25 CFR 104.8 by use of Individual Indian Money Purchase Order (Form 5-367f), except as otherwise provided in 25 CFR 104. If the Superintendent considers the issuance of a purchase order necessary, the transaction becomes an obligation of the Bureau to pay the vendor after the purchase order is executed and the receipt of the articles
or services is certified by the individual. Based upon a written request of the individual (see certificate of receipt upon purchase order form), payment should be made directly to the vendor or other persons furnishing the authorized articles or services.

No purchase order is to be issued against an Individual Indian Money Account, including those of deceased persons, unless adequate unencumbered funds are on deposit in the account of the individual at the time of the issuance of the purchase order.

7 Restrictions Under 25 CFR 104.9. Within authorities provided in Section 104.9, restrictions may be applied, when, in the judgment of the Superintendent, the best interests of the individual will be served.

A. Claims of Indebtedness. The Superintendent has discretionary authority to apply funds of an individual in his Individual Indian Money Account against the following:

(1) Delinquent claims of indebtedness to the United States or any of its agencies or to the tribe of which he is a member. This authority may not be exercised if the funds in question are exempt by acts of Congress from use as payment against such claims.

THIS AUTHORITY IS NOT APPLICABLE TO OTHER TYPES OF INDEBTEDNESS INCURRED BY THE INDIVIDUAL.

(2) Money judgments rendered by Courts of Indian Offenses or tribal courts in accordance with procedures established in 25 CFR 11.26 and 11.26c and in tribal law and order codes where they exist. Generally, the procedures provide that when an Indian court has ordered payment of a money judgment and the defendant refuses to make payment within the time specified by the court, the court may request the Superintendent to make payment of the judgment from unobligated funds in the defendant's Individual Indian Money Account.
INDIVIDUAL INDIAN MONEY ACCOUNTS

IT SHOULD BE EMPHASIZED THAT THE SUPERINTENDENT'S ACTION IS DISCRETIONARY RATHER THAN MANDATORY.

This does not mean that the Superintendent will act as a review board or other appellate body to review the court's findings. It does mean, however, that he will satisfy himself that it will be the best interests of all concerned, and not in contravention of any other regulation or instruction to authorize use of funds in satisfaction of Indian court judgments.

B. Funds From Sale of Capital Assets. Funds derived from the sale of capital assets as a general rule should be retained as capital in income-bearing investments or by structurally improving or removing indebtedness from or purchasing other real property.

Circumstances dictate the necessity for exceptions to this principle when it becomes feasible and within the owner's best interest to utilize his funds for other purposes, such as vocational or higher education of children, family maintenance because of age or incapacity, or to fund a family enterprise, etc.

(1) The retention or the use of funds resulting from the sale as agreed upon by the Superintendent and the owner prior to such sale may be specifically stated and may, in the discretion of the Superintendent, be itemized if construed to be necessary. Caution should be exercised against itemizing specific articles of goods or services for family maintenance since needs are variable and subject to change.

(2) The Superintendent is authorized to approve modification of an agreement made by the owner for the use of funds from a land sale. Necessity to amend such an agreement may be avoided if the original agreement relates to the real need and intent of the owner in disposing of his land.
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(3) The Superintendent, in his discretion, may remove restrictions from funds from a land sale of an adult owner under delegation of authority from the Area Director.

C. Contractual Arrangements. Funds obligated under contractual arrangements approved in advance by the Superintendent shall be disbursed only in accordance with such agreements.

(1) The Superintendent is authorized to obligate funds in an individual's account in fulfillment of a contract approved in advance of its negotiation. Approval of a contract may not be given unless adequate funds are on deposit in the account of the individual, as no officer of the Government may create an obligation in excess of available unobligated funds.

(2) In negotiating a contract, Form 5-367f, Individual Indian Money Purchase Order, should be used, since it becomes a contract and an obligation upon the Bureau to pay when approved and signed by the Superintendent. Other necessary forms used by vendors or individuals may be attached as supplements to Form 5-367f. Form 5-367f, Individual Indian Money Purchase Order, as a Government instrument is used against individual funds, as distinguished from a Government contract used in standard operational procedure to obligate Government funds.

(3) Contractual arrangements referred to in 25 CFR 10h.9 may not be construed as placing an obligation upon the Bureau to pay debts of individuals which were not authorized in advance by the Superintendent.

If an individual has sufficient unencumbered funds to his credit, the Superintendent may release his funds to him to permit him to meet his own obligations, provided the individual files a Form 5-139b,
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requesting the funds and provided other restrictions have not been placed upon funds in his account within the authorities of 25 CFR 104.

In unusual circumstances where an individual is unable to write or where an individual needs assistance because of conditions such as his infirmity or his inability to transact business in written English, payments may be properly made to third parties if the individual makes application and so requests on Form 5-139b, properly witnessed. The transaction in such cases would rest upon an individual's request that this be done and that his account be charged.

D. Assignments of Income. There is no authority to approve assignments of income to secure credit extended to Indians on open-book account or under installment or conditional sales contracts by private sellers, merchants or other business and professional establishments.

(1) The authority to approve assignments of income from trust or restricted land of an Indian was delegated to the Commissioner by the Secretary in Section 11 (z)(1), Order 2508. The Commissioner redelegated his authority to Area Directors in Order 551, Section 1134. All delegated authorities to approve assignments limit the purpose to: "* * * as security for a loan by any lender." The extension of credit on open account or by an installment or conditional sales contract, would not qualify as a "loan" under the delegations. An "assignment" could not be given as security therefor.

(2) Form 5-845 is used for the assignments. It refers specifically to loans and may be used only to secure loans. It grants authority to the lender only if payments are not made as agreed upon, or if there is other default in the loan agreement. Ordinarily, the Indian assignor (borrower) should deal with the assignee (lender) directly, and make

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payments on his loan voluntarily. Only in the event
the assignor failed to do so or otherwise violated
his loan agreement contract could the assignee
request the Secretary's authorized representative,
in writing, to make payment from the income of the
trust land covered by the assignment.

(3) The assignment form also grants the lender authority
to take certain actions (see third from the last
paragraph of the form). Notice is required pur-
suant to the last paragraph of the form. The
Secretary's authorized representative should not
honor demand requests until he has first ascertained
that (a) the Indian borrower has defaulted, and
(b) the lender has exhausted all other means of
effecting collection from the borrower in accordance
with terms of the agreement before resorting to
demands against the assignment.

(4) The Bureau encourages Indians to establish and main-
tain good credit ratings. The Bureau cannot, how-
ever, act as a collection agent for general creditors.

E. Funds Subject to Deductions. The Superintendent is autho-
rized to obligate and to pay funds subject to deductions
specifically authorized or directed by acts of Congress
only in accordance with congressional requirements includ-
ing any subsequent modifications thereof.

F. Funds of Adults In Need of Assistance. Funds, of an adult
who is not under legal disability or non compos mentis,
but is determined by the Superintendent to be in need
of assistance in managing his affairs, may be disbursed
under approved plans within the best interest of the adult.
Prior to the application of this restriction the best
interests of the individual may be protected by:

(1) Applying specific criteria to determine the persons
who are in need of assistance in conducting their
affairs so as to limit supervision of accounts to
those accounts where lack of supervision would be
seriously detrimental to the interests of such persons. To this end the amount of funds involved should also be considered, since payments made in small amounts with regularity may reduce or make unnecessary the need for supervision. The following criteria should be considered by the Superintendent in determining whether a person is in need of assistance in conducting his affairs:

(a) InfirmitY due to age, illness, or physical handicap, which makes a person incapacitated or without the stamina or vitality to cope with responsibilities and risks entailed in controlling or managing his affairs.

(b) Habits of indiscreet spending to an extent which indicates inability of the person to utilize his funds in his own best interests, and where, therefore, he may reasonably be expected to dissipate funds turned over to him without protection.

(c) Habits of drinking or addiction to drugs or narcotics to an extent which affects a person's ability to conduct his affairs in his own best interests and where, therefore, he may reasonably be expected to dissipate funds turned over to him without protection.

(d) Lack of education or experience in handling funds as a result of which a person has demonstrated inability to comprehend the responsibilities and risks which will be involved when unrestricted control of his funds is turned over to him, and when, therefore, it may reasonably be expected that he will be unable to protect himself or secure protection against exploitation in business transactions or against illegal actions designed to separate him from his funds.
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(e) Inability of a person to provide for himself by his own efforts and where, therefore, in the absence of the funds available to him from trust sources, he may reasonably be expected to become a public charge.

(2) Recording and filing appropriately the finding that a person is in need of assistance in managing his affairs, and the basis for such finding including brief reference to the medical, social or fiscal factors involved.

6.5 Inactive Accounts. Inactive accounts of adults whose whereabouts are known may be closed by agreement between the Superintendent and the individual or by the Superintendent initiating Form 5-139b on behalf of the individual. In connection with an account of a person, adult or minor, whose whereabouts are unknown, tracing action should be undertaken to determine such person's whereabouts and to obtain a report on his status and condition as a basis for determining the disposition to be made of the funds in his account.