


**Welfare Assistance
for
Tribal Governments
July 17-19, 2018**

A decorative banner featuring a white star on the left and a landscape with a yellow field and blue sky on the right.

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BIA: MISSION & PURPOSE



REGULATIONS



WELFARE ASSISTANCE CASE REVIEW SHEET



Area:	Case Name:		
Agency/Tribe:	Caseworker:	Status of Case: Open or Closed	
	Period of Review:	FY	
	YES	NO	N/A
Eligibility Determination: (20.300)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Applicant verified as a member of an Indian Tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant does not have sufficient resources to meet essential need. Reason:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Applicant reside in service area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Criteria: (20.303)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Apply concurrently for financial assistance from state, tribe, county, local or federal agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Not receive any comparable public assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Develop & sign Individual Self sufficiency plan with goal of employment through specific steps including job readiness & job search activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Review 20.304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Three month review required for employable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Six month review required for all other recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Change of status reported that can affect recipient's grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Redetermination (20.305):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A home visit is required Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Estimate of income, living circumstances, household composition, for months of assist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Appropriate revisions to the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How long has the client been receiving General Assistance? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining Need (20.307-312)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Determination of financial resources, e.g. earned income, unearned, & other assistances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Computation of financial assistance payment comparable to TANF rate; \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Requirements (20.314)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Actively seek work by use of available state, tribal, county, local or BIA employment serv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Make satisfactory progress in an ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Accept local & seasonable employment when available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sixty (60) day period of ineligibility for non-compliance with employment policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Responsibilities (20.318)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Caseworker assess general employability of recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Caseworker assist recipient in development of Individual self sufficiency plan (ISP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Caseworker help recipient identify services needed to meet goals in their ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Caseworker monitor recipient's participation in work related training & employment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Caseworker documented client activities in the file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recipient's Responsibilities: (20.319)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Client participated with caseworker in development of ISP and signed ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Client perform successfully in work related activities, community services, training and/or other employment assistance programs developed in the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Client participate successfully in treatment & counseling services as identified in ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Client participates in evaluations of job readiness and/or other testing required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Client demonstrates active efforts of seeking employment by submitting job searches per ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subpart F- Administrative Procedure (20.601 to 20.606)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Completed application for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Interview conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Release of information form signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Approval/disapproval of application within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. If an increase, decrease, suspension, termination of financial assistance occurs, a written notice must be delivered, mailed or hand delivered (LONs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Applicant to receive written notice of action, reason, effective date, & reasons for the decision (20 day notice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Applicant to receive information and right to request a hearing if dissatisfied with decision and related information (20.604 a-d) (Appeal process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Organization: (Circle one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Is the file organized and easy to follow for the above information? Y/N Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Does the narrative describe the status of the case? Y/N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Corrective Action Needed on this file? Yes No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review Summary:

Reviewer: _____ Date: _____

FUNDING



Insert [FY/CY]		Insert [YEAR]		QUARTERLY ANALYSIS OF FUNDS/SERVICES - MIDWEST REGION									
Name of Tribe:		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
638		ACTUAL		ACTUAL		ACTUAL		ACTUAL					
		Month-Month-Month		Month-Month-Month		Month-Month-Month		Month-Month-Month					
A	B	C	D	E	G	H	J	K	M	N	P	Q	R
Program Component	Program Component Subtype	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Available Amount/ Amount Allocated	Carryover or Deficit
Child Assistance	Foster Care		-		-		-		-	-	-	-	-
Child Assistance	Residential Care		-		-		-		-	-	-	-	-
Child Assistance	Adoption Subsidy		-		-		-		-	-	-	-	-
Child Assistance	Guardianship Subsidy		-		-		-		-	-	-	-	-
Child Assistance	Special Needs		-		-		-		-	-	-	-	-
Child Assistance	Homemaker Services		-		-		-		-	-	-	-	-
			-		-		-		-	-	-	-	-
General Assistance	Total Person Served	-											-
General Assistance	Employable												
General Assistance	Unemployable												
General Assistance	# of ISPs Plans												
General Assistance	# of ISP Goals Completed												
REDESIGN	# of Program (JANNAIRVILLE Only)									2			
Burial Assistance	Burial Assistance		-		-		-		-	-	-	-	-
Emergency Assistance	Emergency Assistance		-		-		-		-	-	-	-	-
										-			
										-			
Service - Only	Child Protection Services									-			
Service - Only	Adult Protection Services									-			
Service - Only	Child and Family Services									-			
Service - Only	Domestic Violence Services									-			
TOTAL:		-	-	-	-	-	-	-	-	-	-	-	-

Type of Direct Financial Assistance



Goal of General Assistance



Eligibility for Direct Assistance



Redetermination



Payment Standards & Determining Need



Client Responsibilities

Employment Requirements



§ 20.315 Who is not covered by the employment policy?

The employment policy in §20.314 does not apply to the persons shown in the following table.

The employment policy in §20.314 does not apply to . . .	if . . .	and . . .
(a) Anyone younger than 16.		
(b) A full-student under the age of 19	He/she is attending an elementary or secondary school or a vocational or technical school equivalent to a secondary school.	He/she is making satisfactory progress.
(c) A person enrolled at least half-time in a program of study under Section 5404 of Pub. L. 100-297.	He/she is making satisfactory progress . .	He/she was an active General Assistance recipient for a minimum of 3 months before determination/redetermination of eligibility.
(d) A person suffering from a temporary medical injury or illness.	It is documented in the case plan that the illness or injury is serious enough to temporarily prevent employment.	He/she must be referred to SSI if the disability status exceeds 3 months.
(e) An incapacitated person who has not yet received Supplemental Security Income (SSI) assistance.	A physician, psychologist, or social services worker certifies that a physical or mental impairment (either by itself, or in conjunction with age) prevents the individual from being employed.	The assessment is documented in the case plan.
(f) A caretaker who is responsible for a person in the home who has a physical or mental impairment.	A physician or certified psychologist verifies the condition.	The case plan documents that: the condition requires the caretaker to be home on a virtually continuous basis; and there is no other appropriate household member available to provide this care.
(g) A parent or other individual who does not have access to child care.	He/she personally provides full-time care to a child under the age of 6.	
(h) A person for whom employment is not accessible.	There is a minimum commuting time of one hour each way.	

Caseworker's Responsibilities



Subpart F – Administrative Procedure





Contact:

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