



Prairie Band Potawatomi Nation
Social Service Department
11400 158th Road, Mayetta, KS 66509
Phone (785) 966-8330 Fax (785) 966-8388
Toll Free 1-888-966-2932

Application for Social Services TANF & CARES Act Welfare Assistance

Please utilize this checklist to ensure that all required documents are submitted for a complete application.

Adult Applicants

- CDIB or eligibility for enrollment in a Federally Recognized Tribe for **ALL individuals** applying.
- Copy of birth certificates for **ALL individuals** applying.
- Valid picture identification for **ALL adults** applying including but not limited to a Kansas driver's license, State Identification, Tribal identification or military identification.
- Social Security cards or a receipt of application for a Social Security card for **ALL individuals** applying
- Your Rights and Responsibilities Form (included in packet)
- Release of Information Form (included in packet).
- Statement of Facts Form (included in packet)
- Verification of Residence (included in packet)
- *Landlord/home owner must fill out blue box and sign***
- Tribal TANF Child Support Assignment (included in packet)

Income

- Verification of Employment Form (included in packet)
- *Check stubs must be provided, if no check stubs are provided Employer needs to fill out blue box***
- Social Security Income
- *Note: Please provide the "Award Letter" for each person in the household that this applies to.**
- State Disability award or denial letter.
- *Note: Please provide the "Award Letter" for each person in the household that this applies to.**
- Unemployment award or denial letter
- Child support income.
- *Note: Please provide the "Court Order" for each child in the household that this applies to.**
- Per Capita payment verification
- *Note: Per Capita payments are exempt income when applying for TANF, but are counted as unearned income when applying for GA.**

Children

- CDIB or eligibility for enrollment in a Native American Tribe for **ALL children** in the household.
- School Enrollment Verification Form for **ALL** school age children in the household (included in packet)
- *School official must sign in the blue box to verify the child(ren) are enrolled in school***

Non-Needy Caretaker **only for children not in their parent(s) custody**

- Child custody agreement or foster care/court order



**Prairie Band Potawatomi Nation
Tribal TANF Program**

Today's date: _____ / _____ / _____

Total number of household members applying for Assistance on this application: _____

1. Applicant/Head of Household

Full Name: (First, Middle, Last)		
Address:		City, State, Zipcode:
Phone #: ()		Social Security #:
Date of Birth:	Age:	Tribal Affiliation:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Other:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> Other:		
Highest education completed: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other:		

2. Spouse, if applicable: Not applicable

Full Name: (First, Middle, Last)		
Address:		City, State, Zipcode:
Phone #: ()		Social Security #:
Date of Birth:	Age:	Tribal Affiliation:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, separated <input type="checkbox"/> Other:		Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed, looking for work <input type="checkbox"/> Unemployed, not looking for work <input type="checkbox"/> Other:		
Highest education completed: <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Other:		

3. List each child under 18 in your household: (use additional paper if necessary)

Child 1: Not applicable – applicant is pregnant

Full Name: (First, Middle, Last)			
Social Security #:		Date of birth:	Age:
<input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Placement <input type="checkbox"/> Other	Tribal Affiliation:		Birthplace:
Are they enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Grade:		Name of School Attending:	
<input type="checkbox"/> Same as applicant Mother's Name: _____ Social Security #: _____ Address: _____ _____		<input type="checkbox"/> Same as applicant Father's Name: _____ Social Security #: _____ Address: _____ _____	



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Child 2: Not applicable

Full Name: (First, Middle, Last)		
Social Security #:	Date of birth:	Age:
<input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Placement <input type="checkbox"/> Other	Tribal Affiliation:	Birthplace:
Are they enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Grade: _____ Name of School Attending: _____		
<input type="checkbox"/> Same as applicant Mother's Name: _____ Social Security #: _____ Address: _____	<input type="checkbox"/> Same as applicant Father's Name: _____ Social Security #: _____ Address: _____	

Child 3 Not applicable

Full Name: (First, Middle, Last)		
Social Security #:	Date of birth:	Age:
<input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Placement <input type="checkbox"/> Other	Tribal Affiliation:	Birthplace:
Are they enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Grade: _____ Name of School Attending: _____		
<input type="checkbox"/> Same as applicant Mother's Name: _____ Social Security #: _____ Address: _____	<input type="checkbox"/> Same as applicant Father's Name: _____ Social Security #: _____ Address: _____	

Child 4 Not applicable

Full Name: (First, Middle, Last)		
Social Security #:	Date of birth:	Age:
<input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Placement <input type="checkbox"/> Other	Tribal Affiliation:	Birthplace:
Are they enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Grade: _____ Name of School Attending: _____		
<input type="checkbox"/> Same as applicant Mother's Name: _____ Social Security #: _____ Address: _____	<input type="checkbox"/> Same as applicant Father's Name: _____ Social Security #: _____ Address: _____	



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Child 5 [] Not applicable

Full Name: (First, Middle, Last)				
Social Security #:		Date of birth:		Age:
[] Child [] Relative [] Placement [] Other		Tribal Affiliation:		Birthplace:
Are they enrolled in school: [] Yes [] No If yes, what Grade: _____				Name of School Attending: _____
[] Same as applicant Mother's Name: _____ Social Security #: _____ Address: _____ _____		[] Same as applicant Father's Name: _____ Social Security #: _____ Address: _____ _____		

4. Has anyone in the household ever received assistance from any Tribal TANF Program or from any State TANF Program? [] Yes [] No
 If Yes, from where (Tribe/State) and date last received? _____
 Reason(s) for termination: _____ Monthly grant amount: _____

5. Earned Income

Please indicate anyone (including children under the age of 18) who are currently working, or has worked in the past six months, or receives money to care for another person or is self-employed. Please provide proof.

Name	Employer's Name	Gross Earnings	Date Employed

6. Un-Earned Income

Please list all unearned income the household is currently receiving, expected to receive or applying for, please list from any source, such as:

- (1) Unemployment Benefits (2) Welfare (3) Insurance Settlements (4) Worker's Compensation (5) Financial Aid (6) Veteran's Benefits (7) Retirement Account (8) Dividends/Interest (9) Social Security/SSI (10) Food Stamps (11) Child Support/Alimony (12) Per Capita (12) Other

Applied for or receiving:	Name of person receiving	Source of Money (enter # from above)	Paid how often	Amount of each payment



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7. Expenses

Please list any/all household expenses that you or someone else may pay for you, on a monthly basis. If it is other than monthly, please indicate that also. Expenses could be but are not limited to:

- (1) Rent/House payment (2) Gas/Propane (3) Phone (4) Cable (5) Food (6) Car/Truck payment
(7) Furniture/Appliance Rental (8) Credit Card payments (9) Insurance premiums (10) Child support
(11) Other

Type of expense (list # from above):	Do you pay: Yes/No	If no, indicate person or organization who pays this for you	Payment amount	Due every month? Yes/No	Amount	If this item is delinquent, indicate by how much

Other expenses: _____

8. Assets/Resources

Please list any/all owned or co-owned vehicles or items of value such as:

- (1) Cars (2) Trucks (3) Boats (4) Trailers (5) Farm Equipment (6) Recreational Vehicles (RV's) (7) Other

Item (list # from above)	Year/Make/Model	In who's name?	Estimated Value	Amount Owed	Monthly Payment



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Client Affirmation

1. I understand that by submitting this application I will be applying for Temporary Assistance for Needy Families (TANF) and/or General Assistance (GA) benefits. All applications will first be considered for Temporary Assistance for Needy Families (TANF) and upon denial of benefits for Temporary Assistance for Needy Families (TANF), will be considered for General Assistance (GA).
2. I understand any facts I have given, including benefit income facts, will be matched with local, state and federal records including but not limited to *Employers, Social Security, welfare and other applicable agencies*.
3. I understand all facts entered on this form, including benefit and income information are subject to verification and review by PBPN Tribal TANF/GA personnel. Giving false /misleading facts and /or failing to report information may affect eligibility or benefits for Cash Assistance /GA Services.
4. I understand the PBPN Tribal TANF Program is a temporary assistance program and that the maximum assistance is 60 months. PBPN GA is a temporary program in which benefits will not extend past May 2021 or until funds for this program are exhausted.
5. I understand my family may not receive duplicative assistance from a state or other Tribal or State assistance programs while receiving assistance from PBPN TANF or GA.

Client Certification:

My signature below indicates I have been informed and understand the information contained in this application. I certify all of the above information is true and complete. I agree any information I have supplied is subject to verification. I understand falsification of any information is grounds for termination from the Prairie Band Potawatomi Nation Tribal Temporary Assistance for Needy Families Program and General Assistance Program and may result in recovery of any monies paid to me while in the program and possible denial of PBPN Social Service assistance.

Head of Household Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____



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Your Rights and Responsibilities

You have the right to discuss any action taken on your application or case with your caseworker and/or with TTANF Manager.

Fair Hearing: If you disagree with an action by the PBPN Tribal TANF Program affecting benefits or services you receive; you can ask for a **Fair Hearing**. You may do this in writing by contacting PBPN TTANF Manager. You must ask for a **Fair Hearing** within **10 days** from the date of the PBPN Tribal TANF notice.

Social Security Numbers: You must provide or apply for a Social Security number for yourself and each household member for whom you are seeking benefits from the PBPN Tribal TANF Program.

Privacy Act Statement: The collection of information including Social Security numbers will be used to determine whether your household is eligible to participate in the PBPN Tribal TANF Program. This information will be verified, and may be disclosed to other Federal and State Agencies for official examination. If a **FRAUD** claim arises against your household, the information on this application including all Social Security numbers may be referred to **Federal and State Agencies**. Providing the requested information including the Social Security number of each household member is voluntary. Failure to provide this information may result in denial of temporary assistance to your household.

Home Visits: PBPN Tribal TANF Staff may visit your home and may contact other people to verify your eligibility for assistance.

Change in Household Composition: You are responsible for providing proof of your household situation. You must report changes within **10 days**. You may do this by contacting the PBPN Tribal TANF Program by phone, in person or in writing.

You are required to report:

1. Changes to employment- starting or stopping a job, change in wages, change from part-time to full-time or full-time to part-time.
2. Changes in source of unearned income or in the amount of total unearned income.
3. Changes in your households' expenses including shelter, dependent care medical and child support paid (you must report and verify changes in household expenses, before we can use them to figure your benefit amount).
4. When someone moves in or out of your home (report immediately when a child leaves your home).
5. If you move or get a new mailing address, or any of your contact information changes (including home & cell phone numbers).
6. If anyone in your household gets a vehicle.
7. If your household has a total of \$3000 or more in cash and money in bank account(s).
8. Changes in medical insurance, or if your household gets medical insurance.

Work Requirements: To receive PBPN Tribal TANF, you are required to participate in work activities. The PBPN Tribal TANF Program must prepare a family Employability Development Plan (EDP) listing the steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are an unmarried minor parent, to receive temporary assistance you must live with a parent or other approved living arrangement and attend school. If you do not fulfill these work requirements, your benefits may reduce or denied.

Drug Testing: To receive PBPN Tribal TANF, you must agree and submit to random drug and alcohol testing. This will not result in a denial of benefits but you will be required to address these issues within the EDP.

Fraud Penalty: You may be prosecuted if you knowingly give false, incorrect or incomplete information to receive or try to receive assistance from PBPN Tribal TANF Program for benefits. You must repay benefits wrongfully received. If you misrepresent residency or identity to receive multiple benefits, you can be barred from receipt of PBPN Tribal TANF funds for a minimum of **1 year**.

Head of Household Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____



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Release of Information

I hereby authorize the Prairie Band Potawatomi Tribal Temporary Assistance for Needy Families (PBPN Tribal TANF) and PBPN CARES Act Welfare Assistance Program to make any necessary investigation, to request and to verify information I have given regarding my eligibility for assistance. I authorize the release of any information, documents or forms to the PBPN Tribal TANF and CARES Act Welfare Assistance Program necessary to determine my eligibility for assistance or of the eligibility of my children, including documents from my previously closed TANF case files.

I hereby release PBPN Tribal TANF/GA and its agents and employees from any and all liability, damages and claims which might result from the release of information as authorized.

I further understand that my consent is subject to revocation in writing by me at any time except to the extent that action has been taken on this consent prior to the written revocation.

I understand that this Release of Information will expire one year from the date listed on the bottom of this form.

Head of Household (HH) and spouse:

Family's Mailing Address:		
City, State and Zip Code:		
1- HH Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:
2- Spouse Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:

Children:

1- Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:
2- Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:
3- Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:
4- Name (Last, First, Middle Initial):	Date of Birth:	Social Security Number:

Head of Household Signature: _____ Date: _____



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Co-applicant Signature: _____ Date: _____

School Enrollment Verification

School official must sign in the blue box to verify the child(ren) are enrolled in school

Name of School:	School Year:
1- Name of Student:	Grade:
2- Name of Student:	Grade:
3- Name of Student:	Grade:
4- Name of Student:	Grade:

_____	_____	_____	_____
School Official Name	School Official Signature	Date	Phone

Name of School:	School Year:
1- Name of Student:	Grade:
2- Name of Student:	Grade:
3- Name of Student:	Grade:
4- Name of Student:	Grade:

_____	_____	_____	_____
School Official Name	School Official Signature	Date	Phone

Name of School:	School Year:
1- Name of Student:	Grade:
2- Name of Student:	Grade:
3- Name of Student:	Grade:
4- Name of Student:	Grade:

_____	_____	_____	_____
School Official Name	School Official Signature	Date	Phone



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Residential Verification

****Landlord/home owner must fill out blue box and sign****

- I own the home I live in (Owner to fill out owner information)
- I rent the home that I live in (Landlord or home owner to fill out owner information)
- I live in this home, but I do not pay rent (Landlord or home owner to fill out owner information)

Current Physical Address - Home address:		
City:	State:	Zip Code:
Move in Date:	Rent amount: [] Not applicable	

I, _____, certify the information above is true and correct. If any false statements are made; they may be used against me resulting in penalties up to and including dismissal from PBPB Tribal TANF/GA Program and loss of re-application rights for 1 year.

I authorize Prairie Band Potawatomi Nation (PBPB) Tribal TANF Program to contact my landlord for information regarding my tenancy. I further authorize the release of documents or information to PBPB Tribal TANF/GA Program.

Head of Household Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Owner/Landlord Verification		
The above information has been verified and provided by the below authority and is true, accurate and provided solely in response to inquiries which are legitimate business interest to all parties.		
Name:	Phone (include extension)	
Mailing address:		
City:	State:	Zip Code:
Owner/Landlord Signature _____		Date _____



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Verification of Employment

****Check stubs must be provided, if no check stubs are provided Employer needs to fill out blue box****

Employee Name:	
Employer /Company Name:	Employer Address:
Supervisor Name:	Supervisor Title:
Dates of Employment:	Position Held:
Employment Status: [] Full time [] Part time [] Temporary [] Seasonal [] Varied Schedule [] Lay Off [] Termination	
Work Schedule (please include hours) _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday	
Start Salary:	End Salary: [] Not applicable
Reason for Leaving (please include last day of Employment):	

I, _____, certify the information above is true and correct. I authorize Prairie Band Potawatomi Nation (PBPN) Tribal TANF/ GA Program to contact my employer for information regarding my employment. I further authorize the release of documents or information to PBPN Tribal TANF/GA Program.

Head of Household Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

<i>*If you cannot provide copies of your check stub your Employer needs to fill out this box*</i>		
Employer or Official Verifying Information /Title:	Phone (please include extension):	
Headquarter Address:		
City:	State:	Zip Code:
_____ Employer/Official Signature		_____ Date



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Tribal TANF Child Support Assignment

Head of Household: _____ Social Security Number: _____

Co-applicant: _____ Social Security Number: _____

Child's Name: _____ Social Security Number: _____

Child's Name: _____ Social Security Number: _____

Child's Name: _____ Social Security Number: _____

Child's Name: _____ Social Security Number: _____

Child's Name: _____ Social Security Number: _____

When you accept Prairie Band Potawatomi Nation (PBPB) Tribal Temporary Assistance for Needy Families (TTANF) grant, you assign your child support rights to the PBPB. When you assign your support this means you agree that the PBPB can keep the support to pay the tribal and federal governments for the assistance paid to your family.

When you accept a PBPB TTANF grant, you agree to cooperate with the PBPB Child Support Services and/or the Kansas State Division of Child Support by:

1. Helping establish paternity (if necessary).
2. Helping establish or modify your support order.
3. Sending all child support payments you receive to:
4. Appointing PBPB Child Support to accept and endorse all child support payments received for you.
5. Telling PBPB TTANF in writing when you no longer want child support enforcement services. When you stop receiving a PBPB TTANF grant, child support will continue to be enforced unless you tell us to stop.

I have read and understood the above listed requirements and have had my rights and responsibilities explained to me.

I understand that I can be terminated from this program for fraud, falsifying information or intentionally hiding information.

Child support assignment not applicable to my family

Head of Household Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____

Program Use Only:		
PBPB TTANF Case Number:	PBPB CSS Case Number:	KS Child Support Case Number:



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Assignment of Rights

Assignment of rights means that a parent transfers their rights to receive some or all of their child support payments to the PBPN TTANF to pay it back for public assistance benefits received from the PBPN TTANF.

When a parent receives TTANF, the PBPN TTANF pays for the benefits to be provided to the parent and family, and in return the PBPN TTANF is allowed to keep child support payments to reimburse itself for the cost of the benefits.

Current Child Support: By accepting TTANF, you have assigned your rights to receive child support payments to the PBPN TTANF. Because of this assignment, you will not receive current support payment until you are no longer receiving public assistance under TTANF.

Arrears: When the non-custodial parent (NCP), who is ordered to pay child support, falls behind in paying the child support obligation, s/he accrues arrears. You may be entitled to receive arrears depending on when the arrears accrued.

How do you Assign your Rights?

The assignment of rights takes place automatically when you accept TTANF benefits. When you sign the application to accept TTANF, you are also assigning your rights to receive child support to PBPN TTANF. If you fail to sign the assignment of rights, you will not receive TTANF benefits.

How long does an Assignment of Rights last?

- The assignment ends when you no longer receive public assistance. When you are no longer receiving public assistance, you will receive your current support. Current support will go to you first before any assigned arrears are paid to PBPN TTANF.
- The assignment ends when you no longer receive TTANF: however, you may or may not be entitled to receive support arrears that accrued before or during the period that you received TTANF.
- Any arrears that are owed to you may be called unassigned arrears or never assigned arrears.
- Any arrears that the PBPN TTANF keeps are called assigned arrears.

Will I be paid for support arrears that accrued before I received public assistance?

Before receiving public assistance, you should have received your regular child support payment. Some arrears that accrued before you received public assistance may be assigned to PBPN TTANF. However, the PBPN TTANF is only entitled to reimburse itself up to the total amount of public assistance benefits it paid to you.

Will I be paid for support arrears that accrued after I am no longer receiving public assistance?

Any arrears that accrue after your public assistance period has ended will belong to you. These arrears (called never assigned arrears) will be paid to you before the amount assigned to the PBPN TTANF are paid, unless the payment source is Federal Tax intercept.

Will I be paid support arrears while I am receiving public assistance?

When you receive TTANF, the PBPN TTANF keeps track of the amount of public assistance benefits you receive. To pay itself back for this assistance, the PBPN TTANF is allowed to keep the current child support payments and support arrears. If the amount of the support arrears collected is greater than the amount of assistance you receive, the PBPN TTANF will only keep the amount of support arrears that is equal to the amount given to you in TTANF benefits. The rest of the support arrears will go to you. For example:

If the amount of public assistance you receive is greater than the amount of support arrears collected by PBPN TTANF, the PBPN TTANF can keep any collected arrears that accumulated before or during the period you received public assistance period; up to the total amount of public assistance benefits that you received.



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The amount of public assistance benefit received by you that has not been repaid to the PBPN TTANF by your current support payments or support arrears is called un-reimbursed assistance. The arrears that accrued before and during your public assistance

period may be used to pay your un-reimbursed assistance; any collected amounts that are more than the un-reimbursed assistance amount will be paid to you.

What happens if I receive multiple child support payments?

- When applying for TTANF you receive assistance based on a family grant. A family grant is assistance in the form of a block grant given to all members of the immediate family.
- Federal law prohibits a family grant from being calculated as per child or as an individual family member grant. The total amount of support owed to you for all of your children is assigned to PBPN TTANF.
- Once you have assigned your rights, the PBPN TTANF keeps any amount of support from any NCP in your case in order to repay itself. Each NCP has an obligation to pay child support and your assignment includes the support owed by all NCP's. The support money that is due from the NCP who is not currently paying will also be applied to the repayment of the family grant once those payments are made. Any arrears left after your family grant is repaid will be paid to you