



NAVAJO FAMILY ASSISTANCE SERVICES

P.O. Box 2547* Window Rock, AZ 86515

PH: 928.871.4664 FAX: 928.871.7909

CSBG CHECKLIST

CONSUMER NAME: (Last, First, MI)	CENSUS NUMBER:
DATE:	WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING:

To determine your eligibility for assistance, verification is required for the items marked below. **(All documents must have matching names on their Birth Certificate, CIB, SSC and State ID/Driver License.)** If you do not provide the verification requested by the date below, your application will be denied or your benefits will be terminated.

You need to return the requested documents or verification no later than _____

REQUIRED	COMPLETED	ITEMS	DATE RECEIVED
		1. Verification of CSBG Receipts from prior assistance FY _____	
X		2. Valid State Issued Driver's License/ID- (Applicant)	
X		3. Certification of Indian Blood/Tribal Enrollment Card- (All household members)	
X		4. Social Security Card - (All household members)	
X		5. Housing Verification Form/Detailed Map (NFAS will provide for you)	
		6. Utility Invoice/Bill (*Must be in Applicants Name)	
X		7. Updated W9	
		8. TANF/GA Assistance Payments	
		9. SSI/SSA/SSB/VA or UI Benefits/Per Capita/Workman's Comp Award Letters	
		10. Child Support Payment Notice/Award Letter	
		11. Retirement Benefits Award Letter	
		12. Interest and Dividends or Oil/Gas/Mineral Royalties	
		13. WIA Workforce	
		14. Allowances/Stipend for living expenses while in an educational/training program	
		15. Most recent State Income Tax Returns	
		16. Lump Sum Income such as rebates/credits winnings from lotteries, refund deposits, etc.	
		17. Net Profit from Vehicle/Property Sales	
		18. Hourly wages, salaries, commissions, tips from employment – check stub	
X		19. Contract employment – check stub/Seasonal Employment	
		20. Stipend payments for public service (Gov't Assistance: Food Stamps, TANF, etc...)	
X		21. Self-Employment Income – Statement of Truth (within application)	

Statement of Understanding: I understand the need for the verification and understand that if I am unable to provide the information by the above due date, that my application will be denied or my assistance terminated.

CUSTOMER SIGNATURE	DATE
CASEWORKER SIGNATURE	PHONE NO.
	DATE

Case No. _____
 Region: _____
 Chapter: _____
 State: _____

NAVAJO NATION
DIVISION OF SOCIAL SERVICES
 Application for Social/Financial Services

Date: _____

SECTION A: I am a resident of the Navajo Nation, on Navajo Trust Land, in a community designated as Near Navajo Nation, Other:

I am requesting Community Services Block Grant

Why are you requesting Social/financial Services

Mailing Address:

Directions to Home:

Telephone:

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1	Applicant							
2								
3								
4								
5								
6								
7								
8								
9								
10.								

SECTION B CURRENT RESOURCE INFORMATION

1. HOUSEHOLD MEMBERS	SOURCE OF INCOME/PLACE EMPLOYED	GROSS/NET INCOME	HOW OFTEN PAID

2. HOME: Rent Own Board Amount Paid: _____ To whom? _____ Do you pay utilities? Yes No

3. Have you received Assistance from Tribal, State, or other Social Services entities before? Yes No

When? _____ From Where? _____

4. Cash on hand Checking Savings Approx amount: _____

5. What is your yearly income from livestock? _____

6. How much do you earn per month from: Weaving: _____ Arts & Craft: _____ Farm Produce: _____

Traditional Medicine Service: _____ Hauling Wood/Coal/Water: _____ Hauling People: _____ Other: _____

7. Occupation: Mr. _____ Ms. _____ Skill(s): Mr. _____ Ms. _____

SECTION C: YOUR RIGHTS

APPEALS PROCEDURE: You have received a copy and signed the NDSS appeals procedures. (Attachment: NDSS Grievance Policy) Initial: _____

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or devise, as material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than 5 years of both. Initial: _____

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974; P.L.104-191-1177, HIPAA and 2 N.N.C. Subchapter 4, § 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization. I/We have read or heard or had interpreted to me/us the preceding provision of law and understand them. I/We agree to supply all necessary information about my/our



**THE
NAVAJO
NATION**

NAVAJO FAMILY ASSISTANCE SERVICES (NFAS)

HOUSEHOLD COMPOSITION/RESIDENCE VERIFICATION

Name & Address (of the one who is filling out this form)

The NFAS customer, whose name appears below, requests the release of personal information to the NFAS. Please complete and return this form within ten (10) days from the date below to the NFAS Office listed below. **This form must be completed by someone not living in the home.** *In addition, please draw a map to the residence in back of this form.*

CASEWORKER	DFS OFFICE ADDRESS	TELEPHONE NUMBER

AUTHORIZATION TO RELEASE INFORMATION

I authorize and consent to the release of the information requested on this form to the Department of Family Services. I understand the information will be kept confidential and will only be used for eligibility determination of my NFAS application.

CONSUMER'S NAME	SOCIAL SECURITY NO	ADDRESS/APT. NO
CONSUMERS'S SIGNATURE		DATE

IS THE HEAD OF HOUSEHOLD'S ADDRESS INDICATED BELOW CORRECT?	IF NO, PLEASE ENTER THE CORRECT ADDRESS BELOW:
Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Mailing Address:
Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Physical Address:

CHECK (YES OR NO) TO INDICATE IF THE FOLLOWING PEOPLE LIVE IN THE HOME <i>(If a person live in the home, but is not listed, please write his/her name(s) below):</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF THE PERSON WHO APPEARS ON THE LEASE?		WHO ACTUALLY PAY THE RENT?
AMOUNT OF RENT? \$	HOW OFTEN IS RENT DUE? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	DO YOU EXPECT ANY CHANGES IN THE RENT AMOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When Amount \$
DOES ANYONE IN THE HOUSEHOLD WORK IN EXCHANGE FOR RENT, UTILITIES, ETC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? Value of Work \$		
DOES ANYONE NOT LIVING IN THE HOUSEHOLD PAY ANY OF THE ABOVE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who		

NAME OF PERSON COMPLETING THIS FORM	TITLE	TELEPHONE NUMBER	DATE

Applicant Name: _____

NFAS Worker: _____

Date of Map: _____

Program : _____

Please draw us a **detailed map** of where you live or where we can find you. Include the location and description of your house. In case we need to contact you for important reason.

N

W

E

S

Applicant's Signature

Date

