



Muscogee (Creek) Nation
Social Services Department
BIA Application

CLIENT #: _____

GENERAL ASSISTANCE

BURIAL ASSISTANCE

Date of Death _____

SECTION 1. HOUSEHOLD INFORMATION

A. Applicant/Deceased Name: _____ Maiden Name: _____
Tribe/Roll#: _____ DOB: _____ SSN#: _____
Physical Address: _____
County: _____ City: _____ State: _____ Zip: _____

Fair Hearing Statement:

Once the Social Services Office is in receipt of your application, it will be considered pending until all documentation required is received or up to 30 business days. After 30 business days your application will be denied. ALL documentation required must be received in order for eligibility to be determined.

Privacy Act Statement:

Muscogee (Creek) Nation Social Services Office cannot give out your information, except Social Services can share the information with other Federal, State, Tribal offices, programs and/or businesses who have some responsibility with the services for which you are applying.

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 up by any trick, scheme, or devise a material fact, 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 five years or both.

Social Services has the right to verify all information. Falsification of this information shall be grounds for 1) denial of this application, 2) not eligible to receive assistance for six (6) months up to a year, and 3) all parties, agencies, tribes, etc. will be notified.

BIA Funds:

Muscogee (Creek) Nation Social Services BIA programs are subject to annual Congressional appropriations, pursuant to 25 C.F.R. § 20.102 (c).

Burial Assistance:

In accordance to Burial Assistance at 25 CFR §20.324-§20.326, an application must be submitted within 30 days following the death, meet income/resources available guidelines, and meet the criteria. PLEASE NOTE: In the event funds are unavailable and the family makes a payment to the funeral home, BIA will not reimburse once funds are available.

General Assistance:

In accordance to Subpart C-Direct Assistance Eligibility for Direct Assistance at 25 CFR §20.300-§20.319, applicants/recipients must:

- 1. Actively seek employment and accept local and seasonal employment.
2. Report any changes which may affect eligibility. These changes include, but are not limited to, residence, employment, income/resources (earned and unearned), and household members.
3. Provide information to aid in the development of the Individual Self-Sufficiency Plan (ISP) and sign the document.
4. Perform all tasks defined in the ISP.
5. Participate successfully in treatment and counseling services identified in the ISP.
6. Participate in evaluation of job readiness and/or other testing required for employment purposes.

If the applicant/recipients do not comply with the ISP, an ineligibility period of 60-90 days will be imposed.

RELEASE OF INFORMATION:

Should you choose a friend or family member to receive or give information to our staff in regards to the application, please list their name, relation, and *last four digits* of their social security number for identification purposes:

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization. **Should you choose a family member or friend to obtain information, you must check the box below authorizing it. Should you fail to check either box and/or sign, your application will be considered incomplete and will be sent back to you.**

I authorize the Social Services Department to obtain and/or exchange information with the person(s) listed above.

I do not wish to list any person(s).

CERTIFICATION:

By signing below, I certify I have read this application or had this application read to me and that all information provided by me, oral and written, is true and accurate. I also acknowledge I have read and understand the Fair Hearing Statement, Privacy Act Statement, Fraud Statement, and the Release of Information Section.

Applicant/Responsible Party Name (printed): _____ Date: _____

Applicant/Responsible Party Signature: _____

*****OFFICE USE ONLY*****

Staff Member Name: _____

Date Completed: _____