

3. Have you, or a household member, ever applied for, or received TANF assistance? No Yes
 IF YES: From which State/Tribe? _____ For how long: From _____ to _____

4. Have you, or a member of your family, ever been disqualified from TANF, Food Stamps, or another public assistance program? No Yes
 IF YES, who? _____ When? _____ What program? _____

5. Are you, or any adult household member, currently on Probation or Parole? No Yes
 IF YES, are you or the household member complying with the conditions of the Probation or Parole? No Yes

6. Do you, or any household member, currently have a warrant for your, or their, arrest? No Yes
 IF YES, who? _____ For What? _____ Where? _____

7. Is anyone in your household attending school (including university, college, trade school)? No Yes IF YES, complete the following:

Student's Name	School Name and Address	Last Grade Complete	ATTENDING	
			Full Time	Part Time

8. Has anyone in your household applied for, or is currently receiving income from, any of the following sources?

Type of Income	Receiving?			Who is the Recipient?	Amount Received?	How Often? (Monthly, Bi-Weekly, Weekly)
	Yes	No	Pending			
Child Support Payments						
SSB: Retirement, Survivors, Disability						
Retirement: Federal, State, Tribal, RR						
Royalty Payments (oil, gas, etc.)						
Rental/Lease of Property/Land						
Per Capita Payments						
Unemployment Insurance Comp.						
Vacation/Sick/Severance Payments						
Lottery/Gambling Winnings						
Insurance/Settlement						
Worker's Compensation						
Disability Payments						
Other:						

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9. Are you or anyone in your household currently self-employed? No Yes IF YES, complete the following:

Name	Type of Employment/Business Name	How Long	Hours Per Week	Monthly Gross Income	Monthly Business Expenses

10. Is anyone in your household currently employed by others? No Yes IF YES, complete the following:

Name	Employer's Name and Address	Date of Employment	Hours Per Week	Monthly Gross Income

11. Do you, or anyone in your household, have any of the following bank accounts?

Type of Account	Yes	No	Name on Account	Current Balance	Financial Institution
Checking Account					
Savings Account					
Certificate of Deposit					

12. Does anyone in your family receive SNAP (Food Stamps)? Yes No If YES, Complete the following:
 IF YES, from which State/County: _____ Monthly Benefit Amount: \$ _____

13. Are you receiving housing assistance (subsidized)? No Yes IF YES, type? Public Housing-HUD Rent Subsidy

14. Are you receiving childcare assistance (subsidized)? No Yes
 IF YES: Type: State Funded Tribal Funded Local Funds Average monthly assistance amount: \$ _____

15. Do you or anyone in your household have: Medicaid Medicare AZ AHCCCS Other Medical Coverage: _____
 IF YES, from which State/County? AZ NM Utah County: _____

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ACKNOWLEDGEMENT/CERTIFICATION SHEET

INITIAL(S)	PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE YOU UNDERSTAND THE INFORMATION PROVIDED IN THE SECTION AND SIGN THE APPLICATION (For Two-Parent applications, both Parents must sign)
____/____	CUSTOMER RESPONSIBILITY - I understand and acknowledge I am responsible for providing complete and accurate information, reporting all changes that may affect my eligibility for DSR assistance/benefits within five (5) working days after the change occurs, and cooperating with DSR staff, including, if necessary, investigators.
____/____	PERSONAL RESPONSIBILITY PLAN - I understand I am required to develop a "Personal Responsibility Plan" (PRP) within thirty (30) working days after approval for DSR assistance, comply with the provisions outlined in my PRP, and review my PRP with my assigned DSR staff every four (4) months.
____/____	WORK PARTICIPATION (WP) REQUIREMENTS - I understand adults included in a DSR assistance benefit group are required to participate in authorized work activities for a minimum number of hours each month. I understand that, if I am required to meet WP requirements and do not meet the minimum hours, my case will be subject to penalty. The types of work activities that are countable and the minimum number of hours I must participate have been explained to me.
____/____	FAIR HEARING RIGHTS - I understand if I do not agree with a decision made on my application or assistance case, I have the right to appeal the decision by submitting a Request for Appeal Hearing within twenty (20) working days from the postmark date on the notice.
____/____	CONFIDENTIALITY - I understand information obtained to determine my eligibility is confidential and, in compliance with the Navajo Nation Privacy and Access to Information Act, may not be released to a third party, unless I sign a Notarized Release of Information form authorizing the release of information to the third party.
____/____	RELEASE OF INFORMATION - I authorize DSR to contact any other agency to obtain information necessary to determine my benefit group's eligibility for DSR assistance/benefits. I also authorize DSR to access my information stored in the DSR data base to verify information I have provided and to prevent duplication of assistance.
____/____	FRAUD PENALTIES - I understand if I intentionally provide false information, or withhold information, in order to make my benefit group eligible for DSR assistance or benefits we would otherwise be ineligible to receive, I and, if applicable, the other adult member of my benefit group may be disqualified from receiving DSR assistance and benefits and required to repay any payments I was not eligible to receive. In addition, I may be subject to criminal penalties under applicable tribal, state or federal laws.
____/____	PAYMENT ERRORS - I understand a payment error will occur if I receive a monthly assistance payment or benefit payment that is more or less than I am eligible to receive. If I receive a payment for more or less than I was eligible to receive, I will immediately report this to the DSR. I understand I will be responsible for repaying the amount I was not eligible to receive.
____/____	RANDOM BACKGROUND CHECKS - I understand an individual is ineligible to receive DSR assistance if they were convicted of a felony related to public assistance fraud; is fleeing to avoid prosecution, confinement or custody after conviction for a felony; or is violating the conditions of their probation or parole. I understand DSR will conduct random Background check(s) to verify the eligibility of adult Customers. If selected for a random Background Check and the Background Check discloses I, or an adult member of my benefit group, committed public assistance fraud, is a fleeing felon, or is a parole/probation violator, I and/or the adult member of my benefit group may be disqualified from receiving DSR assistance. In addition, I will be responsible for repaying any payment amounts I was not eligible to receive.

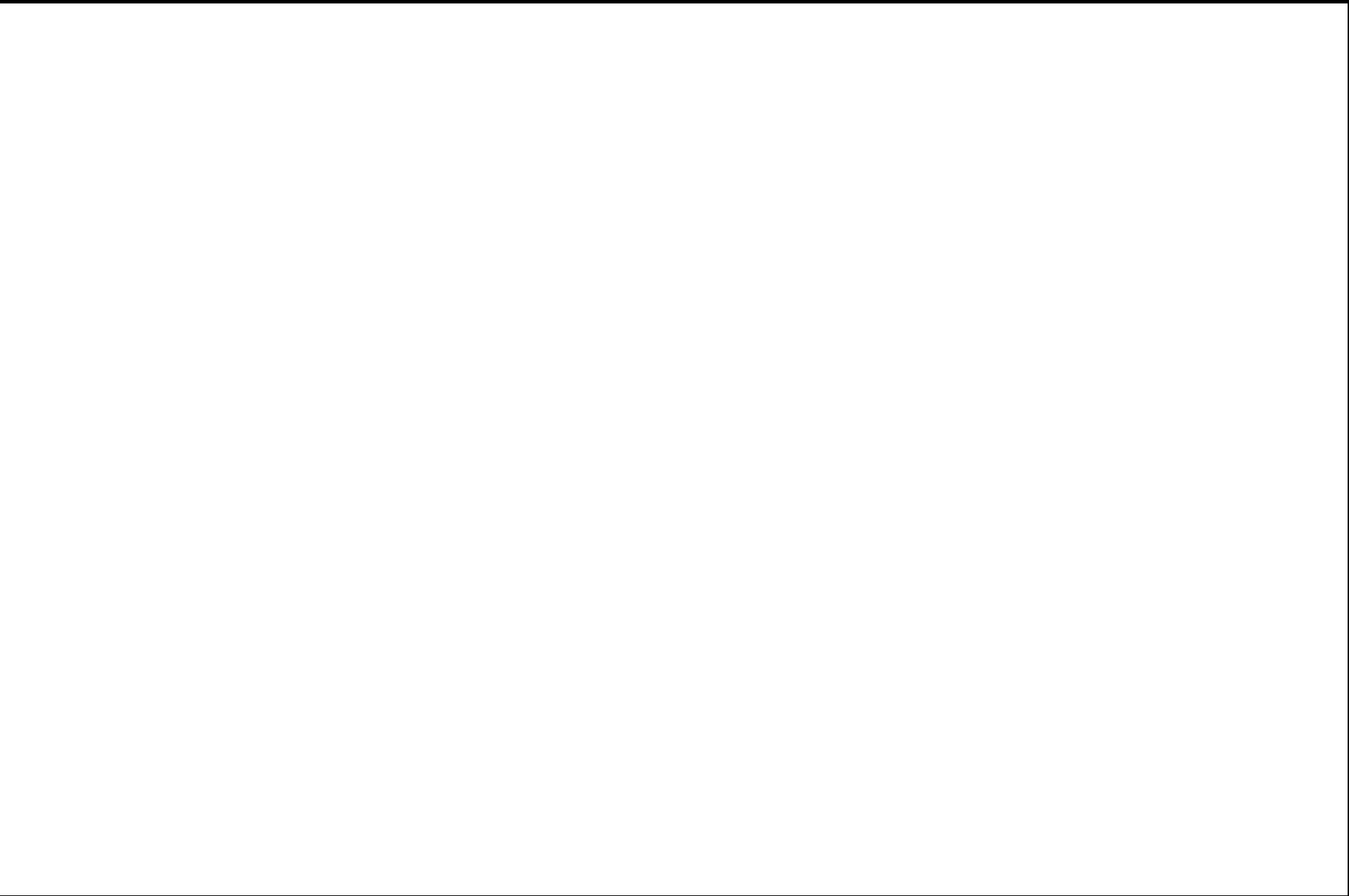
SIGNATURES

_____	_____	_____
Head of Household's Signature	Print Name	Date
_____	_____	_____
Spouse's Signature (Two-Parent Application)	Print Name	Date

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APPLICATION DATE: ____/____/____	INTERVIEW DATE: ____/____/____	APPROVAL DATE: ____/____/____	EFFECTIVE DATE: ____/____/____
APPLICATION TYPE: <input type="checkbox"/> New Application <input type="checkbox"/> Application for Continued Assistance	CASE TYPE: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Child Only		
_____	_____	_____	_____
Interviewer's Signature	Title	Date	

DRAW A MAP TO YOUR RESIDENCE (Identify landmark sites, mile posts, location of significant buildings/structures, major roads. Indicate miles and direction.)



Miles from home to DSR Office: _____

Additional Information:

Use this page to provide additional information, questions, concerns, or comments.

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