

SAN JUAN SOUTHERN PAIUTE TRIBE



ELDER AND DISABLED ASSISTANCE APPLICATION PACKET

Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019

SAN JUAN SOUTHERN PAIUTE TRIBE
P.O. Box 2950
50 S. Main Street, Suite 102
Tuba City, AZ 86045
(928) 212-9794 ~ (928) 233-8948 fax
www.sanjuanpaiute-nsn.gov

IMPORTANT INFORMATION – PLEASE READ

The Elder and Disabled Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 6 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at www.sanjuanpaiute-nsn.gov or can be obtained upon request to the Tribal Administration Office.

The Elder and Disabled Assistance Program provides various types of assistance to elders and disabled Tribal Members who submit a complete Elder and Disabled Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Elder and Disabled Assistance Program Handbook (Handbook). This Elder and Disabled Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Elder and Disabled Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Elder and Disabled Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Elder and Disabled Assistance you are requesting (e.g. housing improvements, meal delivery, , etc.). The type of assistance offered by the Tribe to provide safe and adequate assistance for elders and the disabled Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant.

Elder and Disabled Assistance may be denied if:

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Elder and Disabled Assistance;
- A more efficient and reasonable means of achieving safe and adequate assistance for elders and disabled Tribal Members is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Elder and Disabled Assistance in a safe and adequate manner; or
- You have a more recent history of receiving Elder and Disabled Assistance from the Tribe than other Applicants;
- For any other non-discriminatory reason.

IMPORTANT NOTICE:

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

TRIBAL LAW & ORDER CODE
TITLE 8, CHAPTER 1, SECTION 307
APPEALS AND REMEDIES

§ 307 Appeals and Remedies.

- A. Right to Appeal. Any Applicant who has submitted an Application shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]

NOTICE:
INCOMPLETE APPLICATIONS WILL NOT BE
PROCESSED

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the Notice, any forms and/or photocopied information will be shredded. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is closed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

ALL APPLICATIONS MUST BE SUBMITTED BY
MAIL OR HAND-DELIVERED TO:

San Juan Southern Paiute Tribe
ATTN: Elder and Disabled Assistance Application
P.O. Box 2950 (mailing)
50 South Main Street, Suite 102 (street address)
Tuba City, Arizona 86045

You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.

TO TRACK THE PROGRESS OF YOUR APPLICATION,
CONTACT THE TRIBE AS FOLLOWS:

Mail: San Juan Southern Paiute Tribe
ATTN: Tribal Administrator
PO Box 2950 (mailing address)
50 South Main Street, Suite 102 (street address)
Tuba City, Arizona 86045

Phone: 928-212-9794

Fax: 928-233-8948

Email: j.conovaloff@sanjuanpaiute-nsn.gov



ELDER & DISABLED ASSISTANCE APPLICATION

CHECKLIST:

Use this Checklist to make sure you have submitted all required documentation with the Application.

- Elder and Disabled Assistance Application**
 - Complete, sign and date the Elder and Disabled Assistance Application. Note: There are two places to sign the Application.

- Copy of Driver's License or State Issued Identification Card**
 - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.

- Authorization and Consent to Release of Information for Tribal Assistance Programs**
 - Complete the Authorization and Consent to Release of Information and sign before a notary.

- Proof of Age – Elder Assistance Only**
 - Provide a copy of the Elder Tribal Member's driver's license, birth certificate, or other document that indicates the Elder is 55 years old or older.

- Proof of Disability – Disabled Assistance Only**
 - Provide supporting documents establishing your short-term or long-term disability, e.g. federal disability benefits, or a letter from the medical professional treating the disabled Tribal Member acknowledging the disability.

- For Legally Incompetent Adults (if applicable)**
 - If you are the guardian of a legally incompetent adult seeking Assistance, you must provide a Certified Copy of the Court order appointing you as guardian.

- For Disabled Minors (if applicable)**
 - If you are the parent or guardian of a minor seeking Assistance, you must provide documents showing that you are the parent or guardian of the disabled minor. (e.g. birth certificate of minor or a certified copy of a Court order appointing you as guardian).

- Other Supporting Documents**
 - The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

SAN JUAN SOUTHERN PAIUTE TRIBE



FOR OFFICIAL USE ONLY

Date Rec'd: _____

Rec'd By: _____

ELDER AND DISABLED ASSISTANCE APPLICATION

Approved by Tribal Council Resolution No. _____ dated _____

*Fill out application entirely and complete in black or blue ink only.
Tribal Members must be 55 years or older to qualify for Elder Assistance.*

SECTION 1: APPLICANT INFORMATION

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____ / ____ / ____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City: _____		State: _____	
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____		Tribal Enrollment #:	
Driver's License or State ID #:		State of Issue:	
Mailing Address (P.O. Box or Street): _____			
City: _____		State: _____	Zip Code: _____
Physical Address (if no street address, provide major cross streets / intersections): _____			
City: _____		State: _____	Zip Code: _____
<i>Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:</i>			
Home Phone: () -		Cell Phone: () -	
Email Address: _____			
Emergency Contact Name: _____		Phone: () -	

**SAN JUAN SOUTHERN PAIUTE TRIBE
ELDER AND DISABLED ASSISTANCE APPLICATION**

**SECTION 3: TYPE OF ELDER AND DISABILITY ASSISTANCE
REQUESTED**

ACCESSIBILITY IMPROVEMENTS – Housing Accessibility improvements to ensure safe heating and electricity, bars in shower, ramps, wheelchair ramps, and handicap accessibility. *Note: Requests for housing improvements for elder and disabled Tribal Members in excess of \$5,000 may be referred to the Housing Assistance Program for consideration.*

Describe your need: _____

MEAL DELIVERY & FOOD PREPARATION – Provides assistance with meal delivery and food preparation.

Describe your need: _____

HEAT AND ENERGY ASSISTANT – Wood, coal, propane, utility payment.

Describe your need: _____

OTHER EQUIPMENT – Other elder or disabled assistance requested, including medical equipment.

Describe your need: _____

OTHER – Other elder or disabled assistance requested.

Describe your need: _____

**SAN JUAN SOUTHERN PAIUTE TRIBE
ELDER AND DISABLED ASSISTANCE APPLICATION**

**SECTION 5: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST
STATEMENT**

Previous Assistance and Conflict of Interest Statement
Have you ever received Elder or Disabled assistance from the San Juan Southern Paiute Tribe, another Tribe or Tribal Authority, a federal, state, or local authority such as Veteran's Affairs? <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
If YES, in what year(s) was assistance provided:
If YES, describe the assistance provided:
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i>) presently working for or holding office with the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
If YES, provide the name(s) of relative(s), and their relation to you:

<i>For Tribal Use Only:</i>

**SAN JUAN SOUTHERN PAIUTE TRIBE
ELDER AND DISABLED ASSISTANCE APPLICATION**

APPLICANT CERTIFICATION

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if I receive assistance, I will meet the requirements of the type of assistance provided to me as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

Signature of Applicant

Date

**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Elder and Disabled Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Elder and Disabled Assistance Program and has set an amount that is due and payable by me to the Tribe.

Signature of Applicant

Date

PRIVACY ACT NOTICE

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.

**SAN JUAN SOUTHERN PAIUTE TRIBE
 AUTHORIZATION AND CONSENT TO RELEASE OF INFORMATION
 TRIBAL ASSISTANCE PROGRAMS**



Applicant's Printed Name:	
Birthdate:	
Mailing Address:	
City, State, Zip Code:	
Phone #:	
Email:	

To Whom It May Concern:

As a Tribal Member of the San Juan Southern Paiute Tribe, I have applied for assistance from one of my Tribe's Assistance Programs. As part of my application, the San Juan Southern Paiute Tribe must review my current income and benefits from various sources. I am providing this Authorization and Consent to Release of Information in order to assist my Tribe in obtaining verification of my current income and benefits. My request to release information also includes any associated Protected Health Information that may be related to my various sources of income or benefits I currently receive from another institution or government agency.

By signing below, I hereby authorize the release of information from other institutions and agencies, including, but not limited to, state and federal benefits programs, to the San Juan Southern Paiute Tribe, for the purpose of the San Juan Southern Paiute Tribe evaluating my application for assistance. Release of the information should be provided to:

San Juan Southern Paiute Tribe
 ATTN: Tribal Assistance Program – [insert name of Applicant]
 P.O. Box 2950
 Tuba City, Arizona 86045
 Phone (928) 212-9794 ~ Fax (928) 233-8948

This Authorization and Consent to Release of Information shall be valid for one (1) year from the date I have signed below.

_____ Date
 Signature of Applicant

STATE OF _____)
) ss.
 County of _____)

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that s/he executed the same for the purpose therein contained.

 Notary Public

My Commission Expires: _____