NOTICE

Misrepresentation of information on your application is fraud. The Family Services Department will pursue legal action against anyone found to be fraudulently providing inaccurate information on any application.

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PLEASE NOTE:

Applications for financial assistance from the Family Services Department will be subject to internal PCI audits to ensure compliance with the General Welfare guidelines. **This does not apply to services such as In-Home Care, Homemaker Services, DV, or Child Care.**

_____ _____

Signature Date

POARCH BAND OF CREEK INDIANS
FAMILY SERVICES DEPARTMENT
5811 Jack Springs Rd.
Atmore, AL 36502

Phone: (251)-368-9136, Ext. 2600
Fax: (251) -368-0828

App #: _____

Family Services Intake / Application

Date: _____

Personal Information

First Name:	MI:	Last Name:	SS #:
Address:	City/State/Zip		Tribal Roll Number:

Contact Information:

Phone: _____
Cell: _____
Other: _____

Marital Status:

- ❑ Single
- ❑ Married
- ❑ Separated
- ❑ Divorced
- ❑ Cohabitating
- ❑ Widowed

Household member that is:

- ☐ Senior Citizen (55 & older)
- ☐ Receiving SSI / Social Security Disability
- ☐ Receiving Veteran's Benefits
- ☐ Receiving Unemployment Benefits
- ☐ Receiving Food Stamps or TANF
- ☐ Child age five (5) or under in your custody
- ☐ Receiving Child Support: Is it ❑ Court Ordered ❑ Voluntary

Insurance:

- ❑ All Kids
- ❑ Medicaid
- ❑ Medicare
- ❑ None
- ❑ Personal
- ❑ Other

Household Information: (A TERRO referral will be provided to any unemployed adult.)

Name (include self):	TM#:	DOB:	Age:	SS #:	Employment or Income Source(s):	Gross Income Amount:
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
				Total Household Gross Income:		

Please state the purpose of this application: _____

_____

_____

_____

_____

****FSD Staff Only** **Program Information**

CCDF: _____ CSBG: _____ LIHEAP: _____ CLIHEAP: _____

CLIENT'S STATEMENT OF UNDERSTANDING, RIGHTS, AND RESPONSIBILITIES

Consent For Services: I do hereby voluntary request assistance from Poarch Band of Creek Indians' Family Services Department. I understand my application for services will be evaluated for eligibility of services based on program guidelines. I authorize the Family Services Department to make any necessary investigation of my financial situation, household composition, work-related information, and need for assistance to obtain information relating to my eligibility for program services.

I understand I have ten (10) working days to bring in all necessary documentation to complete my application; otherwise the application will be denied. After furnishing all necessary documentation for the completion of my application, I understand I will be notified in writing or by phone about the status of my application within five (5) working days.

Authorization for Release of Information: I give authorization for the release of applicable information to my employer, PCI Departments, CIE Enterprises or Service Provider, as deemed necessary, to assist in the determination of eligibility for services. I understand the contents to be released are for gathering information to receive services; and that there are regulations and rules protecting this information. I hereby acknowledge that my consent for release of information is voluntary and is valid until such request for information is fulfilled. I further understand that I may revoke this consent at any time except to the extent that information has already been released before I revoked my consent. I further understand that I may withdraw my application or request for services at any time.

Fair Hearing: I understand I have the right to request a Fair Hearing on any action taken on my application for services of which I consider improper or about any unreasonable delay in a decision on my application. The request for a Fair Hearing must be made in writing **or verbally (Revised 1/1/2010)** to the Family Services Department within 30 days of the date of the application. As a part of the Fair Hearing process an administrative review of the application will be made with a written response provided within ten (10) working days. If not satisfied with the decision, I understand an appeal must be filed within 30 days of the Administrative Decision.

Penalty Warning: To receive program services, I understand my household must follow the application guidelines. I have been informed that any person who knowingly, willingly, and fraudulently provides false information for the purpose of obtaining benefits for which he/she is not eligible to receive, he/she may be subject to prosecution to fullest extent of the appropriate tribal, state, or federal law. The penalty for misrepresentation of information is a $10,000 fine, imprisonment up to five (5) years or both.

Confidentiality: The information provided to the Family Services Department is considered confidential. The use or disclosure of information will be made only for certain limited purposes. After the application process, no information will be released to an employer, agency, family member, or anyone else unless it has been requested by you and we get permission from you to send the information.

There are rare situations in which releasing information without prior permission is legally possibly. In these situations, we would report in your record what has been released and why. The situations in which releasing information without your permission could occur include the following:

1. If the health or safety of you or someone else in your household is in serious danger.
2. If the Court orders that we release information in a legal action brought against you.
3. If you bring legal action that in some way connects our information to your treatment.
4. If you have been assigned a legal guardian or if you have authorized someone with a power of attorney so that person can get information released about you.
5. If our client records must be reviewed or audited to follow government regulations.
6. Government reviewers sometimes require the use of non-identifying client information for planning purposes.

I declare that I have read or had read to me all the information on the application. All forms have been filled out to the best of my ability. By signing this application, I am stating that everything I have provided is true and correct to the best of my knowledge.

_____ _____

Signature of Applicant/Authorized Representative Date

_____ _____

FSD Worker Date