

Shingle Springs Tribal TANF Program

Explanation of Benefits



Eligibility Requirements for Shingle Springs Tribal TANF (SSTTP)

- At least one member of the Family or a child must be Native American
- Native American is defined as all eligible Shingle Springs Tribal members, Cortina Tribal members, Federally Recognized Indians, member of the California Judgment Rolls, and their families and descendants who reside in the approved service area.
- Must care for a child (ren) under 18 years of age or if 18 must be a fulltime student in high school who will graduate before age 19.
- Parent(s) and siblings living in home with the child (ren) for whom assistance is requested must be considered.
- Participants must be living in designated service areas of Sacramento, Placer, El Dorado or Yolo Counties.
- Adult recipients are required to complete a Family Wellness Plan (FWP) in order to be eligible for SSTTP. Failure to comply with provisions of the plan will result in loss of benefits and/or eligibility.
- Teen parents under 18 must live with their parent(s), relative, or legal guardian and must participate in required educational activities.
- Participants must cooperate with County Child Support Services in establishing paternity, if required, and assisting in efforts to obtain child support.
- Resource limit is \$5000.00 with some items not counted.
- Countable income must be less than the benefit standard for the household.
- Participants must provide, or apply for, Social Security Numbers for all members of the assistance unit.
- Participants must provide, or apply for, an original, certified Birth Certificate for all household members.
- Participants must declare and meet United States Citizenship status.
- All school age children are required to attend school regularly.
- **Rights and Responsibilities:** Each adult participant must read, understand and sign the Rights and responsibilities. Failure to adhere to the rights and responsibilities may result in penalties up to case closure.
- **Confidentiality:** All case information including who is being aided is confidential and information about your case may not be released without a signed request for release of information from you the participant and other adults on your case.
- **Conflict of Interest:** under no circumstance may a member of your tribe or a person with whom you have a personal relationship (i.e. relative, close personal friend) be your case worker.
- **Time limited benefits-** A household which includes a parent(s) may only receive a lifetime limit of **60 months** of federal TANF benefits. Once the 60 month time limit is reached, the adults will no longer be assisted, but the case can continue as a child only case.
- **Basic SSTTP Budget** (a monthly cash assistance grant is based on the following)
 - Gross income must be at or below 200% of Federal poverty Level
 - The number of people in the TANF assistance unit

- All countable unearned income
- Countable earned income after deducting \$500.00, followed by 50% of the remainder

Other Eligibility Questions (Please answer the following questions with either a Y or N refusal to complete the questions will result in ineligibility to SSTT benefits.)

1. Have you or any member of your household been convicted of fraudulently receiving duplicate Food Stamps(CalFRESH), TANF, Medi-Cal(Medicaid) or SSI benefits in any state? Yes_____ No_____ If yes when_____
2. Are you or any member of your household hiding or running from law enforcement to avoid prosecution, being taken into custody, or going to jail for a felony, attempted felony, or violating a condition of parole? Yes___ No___ If yes when_____
3. Have you or any member of your household been convicted of a felony under Federal or State law for the possession, use or distribution of a controlled drug substance (Felony drug conviction) or for a crime committed while under the influence of a controlled drug substance? Yes ___ No ___ If yes when_____
4. Have you or any member of your family convicted of a felony drug charge completed a Drug Rehabilitation program? Yes ___ No___
If yes when_____

If answered Yes to any of the questions above please explain below:

Penalties: When an applicant or recipient fails, without good cause, to comply with program requirements, that individual must serve a penalty. Non-compliance with program requirements may include, but is not limited to:

- Failure to cooperate with Child Support Services
- Failure of a minor parent or child to attend school
- Failure to develop a Family Wellness Plan or participate in assigned tasks and activities
- Job Quit or refusal to work
- Failure to participate in substance abuse/mental health testing and/or counseling when referred by SSTTP
- Failure to keep immunizations current for all children
- Direct verbal or physical threats toward SSTT staff
- Intentional Program Violations

Participants with penalties will be mailed a notice of action and given 10 days to comply.

Sanctions: Sanctions are grant reductions taken from the case grant and can either be a percentage of the grant or the removal of an individual from the grant.

Work Program: Unless exempt, all adults are required to engage in self –sufficiency work activities. They must enter into an agreement and comply with the provisions of their Family Wellness Plan.

Mandatory Meetings: Participants may be required to attend mandatory meetings with their FA failure to attend the mandatory meeting may result in penalties up to case closure.

Monthly Report: You are required to submit a completed Monthly eligibility report (MER) form with all verification by the 10th of each month. Failure to submit a complete MER by the 10th of the month will result in a late payment for the following month. Failure to submit a complete MER will result in suspension of the case with possible case closure.

Cash Assistance Month: Cash assistance is distributed at the beginning of each month. It is intended for the basic needs of the eligible family members' for that month. If an eligible family member will be leaving the home; his/her needs, will be removed at the end of the month.

Reporting Changes in Family Circumstances: You are required to inform SSTT Program within 10 days of any changes in family income, family resources, number of persons in the household, changes in living arrangements or children's school attendance. The changes must be reported within 10 days and also on the MER for the month of change.

Home Visits: Home visits may be conducted to verify eligibility information

Drug Testing: All adult applicants, may include non-needy caretaker relatives, may be required to complete substance abuse testing. A positive test will require recipients to participate in substance abuse assessment and attend possible counseling sessions or enroll in a rehabilitation program. SSTT Program will continue Tribal TANF assistance to the family through a vendor pay system, or deny reduce/terminate benefits until participant becomes compliant.

School Age Children: All school age children will be required to attend school full time. Verification of enrollment, regular attendance, and current grade/probation status is required. Cash benefits may be reduced, until child (ren) return to school and attend regularly.

Immunization of Children: Current immunization of all children, not exempted, is a requirement of the program. Failure to provide proof may lead to suspension of cash benefits.

Denial of benefits:

- The program will deny benefits to individuals for 2 years for conviction of felony drug related crimes. If the individual completes a drug rehabilitation program, the individual may resume benefits if eligible
- The program will deny benefits to those applicants that commit fraud to collect benefits

Non-Duplication of Services: All applicants will be required to sign the SSTT application certifying that family members are not receiving assistance from another Tribal/State/County TANF program.

Release of Information: Participants will be required to sign releases of information; each release will specify what we are asking for from other agencies. Failure to sign a release of information may result in denial of case or case closure.

Appeal Rights: You have a right to a fair hearing if you feel the Family Advocate has made an incorrect decision in your case. Your appeal must be in writing and must occur within 10 days of the case action or date of the notice of action. The written appeal must be addressed to the Lead Worker/Site Supervisor explaining your reasons why you think the Family Advocate made an incorrect decision. The actual issue being appealed must be clearly defined.

Appeals should be addressed to the SSTT Office where your case is located. Forms for appeals and complaints are available at reception.

Verbal appeals cannot be dealt with or researched appropriately all appeals/complaints must be in writing.

By my signature below I declare and affirm that I have read or had read to me and understand the Explanation of Eligibility, Benefits and Penalties and have read and understand the explanation of Rights and Responsibilities. I have received copies of these documents.

Signature of applicant

Date

Signature of co-applicant

Date

Intake Worker Signature

Date

This list of documents and information must be provided at the time of your scheduled intake appointment

- Photo ID
- Proof of Tribal Enrollment
- Birth Certificates (for all household members)
- County Aid Verification (if applicable)
- Social Security Cards (for all household members)
- Selective Service Verification (if applicable)
- Parental Consent to Transfer Custody/Court Ordered Child Custody Agreement or Notarized Statement of Temporary Custody
- Medi-Cal cards (for all household members)
- Residency Verification
 - ____ Lease agreement,
 - ____ Current utility bill
- Food Stamp Verification
- Marriage License/Divorce Decree (if applicable)
- Alien Status (if applicable)
- Unborn Child (3rd trimester Doctor's letter, if applicable)
- Immunization Records (if applicable)
 - ____ For each child NOT enrolled in school
- School Enrollment Verification
 - ____ Enrollment Verification
 - ____ Attendance Record
- Adult School Enrollment
 - ____ Enrollment Verification
 - ____ Attendance Records
- Income Verification for past 3 months
- Unemployment Insurance Benefits (UIB) – verification of application, approval or denial
- SSI Disability Verification(s) (If applicable)
- Employment Verification (check stubs)
- Vehicle Information - Car registration/insurance
 - ____ Registration
 - ____ Proof of Insurance
 - ____ Kelly Blue Book Value
- Per Capita verification (money received from Tribe)
- Child Support Verification
- Checking/savings account statements
- Child Care paid or received