



# QUINAULT INDIAN NATION

## *New Opportunities Program*

Taholah Office  
701 Cuitain St PO Box 189  
Taholah, WA 98587  
(360) 276-8211 ext 456  
Fax: (360) 276-0008

Aberdeen Office  
2700 Simpson Ave St  
Aberdeen, WA 98520  
(360) 537-1324  
Fax: (360) 537-1265

Queets Office  
21 Queets Ave  
Queets, WA 98331  
(360) 962-2051  
Fax: (360) 962-2460

### Eligibility

The New Opportunities Program (General Assistance) is intended to meet certain specified unmet needs to eligible individuals and/or families that are otherwise ineligible for TANF. Payments received are for costs directly related to shelter cost and basic living expenses. Must be a Quinault Tribal Member residing within Grays Harbor County or Lower Jefferson County or a member of a federally recognized tribe residing within the boundaries of the Quinault Indian Reservation. All applicants must apply for other resources, if applicable. Must be income eligible.

Case types include: Full time College/Vocational Student, High School Student, Medically Exempt, and Employable. Each case type has criteria, as identified in the policies. A shelter grant is \$305 per month, if there is no income. A non shelter grant is \$185 per month, if there is no income. A shelter receipt is required monthly, to receive a shelter grant. If one is not provided, a non shelter grant will be calculated. If own home, utility bill in own name must be provided or a non shelter grant will be calculated. Income is counted \$1.00 for \$1.00 and the grant is calculated accordingly. All participants are required to make monthly contact to remain eligible.

### ELIGIBILITY DOCUMENTATION

In order to be deemed eligible for the New Opportunities Program, you will need to provide the following information along with your completed application. If the items listed in this section are not included, then your application will be deemed incomplete and a letter will be sent to you requesting the missing information.

- ☐ **Certificate Degree of Indian Blood (CIB)** – You will need to provide a copy of your current tribal identification card or a CIB from your tribe of enrollment.
- ☐ **Verification of Residence** – May be verified by providing one of the following: Landlord Statement (included in the packet) lease agreement, rent receipt with your landlord's signature, money order receipt, bank copy of a cleared check/cashier's check or utility receipt or bill (electricity, water/sewer/garbage) with your name and current physical address on it.
- ☐ **Verification of Unemployment Eligibility** – To prove that you are not eligible for unemployment benefits, you will need to complete the Self Request for Records (included in this packet). Please fill out only the highlighted portions and turn it in with this application. Eligibility information will be sent directly to the New Opportunities Program. If you are eligible to draw unemployment, you will be required to apply.
- ☐ **Proof of Earned/Unearned Income** – Copies of last paystubs and proof of unearned income if applicable.

### OTHER DOCUMENTATION

The items listed below are required for your file and may be provided at the time of orientation.

- ☐ **Copy of Social Security Card** – If you do not have your card, you must apply for a replacement at the SSI Office. Once you have applied for a SS Card, you will be provided a receipt. Please provide a copy of the receipt along with this application. Once your card is received, please bring a copy to the New Opportunities Office after signing it. A copy of a SS Card or proof of applying is a requirement.
- ☐ **Copy of High School Diploma or GED Certificate** – If you do not have a copy of your high school diploma or GED certificate, a copy of your transcript will be sufficient. If you do not have your high school diploma or GED or provide proof at the orientation, you are required to attend GED classes or a High School completion course until you have received a GED or High School

Diploma or until proof is submitted. Class information will be provided at orientation. If you are currently enrolled in high school, GED, or college, we will need a copy of your current class schedule.

- ☐ **Doctor's Note** – In order to be medically exempted from work activities, you must provide a current doctor's note stating that you are unable to participate in work like activities at the time of the orientation. Any doctor note exempting activities over three months will require that you apply for benefits from the Social Security Administration. If you do not provide a Doctor's note at the time of your orientation, you will be required to participate in work like activities until one is received.

## **New Opportunities Program Application**

I am applying for financial assistance for services for myself, as I am in need. I agree to supply information regarding resources and income and to notify the agency of any changes to my situation within ten days of changes. New Opportunities is authorized to obtain information to establish eligibility.

LAST NAME		FIRST NAME		MIDDLE	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		MARITAL STATUS:	
				<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
PHYSICAL ADDRESS			MAILING ADDRESS		
PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> MESSAGE for correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address:    OK to use	
TRIBAL AFFILIATION			ENROLLMENT #		
<b>FAMILY</b>					
ALL HOUSEHOLD MEMBERS THAT LIVE WITH THE APPLICANT		DATE OF BIRTH		RELATIONSHIP TO APPLICANT	
		MONTH    DAY    YEAR			
<b>RECORD OF INCOME AND</b>					
MONTHLY EARNED INCOME \$		UNEARNED INCOME (PER CAPITA, SUPPORT, ETC)		HOUSEHOLD INCOME \$	
RESOURCES AVAILABLE (APPLICANT)		No Income Statement: At this time I attest I have no form of earn/unearned income.			
CHECK ALL OTHER HOUSEHOLD INCOME THAT APPLIES <input type="checkbox"/> TANF <input type="checkbox"/> SSI        UNEMPLOYMENT BENEFITS <input type="checkbox"/> PER CAPITA <input type="checkbox"/> VETERANS BENEFITS <input type="checkbox"/> OTHER INCOME					
<b>EDUCATION AND</b>					
HAVE YOU RECEIVED YOUR HIGH SCHOOL DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO        IF YES, INDICATE SCHOOL NAME →			SCHOOL NAME		
HAVE YOU RECEIVED YOUR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO        IF YES, INDICATE SCHOOL NAME →			SCHOOL NAME		
FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO        IF YES, CHECK SCHOOL TYPE →			HIGH SCHOOL NAME _____		
			COLLEGE NAME _____		
EMPLOYMENT BACKGROUND (EX. TYPE OF JOBS YOU HAVE HELD IN THE PAST)					
<b>FOR OFFICE USE</b>					
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> REAPPLYING		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> Pend EFFECTIVE ____ / ____ / ____		PEND REASON:	
TOTAL MONTHLY INCOME \$		STATE MONTHLY STANDARD \$		MONTHLY AMOUNT NEEDED \$	

I read or had explained and understand the information in this application. I declare under perjury, information I gave in this application is true, correct, and complete to the best of my knowledge. I understand that if I incorrectly receive a grant from the New Opportunities Program because I have made a willful false statement or because I have willfully failed to report information required by the Program, that services will be any and all services will be terminated, forwarded to the QIN Prosecutor and full repayment will be sought prior to being eligible for future services.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Federal Law Governing Fraud

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device, a material fact, or make any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain false, fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or be imprisoned for not more than five years or both.

I have received a copy of, have had explained to me, and understand the provisions of the Federal Law Governing Fraud. I agree to supply information regarding resources and income and to notify the agency of any changes in my situation. The New Opportunities Program is authorized to obtain information necessary to establish eligibility for assistance.

This statement is to inform you that it is against the law to lie to this program and that you are to report any and all information that will affect your eligibility. You are not allowed to collect from other programs at the same time or use it in place of other programs you are eligible for. Once you have signed the bottom of this form, it verifies that you have read and understood this statement.

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## Applicant Rights

Before the Quinault Indian Nation can provide assistance, it must get information about you and your family, including complete household income. The authority *Act of Congress, Title 25 US Code Section 13*, otherwise known as the *Snyder Act*, passed on November 2, 1921, authorizes the QIN to provide services and to request for the required information. The only information you need to provide is what shall be deemed necessary for verifying eligibility to qualify for assistance. This is the sole purpose it will be used for.

Under *Privacy Act, 5 USC 552(a) § 7(a)(1)(2)*, QIN cannot release any information you provide to the New Opportunities Program Coordinator, unless with the exception of sharing information with other state, local or tribal programs who obtain responsibility with the type of assistance for which you are applying for. The information can also be released to those agencies when you apply for a job, other benefits and/or law enforcement purposes. This can be done without your approval or consent. Any other person or program wanting information from your case file record must have your written consent. You have the right to know what information is in your case record and you can ask to see it. If you believe some information is wrong you have the right to ask the program manager how to change the information in your file.

When you file an application for assistance you have the right to a written decision or pending notice within fifteen (15) days, in some cases it may take up to thirty (30) days, depending on the length of time you take to turn in all required items. If you disagree with the decision, review Title 25 CFR Part 20 and the QIN New Opportunities Program Policies and Procedures to see what can then be done.

The New Opportunities Program is required under federal law for welfare assistance programs to follow and abide by *Public Law 104-193 The Personal Responsibility and Work Reconciliation Act of 1996* also known as the *Welfare Reform Law*. The amount of grant assistance you may receive is based on Washington State standard of public assistance according to your income and resources. The information you give must be factual. If your circumstances change you must report it to the Program Coordinator. You will then receive the proper amount of assistance and/or adjustments to you grant that you are eligible to receive.

Within the limits of authority and services available, the Quinault Indian Nation New Opportunities Program wants to assist you. Ask the Program Coordinator to fully explain any of the information given above should you not understand any of the material. If you give wrongful information and receive assistance to which you not eligible, you must pay it back.

This form is to let you know what your rights are and what law/acts protect you. Once you have signed the bottom of this form it verifies that you have read and understood it.

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## Appeal Statement

### Ineligibility for services, Assistance or Adverse Decisions

When the program determines that an applicant is not eligible for assistance or a decision has been made that directly affects the services provided to a participant, the program shall provide the application or participant with a Letter of Notification (LON). The LON shall be mailed to the applicant's last known address within 10 working days from the date of the decision. The LON shall also inform the participant of their right to appeal and shall contain an appeal form.

### Appeal to Program Manager

If the applicant or participant disagrees with the program's decision they may request and administrative review of the decision by the Program Manager. The request must be addressed to the Program Manager, in writing and must be made within 10 working days from the date of the LON. The written request shall be signed, dated and contain the following information: The nature of the decision; and why the person adversely affected by the decision disagrees with the decision, action or finding. Upon receipt of the request for review, the Program Manager will review the case and render a decision. The application/participant will be notified in writing and advised of their right to administrative review by the QIN Court, if they disagree with the decision.

### Appeal to QIN Court

The decision of the Quinault Indian Nation Court shall be final and not subject to further review by the Business Committee or any other agency or person unless further review is authorized by Federal law.

This form is to let you know what your rights are and what law/acts protect you. Once you have signed the bottom of this form it verifies that you have read and understood it.

Applicant Signature

Date



QUINAULT INDIAN NATION

*New Opportunities Program*

PO BOX 189 - TAHOLAH, WA 98587  
PH: 360-276-8211 X. 273 FX: 360-276-0008

**RESIDENCY STATEMENT**

I verify that my residence is:

Street Address

City & State

I rent/lease/ make payments to: \_\_\_\_\_ of \$ \_\_\_\_\_ per month.

I own my own home. \_\_\_\_\_  
Initials

I have resided at this address for: \_\_\_\_\_ weeks, \_\_\_\_\_ months, \_\_\_\_\_ years.

I certify that the above statement is true, correct and complete to the best of my knowledge. I understand that once deemed eligible for the program it is my responsibility to update my residence address.

Applicant Signature

Date

**Authorization for Release of  
Confidential Information**

As part of qualifying for the Quinault Indian Nation New Opportunities Program monthly Grant assistance, it is a requirement to comply with proving the following to determine eligibility. I authorize any and all of the organizations listed below to give any information asked for by the New Opportunities Program Coordinator.

Applicant Name (Please Print)  
Birth

Date of

I understand that my records may have the information that is protected under the privacy Act 5 USC 552 (a) 7(a)(1)(2) and I allow such information to be released to the Quinault Indian Nation. I understand that all agencies only when needed to determine my eligibility.

Child Support Enforcement  
Tribal/Corporation Per-Capita

Physicians/Medical Institutions

Employer  
Tribal/Sate Courts

QIN Housing Authority

Financial Institutions  
Tribal/Sate Fisheries

QIN Seafood Enterprise

Food Stamps (DSHS)  
US Internal Revenue Service

QIN Tribal Programs

Grays Harbor Transition Center	School/College/Universities	
Veterans Administration		
Health/Accident Insurance Co.	Social Security Administration	State
Department of Corrections		
IIM Money's (BIA)	State Employment Offices	
State Department of Revenue		
Labor and Industries	TANF/Work First (DSHS	
Other		
Law Enforcement Agencies	Treatment Facilities (ADATSA)	

\_\_\_\_\_  
Applicant Signature  
Date

\_\_\_\_\_  
Mailing Address  
Phone Number

## EDUCATIONAL OR EMPLOYMENT GOALS

Please express your short term and long term education/employment goals so that they can be incorporated into your Individual Service Plan, should you be deemed eligible for the program.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## MEDICAL EXEMPTION STATEMENT

Please describe your medical condition that makes you unable to work and give length of time you have been considered medical exempt. Please provide documentation from a licensed physician at your orientation to be considered medical exempt. If documentation is not provided, you will be required to participate in work like activities until received. If medical exemption is longer than 90 days, please understand you will be required to apply for SSI benefits.

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\_\_\_\_\_  
\_\_\_\_\_

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## SELF-REQUEST FOR RECORDS

A response to your request will be sent within 5 BUSINESS DAYS.

### 1. PROVIDE THE FOLLOWING INFORMATION:

Name (please include any alias or maiden name):

Social Security Number:

### 2. CHECK ONE OR MORE BOXES TO INDICATE THE RECORDS BEING REQUESTED:

☒ I am requesting a copy of my Employment History from

01/2014 through 12/2014  
(start date) (end date)

☒ I am requesting a copy of my Unemployment Payment History from

01/2014 through 12/2014  
(start date) (end date)

☐ If you are seeking records other than the above (identify here):

### 3. AUTHORIZATION AND SIGNATURE:

a) Mail or Fax records to:

Name:

Francene Nations

Contact Phone #:

360-276-8211 ext. 273

Address Line:

PO Box 189

City State Zip Code:

Taholah, WA 98587

Return Fax #:

360-537-1265

b) Send Request to:

Employment Security Department

Attn: Records Disclosure Unit

P.O. Box 9046

Olympia WA 98507-9046

Fax # (866) 610-9225

Phone # (360) 725-9440

c) I authorize the requested information/records be released and sent to the entity identified in Section 3a.

d) By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose records are being requested.

Signature (Required)

Date