

United States Department of the Interior

BUREAU OF INDIAN AFFAIRS OFFICE OF THE DEPUTY DIRECTOR - INDIAN SERVICES 1849 C Street, NW MS-4513-MIB Washington, DC 20240



Dear BIA Funded Financial Assistance & Social Services Provider,

The Bureau of Indian Affairs (BIA) requests that all tribal and BIA social service programs that utilize Welfare Assistance funds from the BIA, submit a BIA Financial Assistance & Social Service Program Report. The report provides vital information that is used by the BIA to justify funding levels, make program and policy decisions, and educate important entities such as Congress, Office of Management and Budget (OMB), and the public. It is important that your Tribe or Agency submit a report by the appropriate due date. The report should accurately reflect your programs unique needs and changes, to ensure that funds are distributed in a fair and equitable manner. Delayed reports may impact the timely distribution of funds to BIA funded social service programs and impede the BIA's ability to provide up-to-date information to key decision making entities.

The FY 2009 version of the BIA Financial Assistance & Social Service Program Report is different from reports used in previous years. The form and instructions were amended in an effort to promote efficiency using insight and guidance from tribal and BIA social service providers across the Nation. The FY 2009 version has been consolidated into one form and narrative using Microsoft Excel software. In addition, the FY 2009 version also includes simplified step-by-step instructions with pictures, a narrative template, more examples for reference and clarification, and is now available electronically at http://www.doi.gov/bia/tribalservices.

The following instructions also contain three separate guidance sections that pertain to each type of BIA funded program: 1) Self Governance tribes, 2) P.L. 102-477 tribes, not participating in Self Governance, and 3) BIA and P.L. 93-638 tribes. You will find program specific information on when the report is due, how to obtain the form and instructions, where to submit a completed report, and how to access technical assistance. Included in each section is guidance for tribes operating General Assistance under an approved tribal redesign plan (25 CFR § 20.202). Each program will be required to submit a completed BIA Financial Assistance & Social Service Program Report that contains two parts:

Part 1: The BIA Financial Assistance & Social Service Program Report Form, and Part 2: The Narrative

Efforts to improve the Report are ongoing, and we hope to continue to work closely with tribal and BIA social service providers in the coming year on this development. We value your opinions and suggestions for improvement. Please submit comments or feedback to Ms. Brandi Sweet, Social Worker, at <u>brandi.sweet@bia.gov</u>.

Sincerely,

Jerry Sidner

Jerry L. Gidner Director, Bureau of Indian Affairs

INSTRUCTIONS



BIA Financial Assistance & Social Service Program Report

Bureau of Indian Affairs · Office of Indian Service · Division of Human Services

October 31, 2008

Table of Contents

| ntroductionpage 4 |
|---|
| Suidance for Self Governance |
| ribespage 5 |
| Guidance for P.L. 102-477 Tribes, Not Participating in Self |
| Governancepage 6 |
| Guidance for BIA and P.L. 93-638 |
| Tribespages 7-8 |
| Part 1: The BIA Financial Assistance & Social Service Program Report |
| Formpages 9-24 |
| Part 2: The Narrativepages 25-26 |
| Definitionspages 27-31 |
| Copy) BIA Financial Assistance & Social Service Program Report Formpage 32 |
| Copy) Narrative Templatepage 33 |
| ocial Services Payment Standards for Programs in 25 CFR 20 & Transition Actions |
| Memorandumpage 34 |

INSTRUCTIONS

BIA Financial Assistance & Social Service Program Report

Bureau of Indian Affairs · Office of Indian Service · Division of Human Services

INTRODUCTION

The Bureau of Indian Affairs (BIA) requests that the following instructions be used by the BIA Regional Offices, BIA Agencies, the Office of Indian Energy and Economic Development, the Office of Self Governance, and tribal programs operating BIA funded Human Service programs for the completion of the BIA Financial Assistance & Social Service Program Report, formerly referred to as the (Quarterly) BIA Analysis of Funds and Program Service Report. The FY 2009 version has been consolidated into one form using Microsoft Excel software and is available electronically at

http://www.doi.gov/bia/tribalservices.html. Reports can be filled out and submitted by electronic means utilizing the Microsoft Excel software or handwritten using the BIA Financial Assistance & Social Service Program Report Form found on page 32 and the Narrative template found on page 33. The report can be completed by following the step-by-step instructions included in this packet. The new instructions include pictures, a narrative template, and more examples for you to reference for clarification as you go through the steps for completion.

In FY 2009 tribes and agencies are to submit a Report that includes these two parts:

Part 1) The BIA Financial Assistance & Social Service Program Report Form (page 32), and Part 2) The Narrative (page 33).

The instructions also contain separate guidance sections for Self Governance Tribes (page 5), P.L. 102-477 tribes, not participating in Self Governance (page 6), and the BIA and P.L. 93-638 Tribes (pages 7-8). Each guidance section contains information pertinent to each type of BIA funded program. You will find program specific information on when the report is due, how to obtain the form and instructions, where to submit a completed report, and how to access technical assistance. Included in each section is guidance for Tribes operating a General Assistance program under a tribal redesign plan (25 CFR § 20.202).

1.) GUIDANCE FOR SELF GOVERNANCE TRIBES (OSG)

Self Governance tribes, including those operating the General Assistance program under an approved P.L. 102-477 plan, obtain the BIA Financial Assistance & Social Service Program Report Form, instructions, and seek technical assistance from the Office of Self Governance in Washington, DC. The form and instructions are also available on the internet at http://www.doi.gov/bia/tribalservices.html, http://www.doi.gov/bia/tribalservices.html, http://www.tribalselfgov.org/ and can be accessed utilizing Microsoft Excel software. Self Governance tribes may submit their consolidated BIA Financial Assistance & Social Service Program Report form and narrative to:

U.S. Department of the Interior Office of the Secretary Office of Self Governance Ken Reinfeld, Senior Policy/Program Analyst 1951 Constitution Avenue, N.W., Room 355-H Washington, D.C. 20240 Phone: (202) 208-5734 Fax: (202) 219-1404 Cell: (202) 821-7107 E-Mail: whatshisnameken@yahoo.com

Fiscal Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and a narrative (page 33), to the Office of Self Governance (OSG) in Washington, D.C. no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Calendar Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and narrative (page 33), to the Office of Self Governance (OSG) in Washington, D.C. no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance, which is subject to all pro rata reductions. Other financial assistance will be provided based on expenditures reported in the BIA Financial Assistance & Social Service Program Report. It is requested that tribal redesign programs also include General Assistance information on the BIA Financial Assistance & Social Service Program Report.

2.) GUIDANCE FOR P.L. 102-477 TRIBES, NOT PARTICIPATING IN TRIBAL SELF GOVERNANCE

Tribes operating a General Assistance (Welfare Assistance) program under an approved P.L. 102-477 plan, who are not participating in Tribal Self Governance, obtain the BIA Financial Assistance & Social Service Program Report Form, instructions, and seek technical assistance from the Office of Indian Energy and Economic Development in Washington, D.C. Tribes operating on a program year that does not coincide with the fiscal or calendar year are to report on a Fiscal Year. The form and instructions are also available on the internet at <u>http://www.doi.gov/bia/tribalservices.html</u> and can be accessed utilizing Microsoft Excel software. P.L. 102-477 tribes may submit their consolidated BIA Financial Assistance & Social Service Program Report Form and narrative to:

> U.S. Department of the Interior Office of the Secretary Office of Indian Energy and Economic Development (OIEED) Office of Workforce Development Lynn Forcia, Chief 1951 Constitution Ave, NW MS-20-SIB Washington, DC 20245 Phone: (202) 219-5270 Fax: (202) 208-4564 Email: lynn.forcia@bia.gov

Fiscal Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and a narrative (page 33), to the Office of Indian Energy and Economic Development in Washington, D.C. no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Calendar Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and narrative (page 33), to the Office of Indian Energy and Economic Development in Washington, D.C. no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance, which is subject to all pro rata reductions. Other financial assistance will be provided based on expenditures reported in the BIA Financial Assistance & Social Service Program Report. It is requested that tribal redesign programs also include General Assistance information on the BIA Financial Assistance & Social Service Program Report.

Note: P.L. 102-477 tribes operating Burial and Emergency Assistance outside of an approved P.L. 102-477 plan, are to report Burial Assistance and Emergency Assistance separately to their respective Regional BIA Office (See Guidance for BIA and P.L. 93-638 Tribes, pages 7-8) or the Office of Self Governance (See Guidance for Self Governance Tribes, page 5)

3. GUIDANCE FOR BIA AND P.L. 93-638 TRIBES

P.L. 93-638 contracted tribal programs and BIA operations can obtain the BIA Financial Assistance & Social Service Program Report Form, instructions, and may seek technical assistance from their respective BIA Regional Office. The form and instructions are also available on the internet at http://www.doi.gov/bia/tribalservices.html and can be accessed utilizing Microsoft Excel software. P.L. 93-638 contracted programs and BIA operations are to submit their consolidated BIA Financial Assistance & Social Service Program Report form and narrative to the respective BIA Regional Office identified below (page 8).

Fiscal Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and a narrative (page 33), to their respective BIA Regional Office, no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Calendar Year programs are to submit an end-of-year report for FY 2008, utilizing the FY 2009 report form (page 32) and narrative (page 33), to their respective BIA Regional Office, no later than 30 days from the date of the FY 2009 BIA Financial Assistance & Social Service Program Report Memorandum.

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance, which is subject to all pro rata reductions. Other financial assistance will be provided based on expenditures reported in the BIA Financial Assistance & Social Service Program Report. It is requested that tribal redesign programs also include General Assistance information on the BIA Financial Assistance & Social Service Program Report.

Note: P.L. 102- 477 tribes operating Burial and Emergency Assistance outside of an approved P.L. 102-477 plan, are to report Burial Assistance and Emergency Assistance separately to their respective Regional BIA Office (See Guidance for P.L. 102-477 Tribes, not participating in Self Governance, pages 6) or the Office of Self Governance (See Guidance for Self Governance Tribes, page 5)

Continued on next page

BIA REGIONAL CONTACT INFORMATION

| Alaska Region | Eastern Oklahoma Region | Eastern Region |
|--------------------------------|--------------------------------|--|
| Gloria Gorman | Michelle Deason | Gloria York |
| Regional Social Worker | Regional Social Worker | Regional Social Worker |
| P.O. Box 2550 (99802) | P.O. Box 8002 | 545 Marriott Drive, Suite |
| Federal Building, Room 301-A | 3100 West Peak Boulevard | 700 |
| 709 West 9th Street | Muskogee, Oklahoma 74401 | Nashville, Tennessee 37214 |
| Juneau, Alaska 99801 | Phone: (918) 781-4613 | Phone: (615) 564-6740 |
| Phone: (907) 586-7046 | Fax: (918) 781-4649 | Fax: (615) 289-3312 |
| Toll Free: (800) 645-8397 | Email: michelle.deason@bia.gov | Email: gloria.york@bia.gov |
| Fax: (907) 586-7057 | 0.0 | |
| Email: gloria.gorman@bia.gov | | |
| Great Plains Region | Midwest Region | Navajo Region |
| Julian Shields | Valerie Vasquez | Vivian Yazza |
| Regional Social Worker | Social Worker | Regional Social Worker |
| 115 4 th Avenue, SE | One Federal Drive, Room 550 | 301 West Hill Street |
| Aberdeen, South Dakota 57401 | Fort Snelling, Minnesota 55111 | Gallup, New Mexico 87301 |
| Phone: (605) 226-7351 | Phone: (612) 725-4571 | Phone: (505) 863-8215 |
| Fax: (605) 226-7627 | Fax: (612) 713-4439 | Fax: (505) 863-8292 |
| Email: julian.shields@bia.gov | Email: rosalie.clark@bia.gov | Email: |
| | | vivian.yazza@bia.gov |
| Northwest Region | Pacific Region | Rocky Mountain Region |
| Stella Charles | Kevin Sanders | Jo Ann Birdshead |
| Regional Social Worker | Regional Social Worker | Regional Social Worker |
| 911 NE 11 th Avenue | 2800 Cottage Way | 316 North 26 th Street |
| Portland, Oregon 97232 | Sacramento, California 95825 | Billings, Montana 59101 |
| Phone: (503) 231-6785 | Phone: (916) 978-6048 | Phone: (406) 247-7988 |
| Fax: (503) 231-6731 | Fax: (916) 978-6055 | Fax: (406) 247-7566 |
| Email: stella.charles@bia.gov | Email: kevin.sanders@bia.gov | Email: |
| , | | joAnn.birdshead@bia.gov |
| Southern Plains Region | Southwest Region | Western Region |
| Ofelia De La Rosa | Sandra McCook | Evelyn Roanhorse |
| Regional Social Worker | Regional Social Worker | Regional Social Worker |
| P.O. Box 368 | P.O. Box 26567 (87125) | 400 North 5 th Street (85004) |
| Anadarko, Oklahoma 73005 | 1001 Indian School Road, NW | P.O. Box 10 |
| Phone: (405) 247-1585 | Albuquerque, New Mexico | Phoenix, Arizona 85001 |
| Fax: (405) 234-7488 | Phone: (505) 563-3520 | Phone: (602) 379-6785 |
| Email: | Fax: (505) 563-3058 | Fax: (602) 379-3010 |
| ofeliaDeLaRosa@bia.gov | Email: sandra.mccook@bia.gov | Email: |
| | | evelyn.roanhorse@bia.gov |

PART 1: THE BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM

STEP 1:

| Of | and the second se | | | | | | | | | | | | |
|----|---|-----------------------------|-----------------------|-----------------------------|---------------------|--------------------------------|----------------------------|-----------------------------|-------------------------|--------------------------------------|--|--|-----|
| _ | F26 🕶 🏂 | в | C | D | E | F | G | н | | J | к | 1.1 | - |
| 1 | FISCAL YEAR of CALENDAR YEAR | | | | | | | | | | | | 12 |
| 2 | | INANC | IAL ASSI | STANC | E & SOC | AL SE | RVICE P | ROGRA | M REPOR | T FOR | M | _ | 1= |
| 3 | TRIBE/AGENCY: | | QUARTER | | QUARTER | | | | | | | | - |
| 4 | | P | lotual | 1 | lotual | 1 | otual | | Actual | | END-OF-YE | AR STAT | (U) |
| 5 | 08G BIA 477 638 | | Aonth-Month) | - | Nonth-Month) | | fonth-Month) | | Aceth Month) | | | | |
| 6 | A | B | D | E | G | н | J | K | м | N | P | Q | |
| 7 | Program Component | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Aotual Persons Served | Expenditures | Total Aoutal Persons Served | Expenditures (Sum of All Four Quarters) | Amount Allocated | 1 |
| 9 | Child Assistance | | and the second second | | | | | | | | | Rinhaltan | |
| 10 | Foster Care | | 1 | | 1 | and a recent statistic targets | | and a second and a second | | 0 | \$ - | and a second sec | Т |
| Ħ | Residential Care | | | | | | | 1 | 1 | 0 | \$ - | | T |
| 12 | Adoption Subsidy | | | | | | | | | 0 | \$ - | 1 | Γ |
| 13 | Guardianship Subsidy | | | | | | | 1 | | 0 | \$ - | 1 | 1 |
| 14 | Special Needs | | L | | L | | L | 1 | 1 | | \$ - | 1 | 1 |
| 15 | Homemaker Services | | Leverence | | Janana ana ana | | | 1 | 1 | 0 | \$ - | 1 | 1 |
| 17 | Adult Care Assistance | | | | | | | | | | | | |
| 18 | Homemaker Services | | | | | | 1 | 1 | T | 0 | \$ - | | Т |
| 19 | Residental Care (group home) | | 1 | | | | 1 | | | 0 | \$ - | - | T |
| 21 | General Assistance | | | | 1 | | 1 | T | 1 ACCOUNTS OF THE OWNER | 0 | \$ - | 101010101010 | T |
| 22 | Employable | | | | THE PARTY STREET | | | | | 0 | | | 爢 |
| 23 | Unemplogable | | | | | | | | | 0 | <u>Qualitationalogi</u> | | |
| 24 | Individual Service Plan (ISP) | | | | I | | | | | 0 | A REAL PROPERTY AND A REAL | | |
| 25 | ISP Goals Completed | | | | terre and the set | | and all the second | - | Designation of the | 0 | | | |
| 26 | Applications Approved | | | | | | Ļ | | | 0 | Concernation of the second second | | |
| 27 | Applications Disapproved | | | | | | | | | 101-10101-0 | | | |
| 29 | Burial Assistance | | | | | | 1 | | | | \$ - | | 1 |
| 30 | Emergency Assistance | Contracted and and | Lange and the second | | | | | | | 0 | | | 1 |
| 32 | IIM Accounts | | | | A REAL PROPERTY AND | | | | | | | | |
| 33 | Services | | | | | | | | | 0 | RELEXISTER | | |
| 34 | Distribution Plans Processed | | | | | | | | | 0 | | | |
| 36 | Services Only | | | | | | I SERVERIDATION CONTRACTOR | | | | | | |
| 37 | | | 1 | - | 1 | | 1 | - | 1 | 0 | 1 | 1 | |
| 38 | Adult Protection | | | | | | | | | 0 | 100000000000000000000000000000000000000 | e sinnerente | |
| 39 | Child and Family Services | | | | 1 | TATATATATATA | | ALCOLULATION OF | | 0 | | E NERERSEENER | |
| 41 | Total | (| | 1 | | | \$0 | \$. | \$ - | | \$. | I | Т |

In Microsoft Excel, click on the **Report Form** tab as shown above.

STEP 2:

| | Aicrosoft Excel - FINALDRAFT.Anal File Edit View Insert Format | | a contract of the | Help | | | | | | | Туре | a question | for help |
|--------|---|---|-------------------|-----------------------------|--------------|---|--------------|-----------------------------|---------------|--------------------------------------|--|---------------------|---------------------------------|
| 1.1.1 | | | | | . ··· : Time | s New Ron | nan 🗣 11 | - B | 7 U E | | | | |
| - | 14 | 1 | | | | | | 12.1.1 | = | | | 1.45-11.4 | - |
| Of | | | | a a L | | | | 12 | 1 | | | | |
| - | A14 6 Snecial No | an age of the second | - | | | | | | | | | | |
| | A | B | C | | E | F | G | Н | 1 | J | K | L | M |
| 1 | FISCAL YEAR or CALENDAR YEAR | 1 | | - | - | | | | | | | | 2008-20 |
| 2 | | Firene | MAL ASS | | E & SOC | | | | M REPOR | T FOR | M | | |
| 3 | TRIBE/AGENCY: | | QUARTER | | D QUARTER | and the second se | QUARTER | | H QUARTER | | | | 2211 |
| 4 | | | ctual | | Actual | | ctual | | Actual | | END-OF-YE | AR STAT | JS |
| 5 | OSG BIA 477 638 | A | Ionth-Month) | Name and a state of the | | | Ionth-Month) | 2 | /lonth-Month) | | | | |
| 6 | A | B | D | E | G | H | J | K | M | N | P | Q | R |
| 7 | Program Component | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Total Acutal Persons Served | Expenditures (Sum of All Four Quarters) | Amount Allocated | >>100 |
| 9 | Child Assistance | | | | | | | | | | | | |
| 10 | Foster Care | Τ | 1 | | | | | | | 0 | \$ - | 1 | |
| 1.5252 | Residential Care | | 1 | | - | | 1 | | | 0 | \$ - | 1 | |

Type the year type for which you are reporting, Fiscal Year or Calendar Year.

Example: Fiscal Year 2008

5 VII -E14 fx -B FISCAL YEAR 2008 Т FINANCIAL 3 TRIBE/AGENCY: FIRST QUAL 4 Actual 5 (Month-Month-l OSG BIA 477 638 B 6 A Actual Program Component Persons Exper harras

Example: Calendar Year 2008

| | A1 | - X | V for CI | ALENDA | RYEAR | 2008 |
|---|---------|-----------|--|--------|-------------------|---------|
| | | 1 | Ą | | P | |
| 1 | | CALENDAR | YEAR 200 | | | |
| 2 | | | and the local division of the local division | BIA | FINAN | GIAL |
| 3 | TRIBE/A | GENCY: | | _ | FIRS | r quai |
| 4 | | | | | E | Actual |
| 5 | OSG | BIA | 477 | 638 | (Month-N | lonth-l |
| 6 | | | A | _ | B | |
| | | Program (| Component | | Actual Persons | Exper |

Hand Written: Circle the year type for which you are reporting, Fiscal Year or Calendar Year, using the form found on page 32, and write the year underneath (For example FY 2008).

STEP 3:

| | Aicrosoft Excel - FINALDRAFT.Analo | ofFunds. | 10.14.08 | | 1.00 | | | | | | |
|----|------------------------------------|----------|---------------------------|----------|--------------|-----------|--------------|----------|--------------|---------|-----------------|
| 1 | File Edit View Insert Format 1 | ools Dat | a <u>Window</u> | Help | | | | | | | |
| D | 🗃 🖬 👌 🗃 🐧 🗳 🗳 📲 | - 6 | Σ - <u>2</u> ↓ <u>1</u> | 100 | a 🎽 Time | s New Ron | nan 💌 11 | • B | IU E | * 3 | |
| Of | · · | | | - | | | | | | | 1 |
| | A14 🔹 🏂 Special Ne | eds | | | | | | | | | |
| | A | B | С | D | E | F | G | Н | 1 | J | K |
| 1 | FISCAL YEAR or CALENDAR YEAR | | | | | | | | | | |
| 2 | BILL | FINANC | IAL ASSI | STAN | E & SOC | IAL SE | RVICE PR | OGRA | M REPOR | T FOR | M |
| 3 | TRIBE/AGENCY: | FIRST | I QUARTER | SECON | D QUARTER | THIRD | QUARTER | FOURT | H QUARTER | | |
| 4 | | A | Ictual | E | Actual | A | Actual | | Actual | | END-0 |
| 5 | Usu on m 638 | (Month-N | Nonth-Month) | (Month-N | Aonth-Month) | (Month-N | (onth-Month) | (Month-N | ionth-Month) | | |
| 6 | A | B | D | E | G | H | J | K | M | N | P |
| | | Actual | | Actual | | Actual | | Actual | | Total | Expende |
| | Program Component | Persons | Expenditures | Persons | Expenditures | Persons | Expenditures | Persons | Expenditures | Acutal | (Sum o |
| | 1 togram component | Served | Experimences | Served | Experimence | Served | Expenditues | Served | Capendidues | Persons | Fou |
| 7 | | Detvert | | Derved | | Derved | | DetAed | | Served | Quart |
| 9 | Child Assistance | | | | | | | | | | T ichter |
| • | | | | | | | | | | | |

Type the name of the **Tribe** or **Agency** that is preparing the BIA Financial Assistance & Social Service Program Report Form.

Handwritten: Write the name of the Tribe or Agency that is preparing the BIA Financial Assistance & Social Service Program Report Form.

STEP 4:

| | Aicrosoft | Excel - FIN | ALDRAFT.A | nalofFunds." | 10.14.08 | | | and the state | en en la secondad | - Carriel | and the second second | |
|-------|-----------|-------------|---------------------------|---------------------------|------------------|-------|-----------|---------------|---|-----------|---|------|
| | Eile Edit | View I | nsert Format | <u>T</u> ools <u>D</u> at | a <u>W</u> indow | Help | | | | | | |
| D | 8 | | 102. | | Σ - 21 | 00 | i 🍟 Time | es New Ron | nan - 11 | - B | I U 📰 | E |
| Of | | | 1. 8.78 | | | | | | | 1.12 | | |
| | A14 | - | ∱ Special | Needs | | | | | | | | |
| | | A | | B | C | D | E | F | G | Н | 1 | J |
| 1 | FISCAL | YEAR or CA | LENDAR YEA | D | | | | | | | | |
| | | | ALL PROPERTY ALL PROPERTY | n | | | | | | | | |
| 2 | | | | A FINANC | IAL ASS | STAN | E & SOC | IAL SE | RVICE PR | OGRA | M REPOR | T FC |
| | TRIBE/AGE | | | A FINANC | QUARTER | | E & SOC | | QUARTER | | M REPOR | T FC |
| | TRIBE/AGE | | | A FINANC | | SECON | | THIRD | a second s | FOURT | and the second state him second state and | T FC |
| 3 | TRIBE/AGE | | | A FINANC | QUARTER | SECON | D QUARTER | THIRD | QUARTER actual | FOURT | H QUARTER | T FC |
| 23456 | _ | NCY: | BI | A FINANC | QUARTER | SECON | D QUARTER | THIRD | QUARTER actual | FOURT | H QUARTER Actual | T FC |

Type the kind of BIA funded program for which you are reporting, OSG, BIA, 477, or 638.

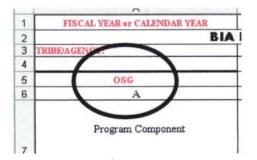
OSG: Means a BIA funded social services program operated by a Tribe under a Self Governance funding agreement.

BIA: Means a program that is operated and run by a BIA agency.

477: Means a General Assistance program operated under an approved P.L. 102-477 plan by a Tribe not participating in Tribal Self Governance.

638: Means a program that provides BIA funded social services under a P.L. 93-638 contract.

Example: **OSG**



Handwritten: Circle the type of program for which you are reporting, using the form found on page 32.

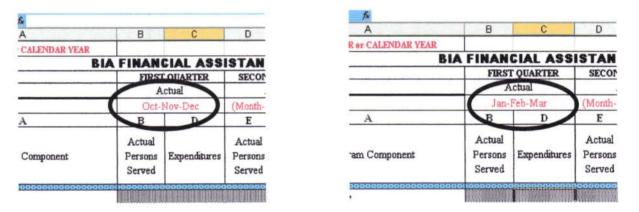
STEP 5:

| | Eile Edit View Insert Forma | 100 | Data Window | | ат н.: | امتعا | | | | | _ |
|----|-----------------------------|-------------------|--------------|--|--------------|-------------------|--------------|-------------------|--------------|----------------------------|----------|
| | | • =) • H | E Σ + A | | | Arial | | - 10 | BI | ⊻ ≡ | = |
| Of | | 1 | | | | | 1.2 | | | | |
| - | D64 • 5 | В | C | D | E | F | G | н | | J | T |
| 1 | FISCAL YEAR or CALENDAR YEA | R | | | | | | | | | - |
| 2 | 81 | A FINANC | IAL ASSI | STAN | E & SOC | IAL SE | RVICE PI | OGRA | M REPOR | T FOR | H |
| 3 | TRIBE/AGENCY: | EIRO | COMPTER | SECON | GOMBIER | TUR | COMPLETE. | FOUR | TOMPTER | | |
| 4 | | A | ctual | | Actual | A | Letual 7 | 5 | Actual | | EN |
| 5 | OSG BIA 477 6 | 38 (Month-M | lonth-Month | Month-M | Ionth-Month | Month-M | Ionth-Month | Month-N | Ionth-Month) | | |
| 6 | Δ | - | D | The second secon | C | - | | N. | W | N | |
| | Program Component | Actual Persons | Expenditures | Actual Persons | Expenditures | Actual Persons | Expenditures | Actual Persons | Expenditures | Total Acutal Persons | Ex (S |
| 7 | | Served | 00000000 | Served | 000000000 | Served | | Served | 000000000 | Served | 0 |
| 9 | Child Assistance | | | | | | | | | | |
| 10 | Factor Cam | 1 | 1 | | 1 | | 1 | | 1 | 1 0 |)i ¢ |

In Row 5, type the months for which you are reporting in each quarter, either Fiscal Year (October 1st through September 30th) or Calendar Year (January 1st through December 31st).



Example: Calendar Year



Note: Tribes not participating in Tribal Self Governance who are operating their General Assistance program under an approved P.L. 102-477 plan on a program year that does not coincide with the fiscal or calendar year will report on a Fiscal Year.

Handwritten: Write the months for which you are reporting using the form found on page 32.

STEP 6:

| | | | - Σ | 21 100 | 0 1 | Tir | nes New Ron | nan 👻 | 11 - 1 | BI | |
|-----|-------------------------------|-------------------|--|--------------------------------------|---|--------|-----------------|-------------------|--------------|------------------------------|---|
| ~ | | | | | | - | 1.00 | - | | | 2 1/2 2 2 |
| Off | | | | | | | 1 | | وعداللم | | |
| | C12 - 🏂 | | | | | | | | | | |
| | A | В | С | D | E | F | G | H | 1 | J | K |
| 1 | FISCAL YEAR or CALENDAR YEAR | | | | | | | | | | |
| 2 | | | | | E & SOC | | | | | | M |
| 3 4 | TRIBE/AGENCY: | | the second s | | QUARTER | | QUARTER | | | 1 . | |
| 5 | 000 011 477 400 | | otual | ^ | otual | - | otual | | ctual | ŧ ' | END-OF-YE |
| 6 | OSG BIA 477 638 A | в | D | E | G | H | onth-Month) | K | onth-Month) | N | P |
| | | | | | | | | | | Total | Expenditures |
| | | Actual | | Actual | - | Actual | 1 | Actual | - | Acutal | (Sum of All |
| | Program Component | Persons Served | Expenditures | Persons Served | Expenditures | Served | Expenditures | Persons Served | Expenditures | Persons | Four |
| 7 | | Served | | Serveu | | DelAed | | Serveu | | Served | Quarters) |
| 9 | Child Assistance | | | | | | | | | | |
| 10 | Foster Care | | | 0400000000000000000 | | | | | T | 0 | \$ - |
| 11 | Residential Care | | | | | | | | 1 | 0 | \$ - |
| 2 | Adoption Subsidy | | | | | | | | | 0 | \$ - |
| 3 | Guardianship Subsidy | | | | | | | | | distant second second second | \$ - |
| 14 | Special Needs | | | | | | | | | | \$ - |
| 15 | Homemaker Services | | | | | | | | | 0 | \$ - |
| 17 | Adult Care Assistance | | nt han a | | | | | | | | |
| 18 | Homemaker Services | | | | | | | | | 0 | \$ - |
| 19 | Residental Care (group home) | | | | _ | | | | | 0 | \$ - |
| 21 | General Assistance | Suma Burnaham | | and and an inclusion of an inclusion | | | | Timmen | | 0 | \$ - |
| 22 | Employable | | | | | | | Í | | 0 | |
| 23 | Unemployable | | 0001 000000 100 | | | | 90808 1090001 1 | | | 0 | CARACTERISTICS AND ADDRESS AND ADDRESS |
| 24 | Individual Service Plan (ISP) | | | | | | | | | 0 | |
| 25 | ISP Goals Completed | | | | | | | | | 0 | |
| 26 | Applications Approved | | | | | | | | | 0 | |
| 27 | Applications Disapproved | | AU AUUUUU U | | | | | ***** | | | Senenenenenene |
| 29 | Burial Assistance | | | | | | <u></u> | | | | \$ - |
| 30 | Emergency Assistance | | | | 1 | | J | | | 0 | \$ - |
| 32 | IIM Accounts | | | | | | | | | | |
| 33 | Services | | DT .0000000000 | | 100000000000000000000000000000000000000 | | Jar (00000000) | | | 0 | |
| 34 | Distribution Plans Processed | 1 | | | | | | | | 0 | J. C. |
| 36 | Services Only | T | | | | | | | | | |
| 37 | Child Protection | | | | | | 1 | | | 0 | |
| 38 | Adult Protection | | | | | | | | | 0 | , |
| 39 | Child and Family Services | V | | V | | | | V | | 0 | 1 |
| 41 | Total | 0 | \$. | 0 | s . | 0 | \$0 | 5 . | | - | \$ - |

Columns B, E, H, and K: Actual Persons Served

For each program component (Column A), report the actual number of persons served or actual number as it applies to each program component in each month during the quarter. A person may be counted once each month for services received during the quarter.

- Row 10) Foster Care Row 11) Residential Care (child assistance) Row 12) Adoption Subsidy Row 13) Guardianship Subsidy Row 14) Special Needs Row 15) Homemaker Services (child assistance) Row 15) Homemaker Services (adult care assistance) Row 19) Residential Care (adult care assistance) Row 21) General Assistance Row 22) Employable Row 23) Unemployable Row 24) Individual Self-sufficiency Plan (ISP) Row 25) ISP Goals Completed Row 26) Applications Approved Row 27) Applications Disapproved
- Row 29) Burial Assistance

- Row 30) Emergency Assistance Row 33) Services Row 34) Distribution Plans Processed Row 37) Child Protection
- Row 38) Adult Protection
- Row 39) Child and Family Services.

(Continued on next page)

For Example:

1) If a person receives General Assistance for two months in the first quarter, then the person should be reported as two persons for the first quarter (See participant Z example).

| | October | November | December | First Quarter Total Actual Persons Served |
|------------------|---------|----------|----------|---|
| Participant Z | 1 | 1 | | 2 |

- 2) If a person receives General Assistance for three months in the first quarter and two months in the third quarter, then report that person as three persons served in the first quarter and two persons served in the third quarter. Total is five persons served.
- 3) In a household where more than one person is being served General Assistance: two persons received General Assistance for three months in the first quarter and three months in the third quarter should be reported as six persons served in the first quarter and six persons served in the third quarter.

STEP 7:

| | 🚰 🖬 💪 🖂 📖 🗠 📆 • | 1. | 1 Σ · | 211 | | ⇒ i Tir | nes New Rom | ian 📑 | 11 - | BI | | | \$ € |
|-----|---|-----------------|---|---|--------------|---|---------------|-----------------------------|------------------|----------------|--|------------------------|--------------|
| Off | | | | | | - | - | | | | | 1.000 | All range of |
| л | | | | | 1.4.177 | | | | | | | | |
| | H12 - A | | | | | | | | | | | | |
| | A | В | C | D | E | F | G | н | 1 | J | K | L | M |
| 1 | FISCAL YEAR or CALENDAR YEAR | | | - | | | | | | | | | 2008-2009 |
| 2 | | | | | E& SOC | | | | | | M | _ | |
| 3 | TRIBE/AGENCY: | | and the second se | the second se | QUARTER | | | | QUARTER | | | | |
| 4 | | | ctual | | kctual | | ctual | | Actual | 4 \ | END-OF-YE | AR STAT | JS |
| 5 | 08G BIA 417 638 | [Month-M | Aonth-Month) | (Month-N | fonth-Month) | (Month-N | Ionth-Month) | (Month-N | fonth-Month) | | P | | |
| 8 | A | В | D | E | 6 | н | J | K | м | N Total | Expenditures | Q | R |
| | | Actual | | Actual | | Actual | | Actual | | Acutal | (Sum of All | Amount | Surplus or |
| | Program Component | Persons | Expenditures | Persons | Expenditures | Persons | Expenditures | Persons | Expenditure | Persons | Four | Allocated | Deficit |
| 7 | | Served | - | Served | | Served | | Served | | Served | Quarters) | Choosee | Denon |
| | 000000000000000000000000000000000000000 | | | | | | | | | | 1 1201201000000000000000000000000000000 | | |
| 9 | Child Assistance | | | | | | | | | | | | |
| 10 | Foster Care Residential Care | | | | ļ | | | | | | | | |
| 12 | Adoption Subsidy | | | | | | | - | | | | | |
| 13 | Guardianship Subsidy | | 1 | | | | | | ÷ | | | | |
| 14 | Special Needs | | | | | | | | | | | | |
| 15 | Homemaker Services | ***** | | | | | | | | 1 | | | |
| 10 | | | 000000000 | 000000 | | | | | | | - | 000000 | 000000 |
| 17 | Adult Care Assistance | 1989 AUGUST | Rent Children Constant | | | | | | | | | | |
| 18 | Homemaker Services | | | | | | | | | | | ļ | |
| 19 | Residental Care (group home) | | | 000000 | | NUNDEREN | 10-010-010-00 | | 000000 | In Proceedings | | Nachachar | |
| 21 | General Assistance | | | | | | | | | (| | 1 | |
| 22 | Employable | | | | | | | | | (| | | |
| 23 | Unemployable | | | | | | | | | (| | | |
| 24 | Individual Self-Sufficiency Plan (ISP) | | | | | | | | | | Respectively and the second sec | | |
| 25 | ISP Goals Completed | | | | | | | | | | | ••••••• | |
| 26 | Applications Approved | | | | | | | | | | | | |
| 27 | Applications Disapproved | | | | | 000000 | | 01010101010 | | | | | |
| 29 | Burial Assistance | | | | | | | | | 1 | 3 . | 1 | |
| 30 | Emergency Assistance | | | L | | | | | | | s . | | |
| 32 | IIM Accounts | | | | | | | | 1 | | | T THE REAL PROPERTY OF | |
| 33 | Services | | | | | | | A REAL PROPERTY AND INCOME. | | | | | |
| 34 | Distribution Plans Processed | | | | | | | | | 1 | | | |
| 36 | Services Only | Contractoria de | 0000000 | poooo | 00000000 | | | | | | 2000000 | | |
| 37 | Child Protection | | B | 000000000000000000000000000000000000000 | | | | | | 100000000000 | | 1 | •••••• |
| 38 | Adult Protection | | | | | | | | | | | | |
| 39 | Child and Family Services | | | | | | | | 100000 | | | | |
| 19 | | 1000000000 | Station of the second second | ********** | - | 000000000000000000000000000000000000000 | Mananananana | | 1310101010101010 | H CHINNER | 0000000 | 2200000 | 10000000 |
| 41 | Total | 0 |) * - | (|) \$ - | 0 | \$0 | \$. | \$ - | | \$ - | 1 | |

For the End-of-Year Status, Column N: Total Actual Persons Served

ADD the Actual Number of Persons or actual number as it applies to each program component served in Columns B (First Quarter), E (Second Quarter), H (Third Quarter), and K (Fourth Quarter) for the following program components (Column A):

Row 10) Foster Care Row 11) Residential Care (child assistance) Row 12) Adoption Subsidy Row 13) Guardianship Subsidy Row 14) Special Needs Row 15) Homemaker Services (child assistance) Row 18) Homemaker Services (adult care assistance) Row 19) Residential Care (adult care assistance) Row 21) General Assistance Row 22) Employable Row 23) Unemployable Row 24) Individual Self-sufficiency Plan (ISP) Row 25) ISP Goals Completed Row 26) Applications Approved Row 27) Applications Disapproved Row 29) Burial Assistance Row 30) Emergency Assistance Row 30) Emergency Assistance Row 33) Services Row 34) Distribution Plans Processed Row 37) Child Protection Row 38) Adult Protection Row 39) Child and Family Services.

(Continued on next page)

Please do not report the average number.

(Column B (First Quarter) + Column E (Second Quarter) + Column H (Third Quarter) + Column K(Fourth Quarter) = Column N (Total Actual Persons Served)).

Example 1: An individual is served 2 months in the first quarter, 1 month in the second quarter, 2 months in the third quarter, and 3 months in the fourth quarter. (2+1+2+3=8).

Note: For individuals preparing the report electronically, utilizing Microsoft Excel, a formula has been pre-programmed into the form to automatically calculate your End-of-Year totals.

(See pages 27-31 for definitions of program components, Column A).

STEP 8:

| | | 1 | ε Σ - | 24 🛄 | 0 1 | Tir | mes New Rom | nan 💡 | 11 - 1 | BI | | | 1 5 4 |
|----------|---|---|-----------------|---|--|---|---|--|------------------------|--------------------------------------|--|---------------------|----------------------|
| off | | | | | | | | | | | | | |
| | H12 🕶 🏂 | | | | | | | | | | | | |
| | A | В | C | D | E | F | G | н | 1 | J | K | L | M |
| | FISCAL YEAR or CALENDAR YEAR | | | | | | | | | | | | 2008-2009 |
| 2 | | | | | E & SOC | | | | | T FOR | | | |
| 3 | TRIBE/AGENCY: | | otual | and the second se | QUARTER | and the second se | QUARTER | | Actual | | END-OF-YE | AD STAT | UC |
| 5 | 0\$G BIA 477 638 | | fonth-Month] | | Aonth-Month) | | Ionth-Month) | | fonth-Month) | | CND-OF-TE | An erai | 00 |
| 6 | A | B | D | E | G | H | J | K | M | N | P | 9 | B |
| 7 | Program Component | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Total Acutal Persons Served | Expenditures (Sum of All Four Quarters) | Amount Allocated | Surplus o Deficit |
| 9 | Child Assistance | | P ANNUAL S | | they note | | 1 .0000000. 10 | | 1007 20000005 | 40808080808 | | | |
| 0 | Foster Care | | | | | | | 18080609688 | | 0 | s - | | |
| 1 | Residential Care | | | | 1 | | | - | 1 | *** | \$. | - | |
| 2 | Adoption Subsidy | 1 | | | 1 | 11 | | | 1 | | \$ - | 1 | |
| 3 | Guardianship Subsidy | 1 | ······ | | | 11 | | | | | \$ - | 1 | |
| 4 | Special Needs | | | | | | 1 | | | 0 | \$ - | | |
| 15 | Homemaker Services | | | | | | | | | 0 | \$ - | | |
| 7 | Adult Care Assistance | HOLD C SK | | 9 999 | | | | 0000 | | | | | |
| 8 | Homemaker Services | 000000000000000000000000000000000000000 | | e estates | | | | 10000000 | HELPHERER BERTER | 0 | * · | | HEIDIGENER |
| 9 | Residental Care (group home) | ····· | | | | 11 | 1 | | | | \$ - | | [|
| 21 | | INCOMPANY A | Nononononono e | 000000 | | No. ISNOR | NO-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O- | 100000 | | AL 24040104 | \$ | CICROSON DE | North Contractor |
| 22 | General Assistance Employable | | A THINK A | | | | VIRIAL DISTANCE | | | 0 | ANY OF A DESCRIPTION OF | | |
| 23 | Unemplogable | | | | | | | | ALL CONTRACTOR | 0 | | | |
| 4 | Individual Self-Sufficiency Plan (ISP) | | | | | | | - | | 0 | | | |
| 25 | ISP Goals Completed | | | | 100000000000000 | | | | | 0 | | | |
| 26 | Applications Approved | | | | | | | | | 0 | | | |
| 27 | Applications Disapproved | | Manager (1) | | Without and Without and Witho | | | | | 0 | | | |
| 29 | Burial Assistance | Read and a state | CONTRACTOR OF A | | - | | | | | 0 | \$. | T | |
| 30 | Emergency Assistance | | | | | | | | | 0 | \$ - | | |
| 32 | IIM Accounts | | - | 19090 | | | | | In Contonner | 2 min | | | |
| 33 | Services | | i normani i | | 1 Contractor | Astronomatica | Thomas | and a second sec | | 0 | | | |
| 34 | Distribution Plans Processed | | | | | | 1 | | | 0 | | 1 | |
| ψ. | 000000000000000000000000000000000000000 | | | | | | | | | 100010100000 | | | |
| 36 37 | Services Only Child Protection | | | | | | | AND DESCRIPTION OF THE OWNER OWNER OWNER OWNER | | 0 | ······ | | |
| 38 | Adult Protection | | | | | | 1 | | | 0 | ************* | 1 | |
| 39 | Child and Family Services | | ******* | | ********* | | | | *********** | 0 | | | |
| 10 | | 141014141414 | | *1*1*1*1*1*1 | Contractor of the | 1414141414141 | | ****** | Contractor of the last | NORTH DESIGNATION | | NONCONCOME | |
| 41 | Total | 0 | \$ - | 0 | \$ - | 0 | \$0 | \$. | \$. | | \$ - | | |

In Column D, G, J, and M: Expenditures

Report the actual number of expenditures per quarter, in the following program components (Column A):

Row 10) Foster Care Row 11) Residential Care (child assistance) Row 12) Adoption Subsidy Row 13) Guardianship Subsidy Row 14) Special Needs Row 15) Homemaker Services (child assistance) Row 18) Homemaker Services (adult care assistance) Row 19) Residential Care (adult care assistance) Row 21) General Assistance Row 29) Burial Assistance Row 30) Emergency Assistance

(See pages 27-31 for definitions of program components, Column A).

STEP 9:

| Of | | | | | 19.5 | | 1000 | 1000 | 10 - 1 | 1100 | and the second | | |
|---|---|-----------------------------|--------------------|-----------------------------|--|--|--|--------------------------------|---|----------------------------|--|--|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1.22 | | | | | | 210 - | | | | | |
| _ | N29 👻 🏂 | | | | | | | | | | | | _ |
| _ | A | B | C | D | E | F | G | н | 4 | J | ĸ | L | M |
| | FISCAL YEAR or GALENDAR YEAR | | | | | | | | | | | | 2008-2009 |
| | BIA ANALYSI | | | | QUARTER | | | | QUARTER | AM RE | PORT FO | RM | |
| | TRIBE/AGENCY: | | otual | | totual | | QUARTER | | Actual | | END-OF-YE | AR STAT | 211 |
| 5 | | | (onth-Month) | | fonth-Month) | and the second second second | fonth-Month) | | Ionth-Month) | | CHO-OF-TE | anonan | |
| 6 | A | B | D | E | G | н | J | K | M | N | P | Q | R |
| | Program Component | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Total Aoutal Persons | Expenditures (Sum of All | Amount Allocated | Surplus o Deficit |
| 2 | | | 000000000 | | | | | | | Served | Quarters | No. of Concession, Name | |
| 1 | Child Assistance | | HER HULLER | | | | | | | Hereiter | | 1.1.1.1.1.1.1.1.1 | |
|) | Foster Care | | | | | | | | | | \$ - | | |
| 1 | Residential Care | | | | | | | | | | \$ - | | |
| Ľ. | Adoption Subsidy | | | | | | | | | þ | \$ - | | |
| 3 | Guardianship Subsidy | | | | | | | | | 0 | \$. | | |
| 1 | Special Needs | | | | | la de la competition de la com | | | | 0 | \$. | | |
| 5 | Homemaker Services | | | | | - | | | | 0 | \$. | | |
| 1 | Adult Care Assistance | | | - NO DEPENDENCIES | PROVIDE NO DE LA COMPANYA | HELERAND | | ALCONTRACK! | | History I | | 181 - 20080200 | ALCH HARD HARDS |
| 8 | Homemaker Services | | | | Conception and the second | | | | | | \$ - | 1 | and a second |
| 9 | Residental Care (group home) | | | | | | | | | | \$ - | 1 | |
| 1 | General Assistance | CONTRACTOR DATE | Decentrate Control | | | e | | No. (Marganet and Section (Sec | ACAS AND ALARCHER AL | A REAL PROPERTY OF | | (MARCHEORICE | |
| 2 | Employable | | | | L.C.C.S.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C. | | In the second se | | CALCULATION DE LA CALCOLOGICA | 0 | I. THEREBRING | - CONTRACTOR OF | |
| 3 | Unemployable | | | - | | | | | | 0 | 100 0000000 700 | | |
| 4 | Individual Service Plan (ISP) | | 4 | | ************ | | TODOGOTOGOTOGO | | | 0 | CANADARANANANA | i nonnosannan | |
| 5 | ISP Goals Completed | | | | PROVIDE AND STOLEN | | 193998838888888 | | 100630030002300 | 0 | 10603H3868888889 | 865536888888 | 10101888888888 |
| 6 | Applications Approved | | | | 100000000000000000000000000000000000000 | | | | | 0 | - British Control of the second state of the s | 1 | |
| 7 | Applications Disapproved | | | | | | | | | 0 | A PRIMA | NUMBER | |
| 9 | ICHINGKIKIKIKIKIKIKIKIKIKIKIKIKIKIKIKIKIKIK | | 0101010101010101 | 10090000 | SCHOICHURDIO | CHOICE CHOICE | | | | CHICAGO CONTRACTOR | | 8 3404040 | |
| | Burial Assistance | | | | - | | | | | C | \$ - | | |
| 0 | Emergency Assistance | | | | | 10101010000 | | CHENCIPE CONTRACT | | - | | - | |
| 2 | IIM Accounts | | | | | di linici di li | | | | | | | |
| 3 | Services | | | | | | HERRICHT | | | 0 | The second se | S | |
| 4 | Distribution Plans Processed | | | | | | | | | 0 | | Contraction of the | |
| 6 | Services Only | | | | | | | | | 1 | | | |
| 7 | Child Protection | | | | | | | | | 0 | | | |
| 8 | Adult Protection | | | | | | | | | 0 | | | |
| 9 | Child and Family Services | | | | | | | |) MARINA MARINA (| 0 | | | |
| Ξ. | Total | 1010201010101010 | | 0000000 | 1 . | all claim later la | \$0 | and a lot of the lot | | The second second second | 10000000 | and the second sec | and the second second |

For the End-of-Year Status, Column P: Total Actual Expenditures

ADD the Expenditures in Columns D (First Quarter), G (Second Quarter), J (Third Quarter), and M (Fourth Quarter), for the following program components (Column A). Do not report average expenditures:

Row 10) Foster Care Row 11) Residential Care (child assistance) Row 12) Adoption Subsidy Row 13) Guardianship Subsidy Row 14) Special Needs Row 15) Homemaker Services (child assistance) Row 18) Homemaker Services (adult care assistance) Row 19) Residential Care (adult care assistance) Row 21) General Assistance Row 29) Burial Assistance Row 30) Emergency Assistance

(Column D (First Quarter) + Column G (Second Quarter) + Column J (Third Quarter) + Column M (Fourth Quarter) = Column P, (Total Actual Expenditures)).

Example 1: A program expended \$1,000 *in the first quarter,* \$2,000 *in the second quarter,* \$1,000 *in the third quarter, and* \$4,000 *in the fourth quarter.* (1,000+2,000+1,000+4,000=\$8,000)

(Continued on next page)

(See pages 27-31 for definitions of program components, Column A).

Note: For individuals preparing the report electronically, utilizing Microsoft Excel, a formula has been pre-programmed into the form to automatically calculate your End-of-Year totals.

STEP 10:

| | 🐸 🖬 🖪 🗃 🛍 🛤 🚵 | | Ε Σ - | 21 14 | 1 20 15 | A | ial | 5 | 11 - 1 | BIJ | I ma | | 1 5 € |
|-----|---|-----------------------|--|------------------------------|---|---|--------------------------|---|------------------------------|-----------------------|----------------|-----------------------|------------|
| off | | | | | | | | | | - | | | |
| | | | | | | | 4 4 4 4 | | | | | | |
| - | J17 - ja A | в | C | D | E | F | G | н | 1 | | к | 1 | M |
| | FISCAL YEAR or CALENDAR YEAR | | | | | | | | | | | | 2008-2009 |
| | BIA | FINANC | IAL ASSI | STANC | E & SOC | IAL SE | RVICE PF | ROGRA | M REPOR | T FOR | | | |
| 3 | TRIDE/AGENCY: | FIRST | QUARTER | | QUARTER | | QUARTER | FOURTH | QUARTER | | | | |
| 4 | | | otual | | lotual | | lotual | | Actual | E | ND-OF-YE | ARSTAT | US |
| 5 | OSG BIA 477 638 | | fonth-Month] | and the second second second | Aonth-Month] | and the second second | Aonth-Month) | and the second se | Aonth-Month) | | | | |
| 6 | A | B | D | E | G | н | J | K | M | N | P | Q | R |
| | | Actual | | Actual | | Actual | | Actual | | Total | Expenditures | | 0 |
| | Program Component | Persons | Expenditures | Persons | Expenditures | Persons | Expenditures | Persons | Expenditures | Acutal | (Sum of Al | Amount Allocated | Surplus or |
| 7 | | Served | | Served | | Served | | Served | | Persons Served | Four | Allocated | Deficit |
| 4 | 000000000000000000000000000000000000000 | C KONTRONOTON | | CHICKNESS CONTRACTOR | | | CALCULATION OF THE OWNER | | THE REAL PROPERTY. | CHINES CONTRACT | CPOINT OF ST | and the second | |
| 9 | Child Assistance | | | | | | | | | | | | |
| 0 | Foster Care | | | | | | | | | | \$ | | |
| 11 | Residential Care | - | 1 | | | | | | 1 | | \$ | | |
| 12 | Adoption Subsidy | | | | | | | | | | \$ | <u> </u> | |
| 14 | Guardianship Subsidy Special Needs | | | 1 | | | | | | | \$ | + | - |
| 5 | Homemaker Services | - | | 1 | | | | | | | \$ | + | |
| 19 | Contraction of the second s | | | 100000000 | | | | Concernment of the second | | | HONDROVER STAT | | |
| 17 | Adult Care Assistance | | | | | | | | | | | | |
| 18 | Homemaker Services | | | | | | | | | ********************* | \$ | + | |
| 19 | Residental Care (group home) | | | - | 0000000000 | 000000 | 0.0404040404040 | - | CITORIO A MONOTONIO | NEWS HERE BELLEVILLE | \$ | | |
| 21 | General Assistance | | | | - | | Laurenter and the second | | Lancesconten | | \$ | | - |
| 22 | Employable | | | | | | | L | | 0 | | | |
| 23 | Unemployable | | | | | | <u>.</u> | | | 0 | | | |
| 24 | Individual Self-Sufficiency Plan (ISP) | _ | | | | | | | | 0 | HOUSEPHINE THE | | |
| 25 | ISP Goals Completed | - | | | | | | | | 0 | 9999999999 999 | | |
| 26 | Applications Approved | | | | | | | | | 0 | | | |
| 27 | Applications Disapproved | | | - | TORONO HORONO HORONO | | | | | No. AN ADDRESS OF | | | |
| 29 | Burial Assistance | | | | | | | and the second second | | | \$ | - | |
| 30 | Emergency Assistance | | | | | | | | | 0 | \$ | A DECK OF A DECK OF A | - |
| 32 | IIM Accounts | | | | | | | | | | | | |
| 33 | Services | | | | | | 10 Contraction | | | 0 | | | |
| 34 | Distribution Plans Processed | | | | | | | | | 0 | BERNARD I | | |
| 36 | Services Only | | 19191919191919191919191919191919191919 | | | | | | 1 | | | | |
| 37 | Child Protection | A COLUMN AND A COLUMN | CONTRACTOR OF STREET | | | recourding | 1 | and sound the | 1 | 0 | | | 1 |
| 38 | Adult Protection | | | | | | | | | 0 | | | |
| 39 | Child and Family Services | | | 10000000000 | | | | | | 0 | | | |
| | | Telephone and | 000000000 | 100-100-000 | COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COLORIDADIO COL | 100000000000000000000000000000000000000 | and a state of the | apatetetetete | STATISTICS OF THE STATISTICS | HERE HERE ALL | DENDICICIO DI | | |
| 41 | Total | _ | \$. | 1 0 | \$ - | - | \$0 | \$. | \$ - | | \$ - | | |

For the End-of-Year Status, Column Q: Amount Allocated

Report the annual Amount Allocated, including carryover from the previous year, for the following program components (Column A):

| ow 18) Homemaker Services (adult care |
|---|
| sistance) |
| ow 19) Residential Care (adult care assistance) |
| ow 21) General Assistance |
| ow 29) Burial Assistance |
| ow 30) Emergency Assistance |
| |

Amount Allocated: is the total amount of Welfare Assistance or Social Service Administrative funds that your program received from the BIA during the year, including carryover from the previous fiscal year. A further explanation of carry over can be explained in the Narrative (Step 13, page 25).

For Example: A tribe receives \$28,000 in FY 2008. It had \$5,000 in carryover in FY 2007. It would report \$33,000 as the Amount Allocated.

(Continued on next page)

Note: BIA programs and programs utilizing the Federal Financial System (FFS), may use the amount that was sub-allotted under Program Class No.H91, Welfare Assistance Funds, to help calculate the Amount Allocated, Column Q (please note, that this amount does not include previous year carryover. The Amount Allocated is the total amount suballoted in FFS plus the previous year carryover balance).

The Office of Self Governance and tribes utilizing the Self-Governance Data Base under Program Code H9113, Welfare Assistance Funds allocated to Self Governance Tribes, may use this amount to help calculate the Amount Allocated, Column Q (please note, that this amount may not include previous year carryover. The Amount Allocated is the total amount allocated plus the previous year carryover balance).

STEP 11:

| | N20 | | | | | | | | | | | | |
|----------|---------------------------------|---|--------------|---|-------------------|-----------|---|--|---------------|------------------|--|-------------|-----------------------------------|
| - | N29 - fr | B | C | D | E | F | G | н | 1 | 4 | ĸ | 1 | м |
| 1 | FISCAL YEAR of GALENDAR YEAR | and the second se | | 0 | - | | | | | | | | 2008-2009 |
| 2 | BIA ANALYSI | | FARE AS | SISTA | NCE FUN | DS & 5 | OCIAL S | ERVICE | PROGR | AM RE | PORT FO | RM | |
| 3 | TRIBE/AGENCY: | FIRST | QUARTER | SECOND | QUARTER | | | FOURTH | QUARTER | | | | |
| 4 | | | otual | | ctual | | lotual | and the second se | Actual | | END-OF-YE | AR STAT | |
| 5 | | | Ionth-Month] | | Aonth-Month) | [Month-h | | - | (diviol/hindi | | | 0 | |
| 6 | A | B | D | E | G | н | J | ĸ | м | N Total | P Expenditures | Q | R |
| | | Actual | | Actual | | Actual | | Actual | | Acutal | (Sum of All | Amount | Surplus or |
| | Program Component | Persons | Expenditures | 1. Contract of the second s | Expenditures | Persons | Expenditures | | Expenditures | Persons | Four | Allocated | Deficit |
| 7 | | Served | | Served | | Served | | Served | | Served | Quarters) | | Dinon |
| | | | | HOOPPING | Tearrent tearrent | | | | | | | SOLUHORODE! | ana san disaka disa |
| 9 | Child Assistance | | | | | | | | | 0 | s - | | |
| 11 | Foster Care Residential Care | | | l | | | | | | | \$. | | |
| 12 | Adoption Subsidy | | | | | | + | I | + | | \$. | | |
| 13 | Guardianship Subsidy | | | | | | | | | | \$. | | |
| 14 | Special Needs | | | | | | | | 1 | **** | \$. | | |
| 15 | Homemaker Services | | | 1 | | | 1 | | 1 | | \$ - | | - |
| - | | ente provinsi de la composición de la c | | | | 2000000 | | | | | | | and the state of the state of the |
| 17 | Adult Care Assistance | | | | | | | | | | s - | CALIFORN DE | |
| 18 19 | Homemaker Services | | 1 | 1 | 1 | | 1 | | | | \$. | - | |
| | Residental Care (group home) | COLOR COLOR DE LOS DE | | | | 000000 | | 10-0-0-0-0-0 | | presentation (| COCOCOCOCOCOCO | - | |
| 21 | General Assistance | | | | | | 100000000000000000000000000000000000000 | | CONCERNMENT | | \$ - | | |
| 22 | Employable | | | | | | | | | 0 | A CONTRACTOR OF A CONTRACTOR O | | |
| 23 | Unemployable | | | Į | | | | Į | | 0 | and the second s | | |
| 24 | Individual Service Plan (ISP) | | | | | | | | | 0 | ARREN CONCERNES. | | |
| 25 | ISP Goals Completed | | | | | | | | | 0 | | | |
| 26 | Applications Approved | | | | | | | | | 0 | | | |
| 20 | Applications Disapproved | | | 000000 | | - | | - | | SIGNOV/SIGNO | **** | 0000 | |
| 29 | Burial Assistance | | | | | | | | | | \$ - | | |
| 30 | Emergency Assistance | | | | | | and a second second | | 1 | 0 | \$ - | | |
| 32 | IIM Accounts | | | | | | | | | | | | |
| 33 | Services | | | | 1999999999999 | | | | | 0 | | | VICTOR |
| 34 | Distribution Plans Processed | | | | | | | | | 0 | | | |
| 36 | Services Only | | | | | MANADAMAN | n kingita balakin kingi | | | NUMBER OF STREET | | | |
| 37 | Child Protection | | 1 | Constanting and | | | | Contractor of the local division of the loca | 1 | 0 | | | |
| 38 | Adult Protection | | | | | | | | | 0 | | | 06. 10000 |
| | Child and Eamily Company | | | | | | | | | 0 | | | |
| 39 | Child and Family Services | | | | | | | | | | | | |

For the End-of-Year Status, Column R: Carryover or Deficit

Amount allocated (Column Q) – Expenditures (Column P) = Surplus or Deficit Report the Surplus or Deficit for the following program components (Column A):

| Row | 10) Foster Care |
|-----|---|
| Row | 11) Residential Care (child assistance) |
| Row | 12) Adoption Subsidy |
| Row | 13) Guardianship Subsidy |
| Row | 14) Special Needs |
| Row | 15) Homemaker Services (child assistance) |

Row 18) Homemaker Services (adult care assistance) Row 19) Residential Care (adult care assistance) Row 21) General Assistance Row 29) Burial Assistance Row 30) Emergency Assistance

Note: The surplus is the amount that is still available at the end of the year and the deficit is the total unmet need for the year. A further description of unmet need and number of persons not served in each program category can be provided in the Narrative (STEP13, page 25).

STEP 12:

| Applications Disapproved | | ••••••••••••••••••••••••••••••••••••••• | | | The second se | 0 | | |
|--|-------------------------|---|--|-------------|--|-------------------|--|--------------------|
| 7 Applications Disapproved 9 Burial Assistance | | | or and the second s | | A CONTRACTOR OF A CONTRACT OF A CONTRACTACT OF A CONTRACTACTACTACTACTACTACTACTACTACTACTACTACTA | 0 \$ - | | |
| 0 Emergency Assistance | | | | | | 0\$ - | | |
| 2 IIM Accounts | | | T T | | | | | |
| 3 Services | | | | | | 0 | | |
| 4 Distribution Plans Processed | | | | | | - Hotos | | |
| 6 Services Only | | | The second s | | Adult of the Adult | A CONTRACTOR | Constanting of the local division of the loc | Contraction of the |
| 7 Child Protecton | | | | | | 0 | | |
| 8 Adult Protection | | | | | | 0 | | |
| 9 Child and Family Services | | | | | | 0 | | |
| 1 Total | 0 \$ - | 0 \$ - | 0 | \$0 \$ | - 5 - | 5 - | | |
| 2 638 Tribe/BIA Agency | Program Certification (| Only) | | OS | Gor 477 Program Ce | rtification (Only | 1) | |
| 3 | | | | | | | | |
| TRIBE/AGENCY (Insert name/Title): | I | ATE: | TRIBE (Insert) | ame/Title): | | | DATE: | |
| 6 | | | | | | | | |
| | | ATE: | OFFICE OF SEL | FGOVERNAN | CE or OFFICE OF INDL | AN ENERGY AND | DATE: | |
| | 1 | AIL. | | | | | | |
| 8 AGENCY SOMERINTENDENT (Certify) | 1 | ALL: | ECONOMIC DE | VELOPMENT | (Certify): | | | ~ |
| 8 AGENCY SOMEEINTENDENT (Certify) 9 0 | | | | VELOPMENT | '(Certify): | | | |
| 8 AGENCY SOUREINTENDENT (Certify) 9 0 1 REGIONAL SOCIAL WORKER (Certify) 2 | | DATE: | | VELOPMENT | ' (Certify): | ~ | _ | 10/22/2008 |
| 8 AGENCY SOUREINTENDENT (Certify) 9 0 1 REGIONAL SOCIAL WORKER (Certify) 2 | | | | VELOPMENT | " (Certify): | ~ | | 10/22/2008 |
| 8 AGENCY SOLVERINTENDENT (Certify) 9 0 1 2 2 3 4 4 5 | | | | VELOPMENT | (Certify): | | | 10/22/2008 |
| 8 AGENCY SOURCENTENDENT (Certify) 9 1 1 REGIONAL SOCIAL WORKER (Certify) 2 | | | | VELOPMENT | '(Certify): | | | 10/22/2008 |

Please sign and date the report according to the instructions below to certify that the report is true and accurate:

638 Tribe/BIA Agency Program Certification (Only):

Means that only Tribes that provide BIA funded social services with a P.L. 93-638 contract and BIA operations will complete this section.

Tribe/Agency: The person that prepared the report and narrative. *Agency Superintendent:* The acting BIA Agency Superintendent for your program. *Regional Social Worker:* The federal certifier for the report.

BIA Agencies and P.L. 93-638 Tribes, see pages 7-8, Guidance for BIA and P.L. 93-638 tribes to find the Regional Social Worker contact information for your program.

OSG or OIEED (477) Program Certification (Only):

Means that only Tribes that provide BIA funded social services with a Self Governance compact or through a P.L. 102-477 program will complete this section.

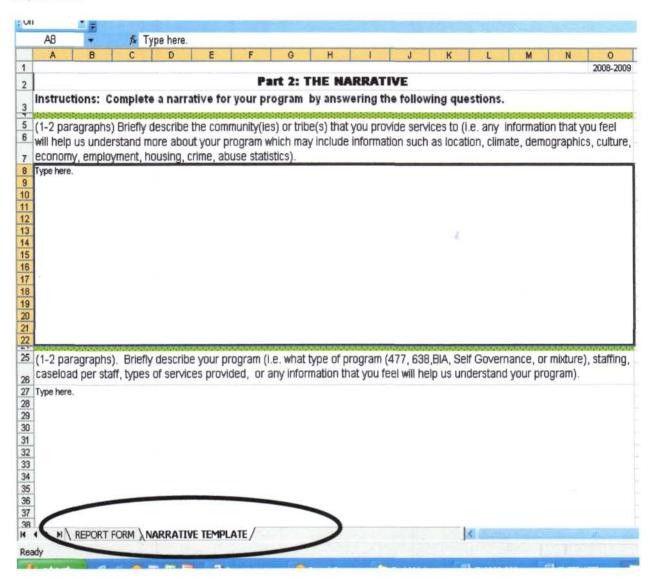
Tribe: The person that will certify the report on behalf of the tribal program. Office of Self Governance/Office of Indian Energy and Economic Development: Is the federal certifier for the report.

Self Governance Tribes, see page 5, Guidance for Self Governance Tribes to find the contact information for your program.

P.L. 102-477 Tribes, see page 6, Guidance for P.L. 102-477 Tribes, to find the contact information for your program.

PART 2: THE NARRATIVE

STEP 13:



In Microsoft Excel, click on the **Narrative Template** tab as shown above. Complete the narrative for your program by typing answers to the questions.

Handwritten: Complete the narrative by writing a response to the questions indicated in the Narrative template on page 33 (attach additional pages if necessary).

STEP 14:

Submit your completed BIA Financial Assistance & Social Service Report Form and Narrative to the appropriate office.

Self Governance tribes, see page 5 for guidance on due dates and submitting a completed report.

P.L. 102-477 tribes, not participating in Self Governance, see page 6 for guidance on due dates and submitting a completed report.

BIA and P.L. 93-638 tribes, see pages 7-8 for guidance on due dates and submitting a completed report.

DEFINITIONS

Definitions for each program component, Column A (listed in the order appearing on the report form):

<u>Row 10.</u> Foster Care is the actual number of persons served and actual expenditures for services provided to eligible children who have been removed from their homes due to neglect, abandonment, abuse or other maltreatment and have been placed in a foster home. Services also include those extended to the affected family members and foster parent(s) with a goal of reuniting and preserving the family.

In Columns B, E, H, and K, report the actual number of persons served who received Foster Care services in each quarter. In Column N, report the total actual number of persons who received Foster Care services during the program year. In Columns D, G, J, and M, report the total expenditures for Foster Care services in each quarter. In Column P, report the total actual expenditures for Foster Care during the program year.

<u>Row 11</u>, Residential Care is the actual number of persons served and total expenditures for rehabilitative services to eligible individuals who were removed from their home due to a lack of resources in the home to care for them and have been placed in a residential care facility. This placement category does not include the placement of children who committed crimes or placement in a psychiatric or substance abuse treatment facility.

In Columns B, E, H, and K, report the actual number of persons served who received Residential Care services in each quarter. In Column N, report the total actual number of persons who received Residential Care services during the program year. In Columns D, G, J, and M, report the total expenditures for Residential Care services in each quarter. In Column P, report the total actual expenditures for Residential Care services during the program year.

<u>Row 12</u>, Adoption Subsidy is the actual number of persons served and total expenditures for children who were under the BIA/Tribal Human Service supervision and have been adopted. The payments must not exceed the rate approved by the Assistant Secretary-Indian Affairs (page 34).

In Columns B, E, H, and K, report the actual number of persons served who received an Adoption Subsidy in each quarter. In Column N, report the total actual number of persons who received an Adoption Subsidy during the program year. In Columns D, G, J, and M, report the total expenditures for Adoption Subsidy in each quarter. In Column P, report the total actual Adoption Subsidy expenditures for the program year.

<u>Row 13</u>, Guardianship Subsidy is the actual number of persons served and total expenditures for children who were under the BIA/Tribal Human Service supervision and approved for court approved guardianship placements. Payments must not exceed rates approved by the Assistant Secretary-Indian Affairs (page34).

In Columns B, E, H, and K, report the actual number of persons who received a Guardianship Subsidy in each quarter. In Column N, report the total actual number of persons who received a Guardianship Subsidy during the program year. In Columns D, G, J, and M, report the total expenditures for Guardianship Subsidy in each quarter. In Column P, report the total actual Guardianship Subsidy expenditures for the program year. <u>Row 14</u>, Special Needs is the actual number of persons served and total expenditures for services made to or on behalf of children under Human Services supervision for circumstances that warrant financial assistance that is not included in the foster care rates (e.g. respite care, homemaker service, day care service, etc.)

In Columns B, E, H, and K, report the actual number of persons who received Special Needs assistance in each quarter. In Column N, report the total actual number of persons who received Special Needs assistance during the program year. In Columns D, G, J, and M, report the total expenditures for Special Needs assistance in each quarter. In Column P, report the total actual Special Needs expenditures for the program year.

<u>Row 15</u>, Homemaker Service (Child Assistance) is the actual number of cases and total expenditures for non-medical efforts made to prevent out of home placement of children.

In Columns B, E, H, and K, report the actual number of persons who received Homemakers Services (Child Assistance) in each quarter. In Column N, report the total actual number of persons who received Homemakers Services (Child Assistance) during the program year. In Columns D, G, J, and M, report the total expenditures for Homemakers Services (Child Assistance) in each quarter. In Column P, report the total actual Homemakers Services (Child Assistance) expenditures for the program year.

<u>Row 18</u>, Homemaker Service (Adult Care Assistance) is the actual number of persons served and total expenditures for non medical services provided to assist in maintaining self-sufficiency and preventing placement into foster care or residential care.

In Columns B, E, H, and K, report the actual number of persons who received Homemaker Service (Adult Care Assistance) in each quarter. In Column N, report the total actual number of persons who received Homemaker Service (Adult Care Assistance) during the program year. In Columns D, G, J, and M, report the total expenditures for Homemaker Service (Adult Care Assistance) in each quarter. In Column P, report the total actual Homemaker Service (Adult Care Assistance) expenditures for the program year.

<u>Row 19</u>, Residential Care (group home) is the actual number of persons served and total expenditures for those rehabilitation "personal care" services provided to eligible Indians who are removed from their home, due to lack of resources in the home to care for them, and placed in a residential care facility.

In Columns B, E, H, and K, report the actual number of persons who received Residential Care (group home) in each quarter. In Column N, report the total actual number of persons who received Residential Care (group home) during the program year. In Columns D, G, J, and M, report the total expenditures for Residential Care (group home) in each quarter. In Column P, report the total actual Residential Care (group home) expenditures for the program year.

<u>Row 21</u>, General Assistance (GA) is the actual number of persons served and total expenditures for eligible individuals who_receive General Assistance services because they do not have sufficient resources to meet essential needs (e.g. shelter, food, clothing and utilities) and are receiving financial assistance payments.

In Columns B, E, H, and K, report the actual number of persons served in each month by General Assistance during the reporting quarter. A person may be counted once for each month the person receives services (See examples on page 15). In Column N, report the total actual number of persons who received General Assistance during the program year. In Columns D, G, J, and M, report the total

expenditures for General Assistance in each quarter. In Column P, report the total actual General Assistance expenditures for the program year.

<u>Row 22</u>, Employable is an eligible Indian or Alaska Native person who is physically and mentally able to obtain employment, and who is not exempt from seeking employment in accordance with the criteria specified in §20.315.

In Columns B, E, H, and K, report the actual number of employable persons served in each month by General Assistance during the reporting quarter. A person may be counted once for each month the person receives services (See examples on page 15). In Column N, report the total actual number of employable persons served during the program year.

<u>Row 23</u>, Unemployable: means a person who has a case plan and is exempt from seeking employment in accordance with the criteria specified in §20.315, shown in the following table:

| The employment policy in §20.314 does not apply to | If | And |
|--|---|--|
| (a) Anyone younger than 16. | | |
| (b) A fulltime student under the age of 19 | He/she is attending an elementary or secondary school or a vocational or technical school equivalent to a secondary school. | He/she is making satisfactory progress. |
| (c) A person enrolled at least half- time in a program of study under Section 5404 of P.L. 100-297 | He/she is making satisfactory progress | He/she was an active General Assistance recipient for a minimum of 3 months before determination/redetermination of eligibility |
| (d) A person suffering from a temporary medical injury or illness. | It is documented in the case plan that the illness or injury is serious enough to temporarily prevent employment. | The assessment is documented in the case plan. |
| (e) An incapacitated person who has not yet received Supplemental Security Income (SSI) assistance | A physician, psychologist, or social services worker certifies that a physical or mental impairment (either by itself, or in conjunction with age) prevents the individual from being employed. | The assessment is documented in the case plan. |
| (f) A caretaker who is responsible for a person in the home who has a physical or mental impairment. | A physician or certified psychologist verifies the condition. | The case plan documents that: the condition requires the caretaker to be home on a virtually continuous basis; and there is no other appropriate household member available to provide this care. |
| (g) A parent or other individual who does not have access to child care. | He/she personally provides full-time care to a child under the age of 6. | |
| (h) A person for whom employment is not accessible. | There is a minimum commuting time of one hour each way. | |

In Columns B, E, H, and K, report the actual number of unemployable persons served in each month by General Assistance during the reporting quarter. A person may be counted once for each month the person receives services (See examples on page 15). In Column N, report total actual number of unemployable persons served during the program year.

<u>Row 24</u>, Individual Self Sufficiency Plan (ISP) (§20.100): is a plan designed to meet the goal of employment through specific action steps and is incorporated within the case plan for a general assistance recipient. The plan is jointly developed by the recipient and the social worker.

In Columns B, E, H, and K, report the actual number of General Assistance recipients with an ISP in each quarter. The total number of ISPs should coincide with the total number of employable General Assistance recipients (see definition for Employable). In Column N, report the total actual number of General Assistance recipients with an ISP for the program year.

<u>Row 25</u>, Number of Individual Self Sufficiency Plans (ISP) Goals Completed: is the actual number of employable general assistance recipients who have satisfied one of two conditions: 1) recipient achieved employment; or 2) recipient did not achieve employment but met all goals in the ISP.

In Columns B, E, H, and K, report the actual number of ISP Goals Completed for each quarter. In Column N, report the total actual number of ISP Goals Completed for the program year.

<u>Row 26</u>, Applications Approved means the actual number of General Assistance applicants approved for service and who have begun receiving financial assistance.

In Columns B, E, H, and K, report the actual number of General Assistance Applications Approved for each quarter. In Column N, report the actual number of General Assistance Applications Approved for the program year.

<u>Row 27</u>, Applications Disapproved means the actual number of general assistance applicants determined not eligible for social services or financial assistance.

In Columns B, E, H, and K, report the actual number of Applications Disapproved for General Assistance for each quarter. In Column N, report the actual number of Applications Disapproved for General Assistance in the program year.

<u>Row 29</u>, Burial Assistance: Report the actual number of persons served and total expenditures for financial assistance payments made on behalf of indigent Indians who meet the eligibility criteria to receive funds for minimum burial expenses. Payments shall not exceed standards of payment established by the Assistant Secretary-Indian Affairs (page 34).

In Columns B, E, H, and K, report the actual number of persons who received Burial Assistance in each quarter. In Column N, report the total actual number of persons who received Burial Assistance during the program year. In Columns D, G, J, and M, report the total expenditures for Burial Assistance in each quarter. In Column P, report the total actual expenditures for Burial Assistance during the program year.

<u>Row 30</u>, Emergency Assistance: Report the actual number of persons served and total expenditures due to forces beyond their control that caused loss or damage of personal possessions as specified in §20.329; such as damage due to burnout, flooding of homes, or other natural disasters. Payments shall not exceed the rates established by the Assistant Secretary-Indian Affairs (page 34).

In Columns B, E, H, and K, report the actual number of persons who received Emergency Assistance in each quarter. In Column N, report the total actual number of persons who received Emergency Assistance during the program year. In Columns D, G, J, and M, report the total expenditures for

Emergency Assistance in each quarter. In Column P, report the total actual expenditures for Emergency Assistance during the program year.

<u>Row 33</u>, Services include case management services with outcome that are conducted on active supervised IIM accounts each quarter, e.g., conducting social service assessment to restrict accounts, updating addresses, conducting evaluations and assessments to support a distribution plan, home visits to determine who has custody of the account holder, preparing Kennerly Letters, conducting appeal hearings, and other guidance and support to the supervised account holder.

In Columns B, E, H, and K, report the actual number of Services for each quarter. In Column N, report the actual number of Services for the program year.

<u>Row 34</u>, Distribution Plans Processed: report the actual number of distribution plans approved for payments by the Bureau Line Officer. Record all other services provided under the "Services" category. The approved distribution plans include information on the purpose, payees, amounts of payments, and frequency of payments.

In Columns B, E, H, and K, report the actual number of Distribution Plans Processed for each quarter. In Column N, report the actual number of Distribution Plans Processed for the program year.

<u>Row 37</u>, Child Protection: services necessary to protect an Indian or Alaska Native child who is the victim of an alleged and/or substantiated incident of abuse, neglect, or exploitation.

In Columns B, E, H, and K, report the actual number of Child Protection services provided for each quarter. In Column N, report the actual number of Child Protections services provided for the program year.

<u>Row 38</u>, Adult Protection: services necessary to protect an Indian or Alaska Native adult who is the victim of an alleged and/or substantiated incident of abuse, neglect or exploitation. This would not include IIM cases, which should be counted separately under *Services* (Column A, Row 33).

In Columns B, E, H, and K, report the actual number of Adult Protection services provided for each quarter. In Column N, report the actual number of Adult Protection services provided for the program year.

<u>Row 39</u>, Child and Family Services: includes the reporting of any other case activity that is not previously covered (e.g. assessments, home visits, court appearances, home studies, etc.). Note: A case may not be opened under this Service program component, unless at least an hour or more of the worker's time was spent on this activity.

In Columns B, E, H, and K, report the actual number of Child and Family Services provided for each quarter. In Column N, report the actual number of Child and Family services provided for the program year.

| | | | 「ロシンズ」の一ののべ | THISON DE LAT | | KVIGE T | OGKAN | SERVICE PROGRAM REPORT | FORM | 5 | | |
|--|--|------------------------------|---|--------------------------|---|---|--|---|--------------------------------------|--|--|--|
| TRIBE/AGENCY: | FIRST | | SECON | | THIRD | THIRD QUARTER | FOURTH | FOURTH QUARTER | | | | |
| | A | Actual | A | Actual | A | Actual | Ą | Actual | _ | END-OF-YEAR STATUS | AR STATI | S |
| 0SG BIA 477 638 | (Month-M | Month-Month-Month) | (Month-N | Month-Month-Month) | (Month-N | Month-Month-Month) | (Month-M | (Month-Month-Month) | 1 | | | 1 |
| A | 8 | D | ы | 3 | H | r | K | W | z | d I | 0 | × |
| Program Component | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Actual Persons Served | Expenditures | Total Actual Persons Served | Expenditures (Sum of All Four Quarters) | Amount Allocated | Surplus or Deficit |
| Child Assistance | | | | | | | | | | | | |
| 10 Foster Care | | | | | | | | | 0 | \$ | | |
| - | | | | | | | | | 0 | \$ | | |
| | | | | | | | | | 0 | | | |
| - | | | | | | | | | 0 | \$ | | |
| | | | | | | | | | 0 | • | | |
| 15 Homemaker Services | | | - | | articulus de settembre de set | And the share we want to the state of the state | to the Number of States | | 0 | | And the Annual State of th | and a state of the |
| Adult Care Assistance | | | | | | | | | | | | |
| 18 Homemaker Services | | | | | | | | | 0 | • | | |
| Residential Care (group home) | | | | | | | | Territudent and a dealership | 0 | | and a design of the state of th | Contractor Sector |
| | and and a state of the state of | | Internet internet of the | | | | | | 0 | \$ | | |
| Employable | | | | | | | | | 0 | | | |
| Unemployable | | | | | | | | | 0 | | | |
| Individual Self-Sufficiency Plan (ISP) | | | | | | | | | 0 | | 1 | |
| ISP Goals Completed | | | | | | | | | 0 | | | |
| Applications Approved | | | | | | | | 1 | | | | |
| Applications Disapproved | and a state of the | | | | | | and the state of t | | | | | |
| | | | | | | | | | 0 | • | | |
| adanthatha fander fander beder fander | and the state of t | | Contraction of the local distance | and distant and a second | And | Contactor in Contactor in Contactor | Contraction of the local division of the loc | A CALIFORNIA CALIFORNIA CALIFORNIA | 0 | - | and the second second | and the state of the |
| IIM Accounts | | | | | | | | | | | | |
| Services | | | | | | | | | 0 | | | |
| Distribution Plans Processed | and the second second | | hideater | | Statistical and so the state | | al a la | | 0 | | | |
| | | | | | | | | | | | | |
| Child Protection | | | | | | | | | 0 | | | |
| Adult Protection | | | | | | | | | 0 | | | |
| Child and Family Services | CONTRACTOR OF | | 000000000000000000000000000000000000000 | | AD-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D-D- | | and a second | | 0 | | | |
| 41 Total | 0 | - \$ | 0 | \$. | 0 | \$0 | \$ - | \$ - | | • | | |
| 42 638 Tribe/BIA Agency F | Program (| Program Certification (Only) | (Only) | | | | OSG or 4 | OSG or 477 Program Certification (Only) | Certificat | tion (Only) | | |
| | | | | | | | | | | | | |
| 45 TRIBE/AGENCY (Insert name/Title): 46 47 | | | DATE: | | TRIBE (In | TRIBE (Insert Name/Title): | ä | | | | DATE: | |
| 48 AGENCY SUPERINTENDENT (Certify) 49 | | | DATE: | | OFFICE OI | OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify): | NANCE or ENT (Certi | OFFICE OF IN Éy): | IDIAN ENI | | DATE: | |
| REGIONAL SOCIAL WORKER (Certify) | | | DATE: | | | | | | | | | |

PLEASE USE FOR HANDWRITTEN REPORTING

| Part 2: THE NARRATIVE |
|---|
| Part 2: THE WARKATIVE nstructions: Complete a narrative for your program by answering the following questions. |
| |
| 1-2 paragraphs) Briefly describe the community(ies) or tribe(s) that you provide services to (i.e. any information that you feel will help us inderstand more about your program which may include information such as location, climate, demographics, culture, economy, imployment, housing, crime, abuse statistics). Type here. |
| |
| |
| |
| 1-2 paragraphs). Briefly describe your program (i.e. what type of program (477, 638,BIA, Self Governance, or mixture), staffing, caseload per staff, types of services provided, or any information that you feel will help us understand your program). |
| ype here. |
| |
| |
| |
| |
| 1-2 paragraphs). Discuss the statististical analysis (BIA Financial Assistance & Social Service Program Report Form), which includes ncreases, decreases, carryover, and unmet need for the current year. |
| ype here. |
| |
| |
| |
| |
| |
| (1-2 paragraphs). Compare the current year statistical report to the previous year report. Discuss changes in the number of persons served and funds expended. If different, why? (i.e. natural disaster, inflation, program funds reduced). How might your program be impact should a shortage of funds occur in the next year? (i.e. cite programs that were discontinued or areas where services were reduced due to shortage of funds). |
| rype here. |
| |
| |
| |
| |
| Please provide any additional comments or recommendations. |
| Type here. |
| 10/22/3 |
| PLEASE USE FOR HANDWRITTEN REPORTING |

(Attach additional pages if necessary) PAYMENT STANDARDS MEMORANDUM



United States Department of the Interior

OFFICE OF THE SECRETARY Washington, D.C. 20240

Social Services MS-4660-MIB

DEC 1 2 2000

Memorandum

To: All Regional Directors All Central Office Directors Director, Office of Self Governance

Through: Deputy Commissioner of Indian Affairs Micharon Spectrucce

From: Assistant Secretary - Indian Affairs Kering

Subject: Social Services Payment Standards for Programs in 25 CFR 20 and Transition Actions

Effective as of this date the following maximum payment standards in accordance with the 25 CFR Part 20 Social Services Regulations (§ 28.100 Bureau Standard of Assistance) are established and supercede any previous standards: (1) TWEP: S115.00 per person per month (2) Burial: \$2,500.00 per burial, (3) Emergency and Disaster: \$1,000.00 per household and, (4) Adoption and Guardian Subsidy: 75 percent of the state regular family Foster Care rate for the age group of the child in the state where the child resides. Only the regular family Foster Care rate may be used and this does not include treatment and specialized services.

To effect a smooth transition from the previous regulations to the revised regulations effective November 20, 2000, the following actions are authorized:

(1) Individuals aged 18-21 who previously were served under the old regulations § 20.1(h) Child Welfare Assistance and who are ineligible under the new definition of Child in § 20.100 may continue to be served through May 30, 2001. This will allow sufficient time to place those individuals in facilities appropriate to meet their needs and to seek waivers in situations where there are extenuating circumstances.

(2) Placement in tribal facilities for Child Assistance and Adult Care Assistance require the facilities to be licensed or certified pursuant to 25 CFR 20.502, 25 CFR 20.507, and 25 CFR 20.334. Because of the time involved in developing licensing and certification standards, tribes already operating the facilities are given a period not to exceed March 20, 2001, to develop these standards. If the physical plant for these facilities have deficiencies, tribes should correct the deficiencies or develop a justification for a waiver that would be time limited.

Please advise all Bureau of Indian Affairs offices and tribes of this action and adjust contracts and compacts accordingly. If you have any questions regarding these payment standards, please contact Larry Blair at (202) 208-2479.