



The Navajo Nation  
 Navajo Division of Social Services  
 Navajo Family Assistance Services  
**P.L 93-638 COVID-19**  
**General Assistance Checklist**

**To process an application, all documents must have matching names on their CIB/Tribal ID, Social Security Card, and the Valid State ID/Driver License. All supporting documents must be included when submitting your application. If applicant is unable to provide, the Next of Kin will need to become the applicant.**

Required	Completed	<u>ITEMS</u>	NFAS DATE RECEIVED
X		1. <b>For Applicant:</b> Valid/Current Driver's License/Identification Card (I.D.)	
X		2. <b>For Applicant:</b> Social Security Card	
X		3. <b>For Applicant:</b> Certificate of Indian Blood (C.I.B) or Tribal ID	
X		4. <b>For Applicant:</b> Verification of Residency. Chapter Verification, Utility Statement, NN Rural Addressing, Map to locate home, etc.	
X		5. <b>For Applicant:</b> The Applicant is impacted by a job loss or reduced salary due to COVID-19 and as a result, the Applicant has been furloughed, reduced hours, or the employment has ended (Current Income Verification, Employment letter of termination, Reduced Work and or furlough documentation.)	
X		6. <b>For Applicant:</b> Denial letter from Unemployment insurance benefits	
X		7. <b>For Applicant:</b> Denial for other programs (Temporary Assistance to Needy Families (TANF), Social Security, etc.)	

**Re-Determination of Eligibility**

Required	Completed	<u>ITEMS</u>	NFAS DATE RECEIVED
X		1. <b>For Applicant:</b> The Applicant is impacted by a job loss or reduced salary due to COVID 19 and as a result, the Applicant has been furloughed, reduced hours, or the employment has ended (Current Income Verification, Employment letter of termination, Reduced Work and or furlough documentation.)	

**Please have all the above documents listed above before submitting an application for assistance.**

Case No. \_\_\_\_\_  
 Region: \_\_\_\_\_  
 Chapter: \_\_\_\_\_  
 State: \_\_\_\_\_

**NAVAJO NATION**  
**NAVAJO DIVISION OF SOCIAL SERVICES**  
 Navajo Family Assistance Services  
 P.L. 93-638 COVID-19 General Assistance

Date: \_\_\_\_\_

Department for Self Reliance • PO Box 1426 • Window Rock, AZ 86515 • Toll Free (866) 347-2403

**SECTION A:**

I am \_\_\_\_\_ a resident of the Navajo Nation, \_\_\_\_\_ on Navajo Trust Land, \_\_\_\_\_ in a community designated as Near Navajo Nation,  
 Other: \_\_\_\_\_

Check which box applies to your status  I have been affected by COVID-19  Loss of Income  Reduction of hours

Mailing Address: \_\_\_\_\_

Directions to Home: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**SECTION B:**

**CURRENT RESOURCE INFORMATION**

1. HOUSEHOLD MEMBERS	SOURCE OF INCOME-PLACE EMPLOYED/SELF EMPLOYED	GROSS/NET INCOME	HOW OFTEN PAID

**Documentation to support Eligibility for COVID-19 Assistance**

Employer letter of termination      Reduced work      Furlough

Denial letter for Unemployment Insurance Benefits

Denial for other Entitlement programs Temporary Assistance for Needy Families (TANF), Social Security Income (SSI), etc. ...

2. HOME: Rent    Own    Board    Amount Paid per month _____	Bank Landlord	Do you pay utilities?    Yes    No Amount paid per month _____
3. Have you received Assistance from Tribal, State, or other Social Services entities before?		Yes    No
When?	From Where?	
4. Cash on hand    Checking    Savings    Approx amount:		

**SECTION C:****YOUR RIGHTS**

APPEALS PROCEDURE: You have received a copy of the Navajo Nation P.L. 93-638 COVID-19 General Assistance Guidelines and read the Appeal Process. (Attachment: P.L. 93-638 COVID-19 General Assistance Guidelines) Initial: \_\_\_\_\_

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or devise, as material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than 5 years of both. Initial: \_\_\_\_\_

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974; P.L.104-191-1177, HIPAA and 2 N.N.C. Subchapter 4,§ 81-91; and The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization. I/We have read or heard or had interpreted to me/us the preceding provision of law and understand them. I/We agree to supply all necessary information about my/our resources and income, residence, members of my/our household, employment and to notify the agency when my/our situation changes. I/We also authorize the Navajo Nation to obtain information necessary to establish my/our eligibility for assistance. Initial: \_\_\_\_\_

Authority authorizing collection of information; Information collection authorized by 35 U.S.C. Section 13.25 Section 450 (a) et seq., as amended, implementing Regulations and contract provisions. Initial: \_\_\_\_\_

I/We, certify that the information that I/We have given is true and correct.

Signature of Applicant	Date	Witness to Mark
Signature of Applicant	Date	Person who helped complete application

**Section D:****TO BE COMPLETED FOR ALL NFAS SERVICES**

Children (0-17) \_\_\_\_\_ Adults (18-54) \_\_\_\_\_ Elder (55 & over) \_\_\_\_\_  
 No. Disabled \_\_\_\_\_

General Assistance	Assistance Category
Initial Grant	Payee/Facility
Monthly Grant	Address

**REVIEW DATE:**

Calculation Base: Total in Household \_\_\_\_\_ & the State/Neg. Rate \_\_\_\_\_ standard.

Copy (given) to client: \_\_\_\_\_

Copy (mailed) to client: \_\_\_\_\_

**Section E:****CERTIFICATION STATEMENT**

Date Approved	Date Denied	Reason for Denial

I certify that \_\_\_\_\_ is eligible/ineligible for services in accordance with \_\_\_\_\_.

Your application for \_\_\_\_\_ covers your needs from the date of application through \_\_\_\_\_.

SENIOR CASEWORKER/AUTHORIZED SIGNATURE

TITLE

DATE

REMARKS:



## Navajo Nation P.L. 93-638 COVID-19 GENERAL ASSISTANCE GUIDELINES

September 21st, 2020

### Section One: General Information

1. The Navajo Nation received a one-time non-recurring non-base funds through a modification to an existing Indian Self Determination and Education Assistance Act (ISDEAA) agreement under the Navajo Nation Division of Social Services Program Contract A16AV00385. The funds are from the Coronavirus Aid, Relief, and Economic Recovery (CARES) Act funding for COVID 19 prevention, preparedness and response to address the specific needs arising from the COVID 19 pandemic.
2. The Navajo Family Assistance Services (NFAS) established within the Department for Self Reliance (DSR) currently administers the standard P. L. 93-638 General Assistance. With the receipt of the CARES pandemic funds, the NFAS is assigned to administer the P.L. 93-638 COVID 19 General Assistance. The P.L. 93-638 COVID 19 General Assistance requires a separate policy for reporting and auditing purposes. This assistance is contingent upon availability of funds and will be used until exhausted or by May 18, 2021, whichever comes first.

### Section Two: Purpose

1. The purpose of the P.L. 93-638 COVID 19 General Assistance is for immediate financial needs for eligible Native American and Alaska Natives due to the COVID-19 pandemic. Eligibility will be determined by the submittal of the NFAS application with eligibility determined according to 25 CFR Section 20.100.
2. The purpose of this document is to serve as a Guideline when Applicants are applying for P.L. 93-638 COVID 19 General Assistance.

### Section Three: Eligibility Criteria

1. In order to qualify for the P.L. 93-638 COVID 19 General Assistance, the Applicant must meet the following:
  - a. The Applicant must be eighteen (18) years or older upon submittal of the application.
  - b. The Applicant is impacted by a job loss or reduced salary due to COVID 19 and as a result, the Applicant has been furloughed, reduced hours, or the employment has ended.
  - c. The Applicant does not qualify for unemployment or other emergency assistance resources.
  - d. The Applicant must reside within the Navajo Nation or in a Near Reservation Designated Communities authorized by the Bureau of Indian Affairs (list of eligible communities attached).
  - e. The Applicant must be a member of a federally recognized Indian nation.
  - f. The Applicant must meet the income and resources eligibility in compliance with the 25 CFR Section 20.37 through 20.313.
2. A non-P.L. 93-638 COVID 19 General Assistance participant that is already receiving the regular General Assistance and has been provided resources to engage in training courses, GED classes, or any professional development shall be deemed ineligible for the P.L. 93-638 COVID 19 General Assistance.



## Navajo Nation P.L. 93-638 COVID-19

### GENERAL ASSISTANCE GUIDELINES

September 21st, 2020

#### Section Four: Application process

1. Only one application will be accepted per household. A household includes each family member who are included in the family and whose income and resources are considered in determining eligibility for assistance.
2. An applicant must provide the following to the local NFAS office Senior Caseworker
  - a. Application
  - b. Certificate of Indian Blood(s)
  - c. Residency verification: map to locate residence, utility statement
  - d. State driver's license or official identification
  - e. Social Security card
  - f. Employer letter of termination, reduced work, or furlough
  - g. Denial letter for unemployment insurance benefits
  - h. Denial for other entitlement programs (Temporary Assistance to Needy Families (TANF), Social Security, etc.)

#### Section Five: Waivers applied to P.L. 93-638 COVID 19 General Assistance Recipients

1. Job seeking activities are temporarily suspended for recipients that meet the P.L. 93-638 COVID 19 General Assistance criteria.
2. The requirement to establish an employment strategy in an Individual Self-Sufficiency Plan or an assessment of the individual applicant's job readiness is temporary waived.
3. Job training is temporarily waived for six (6) months from the date of the approved application.

#### Section Six: Term of Eligibility for relief funds will be available

1. The P.L. 93-638 COVID 19 General Assistance is for six (6) month period that start from an approved application unless provided otherwise in this Guideline.
2. Applicant may re-apply for continued assistance based on continued impact as provided in Section One of this Guideline.
3. The P.L. 93-638 COVID 19 General Assistance will end on the date the applicant receives his/her first pay check.
4. If an Applicant receives and accepts a job offer from a prior job search, the Applicant must contact, in writing, a NFAS Senior Caseworker to inform the NFAS Senior Caseworker that the Applicant has accepted the job offer.

#### Section Seven: Additional Assistance

For partially employed (part time less than twenty hours per week) individuals the P.L. 93-638 COVID 19 General Assistance will cover the expense of the DSR payment standard to include an additional \$50 per week per individual applicant, and \$50 for each qualifying child.



# Navajo Nation P.L. 93-638 COVID-19 GENERAL ASSISTANCE GUIDELINES

September 21st, 2020

## Section Eight: Appeal Process

If an application is denied, a written appeal for reconsideration must be submitted to the NFAS Senior Program and Project Specialist (SPPS) within fifteen (15) working days of the receipt of the denial letter. The written appeal shall outline the reason(s) why the Applicant is disputing the denial of an application and should include supporting document(s) if any. The NFAS SPPS decision will be final.



THE  
NAVAJO  
NATION

NAVAJO FAMILY ASSISTANCE SERVICES (NFAS)

**HOUSEHOLD COMPOSITION/RESIDENCE VERIFICATION**

Name & Address (of the one who is filling out this form)

--

The NFAS customer, whose name appears below, requests the release of personal information to the NFAS. Please complete and return this form within ten (10) days from the date below to the NFAS Office listed below. **This form must be completed by someone not living in the home.** *In addition, please draw a map to the residence in back of this form.*

CASEWORKER	DFS OFFICE ADDRESS	TELEPHONE NUMBER

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize and consent to the release of the information requested on this form to the Department of Family Services. I understand the information will be kept confidential and will only be used for eligibility determination of my DFS application.

CONSUMER'S NAME	SOCIAL SECURITY NO	ADDRESS/APT. NO
CONSUMERS'S SIGNATURE		DATE

IS THE HEAD OF HOUSEHOLD'S ADDRESS INDICATED BELOW CORRECT?	IF NO, PLEASE ENTER THE CORRECT ADDRESS BELOW:
Mailing Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Mailing Address:
Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Physical Address:

CHECK (YES OR NO) TO INDICATE IF THE FOLLOWING PEOPLE LIVE IN THE HOME  
*(If a person live in the home, but is not listed, please write his/her name(s) below):*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF THE PERSON WHO APPEARS ON THE LEASE?	WHO ACTUALLY PAY THE RENT?
AMOUNT OF RENT? \$	HOW OFTEN IS RENT DUE? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	DO YOU EXPECT ANY CHANGES IN THE RENT AMOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When Amount \$
DOES ANYONE IN THE HOUSEHOLD WORK IN EXCHANGE FOR RENT, UTILITIES, ETC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? Value of Work \$	
DOES ANYONE NOT LIVING IN THE HOUSEHOLD PAY ANY OF THE ABOVE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	

NAME OF PERSON COMPLETING THIS FORM	TITLE	TELEPHONE NUMBER	DATE

Applicant Name: \_\_\_\_\_

NFAS Worker: \_\_\_\_\_

Date of Map: \_\_\_\_\_

Program : \_\_\_\_\_

Please draw us a **detailed map** of where you live or where we can find you. Include the location and description of your house. In case we need to contact you for important reason.

N

W

E

S

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Applicant's Signature

---

Date



**Request for Taxpayer  
 Identification Number and Certification**

**Give Form to the  
 requester. Do not  
 send to the IRS.**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	5 Address (number, street, and apt. or suite no.) See instructions.	
	6 City, state, and ZIP code	Requester's name and address (optional)
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*