

### HOPI TRIBAL TANF REFERRAL NOTICE

FAA Worker's Name (Last, First, M.I.): \_\_\_\_\_

FAA Mail Drop: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

#### I. CASE INFORMATION

Case Name: \_\_\_\_\_

AZTECS Case No.: \_\_\_\_\_ Participant's Phone No.: \_\_\_\_\_

Physical Address (No., Street): \_\_\_\_\_

Mailing Address (P.O. Box / No., Street, City, State, ZIP): \_\_\_\_\_

Name of Person that Must Comply with the Hopi TANF Program Requirements (Last, First, M.I.): \_\_\_\_\_

The Family Assistance Administration (FAA) requires verification of cooperation with the Hopi TANF Program requirements for the following individual(s) who MUST comply before approval of Cash Assistance (CA), when potential eligibility exists. The Hopi TANF Program office notifies FAA when the required individual(s) has complied. FAA must receive compliance information by: \_\_\_\_\_

#### II. DECLARATION OF UNDERSTANDING

I, (Print full name) \_\_\_\_\_, understand that I must go to the Hopi Tribal TANF Program located at (Hopi TANF Program local office address) \_\_\_\_\_ within 10 calendar days to pre-comply with the Hopi TANF Program. Each eligible CA member in my household, including myself and any person for whom I receive CA benefits, are required to participate, unless exempt.

**NOTE:** When the 10th day falls on a weekend or holiday, compliance must occur by the next work day.

The participant must read the following responsibilities and initial each:

**PRE-APPROVAL REQUIREMENT:** All mandatory participants are required to complete the Hopi TANF Program orientation requirements before CA approval. If you fail to comply, your CA application will be denied.

**PARTICIPATION REQUIREMENTS:** Recipients of CA are required to participate in the Hopi TANF Program as a condition of their eligibility unless they meet specific exemption criteria.

**PARTICIPATION RESPONSIBILITIES:** Hopi TANF Program participants must cooperate with program staff in the development and follow-through of an individual plan directed towards employment and self-sufficiency.

**FAILURE TO PARTICIPATE:** After CA approval, when a participant does not cooperate with Hopi TANF Program requirements, the CA payment will be reduced and eventually closed, unless the participant complies.

**I understand each of these responsibilities and the penalty for failure to comply.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### III. HOPI TANF PROGRAM COMPLIANCE

Hopi TANF Case Manager's Name: \_\_\_\_\_

Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The participant:    Did Comply        Did Not Comply

#### IV. DETERMINATION

FAA Worker's Signature: \_\_\_\_\_ Benefit Amount \$: \_\_\_\_\_

Denial Reason: \_\_\_\_\_ Effective Date: \_\_\_\_\_

1st Month Benefit: \_\_\_\_\_ 2nd Month Benefit: \_\_\_\_\_ 3rd Month Benefit: \_\_\_\_\_

Prior to the current application, this assistance unit has received \_\_\_\_\_ months of TANF/CA benefits.

(This information is for Welfare to Work participation requirements)

Completion Instructions for FAA-1459A FORFF  
**HOPI TRIBAL TANF REFERRAL NOTICE**

A. Purpose.

- 1) To refer Hopi TANF Cash Assistance participants to the Hopi Tribal TANF Program to complete the Hopi TANF pre-compliance requirement.
- 2) To notify Hopi TANF participants of the Hopi TANF Program requirements and responsibilities.
- 3) To notify Hopi TANF Program staff of Hopi TANF Cash Assistance approval and assistance unit status.

B. Completion. The responsible FAA Worker completes **I. CASE INFORMATION**. The primary information person completes **II. DECLARATION OF UNDERSTANDING**, initials the responsibilities of the participant and signs where indicated. The Hopi TANF Program case manager completes **III. HOPI TANF PROGRAM COMPLIANCE**. The responsible FAA Worker completes **IV. DETERMINATION** with the benefit amount and effective date if case is approved, or a denial reason if not approved, and signs the form. A copy is sent by ENasewytewa@hopi.nsn.us.

C. Routing.

- 1) One copy is given to the applicant at the interview. The participant may take his/her copy to the Hopi TANF Program office for participation purposes. One copy is sent to the PSE to the Hopi TANF Program office by email. The original is filed in the FAA case file.
- 2) The Hopi TANF Program case manager indicates on the form if the participant complied with the program requirements, signs the form, and faxes a copy back to the originating FAA office.
- 3) The responsible PSE completes the determination section and returns a copy of the form to the Hopi TANF Program case manager.

D. Retention. Retained in the case file until the file is destroyed.

This institution is an equal opportunity provider.

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DES/TANF Agencies are Equal Opportunity Employers/ Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex (including gender identity and sexual orientation), national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.