



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



IN REPLY REFER TO:

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 brandi.sweet@bia.gov.

Sincerely,

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

Introduction.....	page 4
Guidance for Self Governance Tribes.....	page 5
Guidance for P.L. 102-477 Tribes, Not Participating in Self Governance.....	page 6
Guidance for BIA and P.L. 93-638 Tribes.....	pages 7-8
Part 1: The BIA Financial Assistance & Social Service Program Report Form.....	pages 9-24
Part 2: The Narrative.....	pages 25-26
Definitions.....	pages 27-31
(Copy) BIA Financial Assistance & Social Service Program Report Form.....	page 32
(Copy) Narrative Template.....	page 33
Social Services Payment Standards for Programs in 25 CFR 20 & Transition Actions Memorandum.....	page 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://64.58.34.34/osg/>, and <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 <http://www.doi.gov/bia/tribalservices.html> 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

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

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

STEP 1:

The screenshot shows a Microsoft Excel spreadsheet titled "BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM". The spreadsheet is organized into columns for quarters and end-of-year status. The "REPORT FORM" tab is highlighted and circled in the bottom-left corner of the spreadsheet area.

FISCAL YEAR or CALENDAR YEAR		BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM												2008-2009	
TRIBE/AGENCY:		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS					
		Actual		Actual		Actual		Actual							
OSG BIA 477 538		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)							
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															
Foster Care										0	\$ -				
Residential Care										0	\$ -				
Adoption Subsidy										0	\$ -				
Guardianship Subsidy										0	\$ -				
Special Needs										0	\$ -				
Homemaker Services										0	\$ -				
Adult Care Assistance															
Homemaker Services										0	\$ -				
Residential Care (group home)										0	\$ -				
General Assistance															
Employable										0	\$ -				
Unemployable										0	\$ -				
Individual Service Plan (ISP)										0	\$ -				
ISP Goals Completed										0	\$ -				
Applications Approved										0	\$ -				
Applications Disapproved										0	\$ -				
Burial Assistance															
Burial Assistance										0	\$ -				
Emergency Assistance															
Emergency Assistance										0	\$ -				
ISM Accounts															
Services										0	\$ -				
Distribution Plans Processed										0	\$ -				
Services Only															
Child Protection										0	\$ -				
Adult Protection										0	\$ -				
Child and Family Services										0	\$ -				
Total		0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ -	\$ -				

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

STEP 2:

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													
TRIBE/AGENCY:											END-OF-YEAR STATUS		
OSG BIA 477 638 (Month-Month-Month) (Month-Month-Month) (Month-Month-Month) (Month-Month-Month)													
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit							
Child Assistance													
Foster Care									0	\$ -			
Residential Care									0	\$ -			

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

Example: Fiscal Year 2008

Example: Calendar Year 2008

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													
TRIBE/AGENCY:											END-OF-YEAR STATUS		
OSG BIA 477 638 (Month-Month-Month) (Month-Month-Month) (Month-Month-Month) (Month-Month-Month)													
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit							
Child Assistance													
Foster Care									0	\$ -			
Residential Care									0	\$ -			

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													
TRIBE/AGENCY:											END-OF-YEAR STATUS		
OSG BIA 477 638 (Month-Month-Month) (Month-Month-Month) (Month-Month-Month) (Month-Month-Month)													
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit							
Child Assistance													
Foster Care									0	\$ -			
Residential Care									0	\$ -			

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:

Microsoft Excel - FINALDRAFT.AnalofFunds.10.14.08													
File Edit View Insert Format Tools Data Window Help													
Times New Roman 11 B I U													
Off													
A14 Special Needs													
BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													
FISCAL YEAR or CALENDAR YEAR													
TRIBE/AGENCY:													
FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			END-OF-	
Actual			Actual			Actual			Actual				
(Month-Month-Month)			(Month-Month-Month)			(Month-Month-Month)			(Month-Month-Month)				
A		B	D	E	G	H	J	K	M	N	P		
Program Component		Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Acutal Persons Served	Expendit (Sum of Four Quarter		
Child Assistance													
Foster Care										0	\$ -		

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:

Microsoft Excel - FINALDRAFT.AnaloffFunds.10.14.08													
File Edit View Insert Format Tools Data Window Help													
Off													
A14 Special Needs													
A B C D E F G H I J													
1	FISCAL YEAR or CALENDAR YEAR												
2	BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM												
3	TRIBE/AGENCY:				FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER					
4					Actual	Actual	Actual	Actual					
5	OSG	BIA	477	638	(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)					
6	A				B	D	E	G	H	J	K	M	N
7	Program Component				Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Person Served

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

1	FISCAL YEAR or CALENDAR YEAR												
2	BIA												
3	TRIBE/AGENCY:				FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER					
4					Actual	Actual	Actual	Actual					
5	OSG				(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)					
6	A				B	D	E	G	H	J	K	M	N
7	Program Component				Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Person Served

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

STEP 5:

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: Fiscal Year

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:

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM												
FISCAL YEAR or CALENDAR YEAR												
TRIBE/AGENCY:												
			FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR	
			Actual		Actual		Actual		Actual			
			(Month-Month)		(Month-Month)		(Month-Month)		(Month-Month)			
OSG BIA 477 638												
Program Component			Actual Persons Served		Total Actual Persons Served	Expenditures (Sum of All Four Quarters)						
Child Assistance												
Foster Care												
Residential Care												
Adoption Subsidy												
Guardianship Subsidy												
Special Needs												
Homemaker Services												
Adult Care Assistance												
Homemaker Services												
Residential Care (group home)												
General Assistance												
Employable												
Unemployable												
Individual Service Plan (ISP)												
ISP Goals Completed												
Applications Approved												
Applications Disapproved												
Burial Assistance												
Emergency Assistance												
ITM Accounts												
Services												
Distribution Plans Processed												
Services Only												
Child Protection												
Adult Protection												
Child and Family Services												
Total			0 \$ -		0 \$ -		0 \$ -		0 \$ -		0 \$ -	0 \$ -

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 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 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).*

	<i>October</i>	<i>November</i>	<i>December</i>	<i>First Quarter Total Actual Persons Served</i>
<i>Participant Z</i>	<i>1</i>	<i>1</i>		<i>2</i>

- 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:

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													2008-2009	
TRIBE/AGENCY:		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS				
		Actual		Actual		Actual		Actual						
OSG BIA 477 638		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)						
A	B	D	E	G	H	J	K	M	N	P	Q	R		
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit								
Child Assistance														
Foster Care									0	\$ -				
Residential Care									0	\$ -				
Adoption Subsidy									0	\$ -				
Guardianship Subsidy									0	\$ -				
Special Needs									0	\$ -				
Homemaker Services									0	\$ -				
Adult Care Assistance														
Homemaker Services									0	\$ -				
Residential Care (group home)									0	\$ -				
General Assistance														
Employable									0	\$ -				
Unemployable									0	\$ -				
Individual Self-Sufficiency Plan (ISP)									0	\$ -				
ISP Goals Completed									0	\$ -				
Applications Approved									0	\$ -				
Applications Disapproved									0	\$ -				
Burial Assistance														
Emergency Assistance														
ISM Accounts														
Services									0	\$ -				
Distribution Plans Processed									0	\$ -				
Services Only														
Child Protection														
Adult Protection														
Child and Family Services														
Total	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ -	\$ -				

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

FISCAL YEAR or CALENDAR YEAR		2008-2009											
BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM													
TRIBE/AGENCY:		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
		Actual		Actual		Actual		Actual					
OSG BIA 477 638		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)					
A	B	D	E	G	H	J	K	M	N	P	Q	R	
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit							
Child Assistance													
Foster Care									0	\$ -			
Residential Care									0	\$ -			
Adoption Subsidy									0	\$ -			
Guardianship Subsidy									0	\$ -			
Special Needs									0	\$ -			
Homemaker Services									0	\$ -			
Adult Care Assistance													
Homemaker Services									0	\$ -			
Residential Care (group home)									0	\$ -			
General Assistance									0	\$ -			
Employable									0				
Unemployable									0				
Individual Self-Sufficiency Plan (ISP)									0				
ISP Goals Completed									0				
Applications Approved									0				
Applications Disapproved									0				
Burial Assistance									0	\$ -			
Emergency Assistance									0	\$ -			
ISM Accounts													
Services									0				
Distribution Plans Processed									0				
Services Only													
Child Protection									0				
Adult Protection									0				
Child and Family Services									0				
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:

BIA ANALYSIS OF WELFARE ASSISTANCE FUNDS & SOCIAL SERVICE PROGRAM REPORT FORM														
FISCAL YEAR or CALENDAR YEAR													2008-2009	
TRIBE/AGENCY:														
FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			END-OF-YEAR STATUS		
Actual			Actual			Actual			Actual					
(Month-Month-Month)			(Month-Month-Month)			(Month-Month-Month)			(Month-Month-Month)					
A	B	D	E	G	H	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 Actual Persons Served	Expenditures (Sum of All Quarters)	Amount Allocated	Surplus or Deficit		
Child Assistance														
Foster Care										\$ -				
Residential Care										\$ -				
Adoption Subsidy										\$ -				
Guardianship Subsidy										\$ -				
Special Needs										\$ -				
Homemaker Services										\$ -				
Adult Care Assistance														
Homemaker Services										\$ -				
Residential Care (group home)										\$ -				
General Assistance										\$ -				
Employable										0				
Unemployable										0				
Individual Service Plan (ISP)										0				
ISP Goals Completed										0				
Applications Approved										0				
Applications Disapproved										0				
Burial Assistance										\$ -				
Emergency Assistance										\$ -				
ISM Accounts														
Services										0				
Distribution Plans Processed										0				
Services Only														
Child Protection										0				
Adult Protection										0				
Child and Family Services										0				
Total	0	\$ -	0	\$ -	0	\$ -	0	\$ -		\$ -				

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:

BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM																		
TRIBE/AGENCY: OSG BIA 477 638												2008-2009						
FISCAL YEAR or CALENDAR YEAR	FIRST QUARTER				SECOND QUARTER				THIRD QUARTER				FOURTH QUARTER				END-OF-YEAR STATUS	
	Actual		Actual		Actual		Actual		Actual		Actual		Actual		Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit												
Child Assistance																		
Foster Care													0	\$				
Residential Care													0	\$				
Adoption Subsidy													0	\$				
Guardianship Subsidy													0	\$				
Special Needs													0	\$				
Homemaker Services													0	\$				
Adult Care Assistance																		
Homemaker Services													0	\$				
Residential Care (group home)													0	\$				
General Assistance																		
Employable													0	\$				
Unemployable													0	\$				
Individual Self-Sufficiency Plan (ISP)													0	\$				
ISP Goals Completed													0	\$				
Applications Approved													0	\$				
Applications Disapproved													0	\$				
Burial Assistance																		
Burial Assistance													0	\$				
Emergency Assistance																		
Emergency Assistance													0	\$				
ISM Accounts																		
Services													0	\$				
Distribution Plans Processed													0	\$				
Services Only																		
Child Protection													0	\$				
Adult Protection													0	\$				
Child and Family Services													0	\$				
Total													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):

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

BIA ANALYSIS OF WELFARE ASSISTANCE FUNDS & SOCIAL SERVICE PROGRAM REPORT FORM												
TRIBE/AGENCY:	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
	Actual (Month-Month-Month)		Actual (Month-Month-Month)		Actual (Month-Month-Month)		Actual (Month-Month-Month)		Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit
Program Component	Actual Persons Served	Expenditures	N	P	Q	R						
Child Assistance												
Foster Care									0	\$ -		
Residential Care									0	\$ -		
Adoption Subsidy									0	\$ -		
Guardianship Subsidy									0	\$ -		
Special Needs									0	\$ -		
Homemaker Services									0	\$ -		
Adult Care Assistance												
Homemaker Services									0	\$ -		
Residential Care (group home)									0	\$ -		
General Assistance												
Employable									0			
Unemployable									0			
Individual Service Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
Burial Assistance												
Burial Assistance									0	\$ -		
Emergency Assistance												
Emergency Assistance									0	\$ -		
ISM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	0	\$ -	0	\$ -	0	\$ -	0	\$ -	\$ -	\$ -		

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

27	Applications Disapproved									0																										
29	Burial Assistance									0	\$	-																								
30	Emergency Assistance									0	\$	-																								
32	IIM Accounts																																			
33	Services									0																										
34	Distribution Plans Processed									0																										
36	Services Only																																			
37	Child Protection									0																										
38	Adult Protection									0																										
39	Child and Family Services									0																										
41	Total									0	\$	-			0	\$	-			0	\$	-			\$	-										
42	638 Tribe/BIA Agency Program Certification (Only)										OSG or 477 Program Certification (Only)																									
43																																				
45	TRIBE/AGENCY (Insert name/Title):					DATE:					TRIBE (Insert Name/Title):					DATE:																				
46																																				
47																																				
48	AGENCY SUPERINTENDENT (Certify)					DATE:					OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify):					DATE:																				
49																																				
50																																				
51	REGIONAL SOCIAL WORKER (Certify)					DATE:																														
52																																				
53																																				
54																																				

Ready NUM

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:

Microsoft Excel interface showing the 'Narrative Template' worksheet. The worksheet is titled 'Part 2: THE NARRATIVE' and contains instructions for completing a narrative for a program. The instructions are: 'Instructions: Complete a narrative for your program by answering the following questions.' followed by two questions. The first question asks for a description of the community(ies) or tribe(s) served, and the second asks for a description of the program. The worksheet is divided into sections for each question, with a 'Type here.' prompt in each section. The 'Narrative Template' tab is circled in the bottom left corner.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															2008-2009
2	Part 2: THE NARRATIVE														
3	Instructions: Complete a narrative for your program by answering the following questions.														
4															
5	(1-2 paragraphs) Briefly describe the community(ies) or tribe(s) that you provide services to (i.e. any information that you feel														
6	will help us understand more about your program which may include information such as location, climate, demographics, culture,														
7	economy, employment, housing, crime, abuse statistics).														
8	Type here.														
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25	(1-2 paragraphs). Briefly describe your program (i.e. what type of program (477, 638,BIA, Self Governance, or mixture), staffing,														
26	caseload per staff, types of services provided, or any information that you feel will help us understand your program).														
27	Type here.														
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															

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):

Row 10, *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.

Row 11, *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.

Row 12, *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.

Row 13, *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.

Row 14, 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.

Row 15, 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.

Row 18, 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.

Row 19, 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.

Row 21, 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.

Row 22, 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.

Row 23, 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.

Row 24, 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.

Row 25, 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.

Row 26, 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.

Row 27, 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.

Row 29, 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.

Row 30, 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.

Row 33, 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.

Row 34, 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.

Row 37, 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.

Row 38, 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.

Row 39, 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.

FISCAL YEAR or CALENDAR YEAR		BIA FINANCIAL ASSISTANCE & SOCIAL SERVICE PROGRAM REPORT FORM												2006-2009											
TRIBE/AGENCY:		FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			END-OF-YEAR STATUS											
OSG BIA 477 638		Actual			Actual			Actual			Actual														
A		B		D		E		G		H		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 Actual Persons Served		Expenditures (Sum of All Four Quarters)		Amount Allocated		Surplus or Deficit	
9	Child Assistance																								
10	Foster Care																								
11	Residential Care																								
12	Adoption Subsidy																								
13	Guardianship Subsidy																								
14	Special Needs																								
15	Homemaker Services																								
17	Adult Care Assistance																								
18	Homemaker Services																								
19	Residential Care (group home)																								
21	General Assistance																								
22	Employable																								
23	Unemployable																								
24	Individual Self-Sufficiency Plan (ISP)																								
25	ISP Goals Completed																								
26	Applications Approved																								
27	Applications Disapproved																								
29	Burial Assistance																								
30	Emergency Assistance																								
32	IIM Accounts																								
33	Services																								
34	Distribution Plans Processed																								
36	Services Only																								
37	Child Protection																								
38	Adult Protection																								
39	Child and Family Services																								
41	Total	0	\$	-	-	0	\$	-	-	0	\$	-	-	0	\$	-	-	0	\$	-	-	\$	-	-	\$
638 Tribe/BIA Agency Program Certification (Only)		OSG or 477 Program Certification (Only)																							
TRIBE/AGENCY (Insert name/Title):		TRIBE (Insert Name/Title):																							
AGENCY SUPERINTENDENT (Certify)		OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify):																							
REGIONAL SOCIAL WORKER (Certify)																									

PLEASE USE FOR HANDWRITTEN REPORTING

Part 2: THE NARRATIVE

Instructions: 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 understand more about your program which may include information such as location, climate, demographics, culture, economy, employment, 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).

Type here.

(1-2 paragraphs). Discuss the statistical analysis (BIA Financial Assistance & Social Service Program Report Form), which includes increases, decreases, carryover, and unmet need for the current year.

Type 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 impacted 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 a shortage of funds).

Type here.

Please provide any additional comments or recommendations.

Type here.

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 12 2000

Memorandum

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

Through: Deputy Commissioner of Indian Affairs

From: Assistant Secretary - Indian Affairs

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) TWEAP: \$115.00 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.