



SENECA NATION ADVOCATE PROGRAM

Cattaraugus Office

210 Thomas Indian School Dr. – Ext.
Irving, NY 14081
Ph. (716) 532-4900
Fax: (716) 532-8236

SUPPORTIVE SERVICES PROGRAM:

The Seneca Nation Council has allocated funds to the Seneca Nation Advocate Program for Emergency Supportive Services; to provide assistance to enrolled members of the Seneca Nation who are experiencing a temporary financial hardship. All services are available to members residing within the service delivery area or otherwise stipulated (80 mile radius of Cattaraugus, Allegany, Oil Spring Territories and Buffalo). The Seneca Nation Advocate has the authority to approve expenditures up to \$1000.00 for Minor Home Repair, \$800 for Basic Appliance Assistance, and \$50 for Clothing and Home Goods. The emergency must be documented, (i.e. loss of income, disability, loss of home, etc...) and must be income eligible to receive services. The Supportive Services Program may cost share between programs should there be any remaining balances that the applicant may have expended between our programs. The applicant must state the emergency by filling out the Emergency Status form. Should any repairs or appliance replacements be questionable, this will be subject to an inspection to verify the emergency listed on the form. This benefit may be applied for ONE time per category in a 12 month period; for any future services the applicant may be mandated to enroll in the Financial Literacy Course. This course will teach a set of skills and knowledge that allow an individual to make informed and effective financial resource decisions. It will be the responsibility of the applicant to attend classes and bring in their certificate of completion for future supportive services.

Client Initial _____

Minor Home Repair – Homeowners ONLY are eligible – up to \$1000 - Provides materials to replace, repair or maintain existing essential features of the home. Homeownership is a requirement and MUST provide a valid deed or bill of sale. Rentals are NOT eligible for this benefit. For Mortgage and SNI Housing, applicant must fill out the Deed confirmation form and have it signed by the participating program.

Client Initial _____

Basic Appliance Assistance – Both Homeowner and Renters are eligible – up to \$800 – For Stoves, Refrigerators and Washers ONLY. Homeowners MUST provide a valid deed, bill of sale and for renters, the appliances must NOT be included in the rental agreement. Renters must provide a notarized statement as proof from the landlord or service technician in this regard that the appliance is unrepairable. This benefit can only be applied for once every (5) years, per appliance.

Client Initial _____

Clothing Voucher Assistance – This applies to the Cattaraugus Advocate ONLY – up to \$50.00 – To assist in case of a natural disaster; such as a fire, flood, mold etc. and/or displacement of home. Also, if a person(s) are awarded emergency custody of children and come into the home with no clothing. The applicant must provide proof of the emergency; such as police/fire report, custody papers etc. There will be a maximum of \$50.00 to be used at the local consignment store towards clothing and household items if needed or case per case basis, depending on the circumstances and will be at the discretion of the Seneca Nation Advocate. Should there be a need in excess of the \$50.00, the Cattaraugus Advocate will notify the authorized amount to the local consignment store management.

Client Initial _____

Complete/Incomplete: A written approval/denial letter will be mailed to the applicant within three (3) business days after a complete application is submitted. Incomplete applications will receive a letter listing missing documentation and given 48 hours to submit. If documentation is still needed after the 48 hours, a letter of denial will be sent.

The Emergency Supportive Services benefits will be available (10) business days following the contribution from the Seneca Nation, only under extreme circumstances, consideration of services may be given in other months at the discretion of the Seneca Nation Advocate.

Documents Required:

Emergency Status: Complete description of Emergency, with documentation, as well as detailed description of assistance needed.

Proof of Enrollment: Applicant must provide proof of Seneca Nation of Indians enrollment by one of the following:

- Tribal Identification Card
- Signed Tribal Certification

Proof of Household Composition: Applicant must provide one or more of the following for each member in the household:

- Tribal Enrollment Card
- Birth Certificate
- Marriage Certificate
- Social Security Card
- School Identification/School Record
- 18-and over, no income, a zero to low income form needed
- Court Documents to verify custody of minor children
- Driver’s License/Non-Driver’s License

Proof of Income: Applicant must provide proof of monthly gross income:

- Cash on hand...Income verification:
- Four (4) consecutive pay stubs
- Award letter or copies of checks: Social Security(must provide first 2 pages of award letter), Social Security Disability, Veterans Benefits, Workers Compensation Disability, Unemployment, Food Stamps(must provide first 3 pages of award letter)
- Undocumented Income for example: (Food Vendor, Gardner, Domestic Cleaner, Babysitting, Tree Top, Mechanics)

Proof of Residence: Application’s must provide proof of where they reside at the time of application. Acceptable forms of documentation for residence include the following:

- Current Utility Bill
- Last Rent Receipt
- Copy of Lease
- Homeowner’s Insurance Policy

Proof of Ownership (Minor home repair only):

House-deed or signed court papers, designation applicant as the owner of property.

Mobile Home, deed, signed court document, bill of sale or certified notarized statement of residence, by clerk/deputy clerk, in their area.

Income Guidelines:	Persons	Amount based on Monthly Income
	1	\$3,960
	2	\$5,340
	3	\$6,720
	4	\$8,100
	5	\$9,480
	6	\$10,860
	7	\$12,244
	8	\$13,630

****Applicant can be suspended for a period of one (1) to two (2) years, depending on the circumstances for the following reasons:**

1. *Fraudulent Statements*
2. *Fraudulent Documentations*
3. *Misconduct to staff and other office personnel*



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DATE: ____/____/____

HEAD OF HOUSEHOLD INFORMATION:

NAME: _____ D.O.B.: ____/____/____

MAILING ADDRESS: _____

STREET ADDRESS: _____

PHONE #: _____ # OF HOSEHOLD MEMBERS: _____ DISABLED: Y/N

ENROLLMENT (PLEASE INDICATE #: OF HOUSEHOLD MEMBERS):

A. ENROLLED SENECA: ____ B. ENROLLED OTHER: ____ C. NON-ENROLLED: ____

HOUSING (CIRCLE ONE)

A. RENT B. OWN C. HOMELESS D. OTHER

SOURCE OF INCOME (CHECK ALL THAT APPLY):

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> SOCIAL SECURITY/SSI | <input type="checkbox"/> PENSION |
| <input type="checkbox"/> UNEMPLOYMENT | <input type="checkbox"/> PA/FOODSTAMPS | <input type="checkbox"/> VETERAN BENEFITS |
| <input type="checkbox"/> DISABILITY | <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> NO INCOME |
| <input type="checkbox"/> CASH ON HAND | | |

Additional Household Members: (Do Not List Self)

FIRST	MI	LAST	M OR F	D.O.B.	AGE	DISABLED
				/ /		Y/N
				/ /		Y/N
				/ /		Y/N
				/ /		Y/N
				/ /		Y/N
				/ /		Y/N
				/ /		Y/N

Provide a brief description of assistance needed: _____
