



SENECA NATION

Cattaraugus Office
12837 Route 438
Irving, NY 14081
Ph. (716) 532-1028
Fax: (716) 532-8236

Allegany Office
262 Broad St.
Salamanca, NY 14779
Ph. (716) 945-2655
Fax: (716) 945-0410

Buffalo Office
135 Delaware Ave. Suite 212
Buffalo, NY 14202
Ph. (716) 322-6150
Fax: (716) 852-6239

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. This benefit may be applied for one time in a 12 month period. All services are available to members residing within the service delivery area (80 mile radius of Cattaraugus, Allegany, Oil Spring Territories and Buffalo). The emergency must be documented, (i.e. loss of income, disability, loss of home, etc...) and must be income eligible to receive services. The Seneca Nation Advocate has the authority to approve expenditures up to \$500.00 in Supportive Services. The applicant must demonstrate sufficient income which will ensure that they are financially capable to continue making payments or other related housing costs. For any future services, the applicant will 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 decisions with all of their financial resources. The applicant must attend classes and it will be up to the member to bring in their certificate of completion for future supportive services.

Client Initial_____

Utilities Assistance ~ To prevent electric or heating service disruption or to assist with reconnection (including propane set-up) both homeowners and renters are eligible. During LIHeap months, applicant must apply for HEAP and have a denial letter from the Cattaraugus Territory LIHeap coordinator, or DSS, stating a shut off notice. Heap funds are available beginning the month of November through March. Therefore, the only months heap can assist will be April, August and October. There will be a minimum delivery in those months.

Client Initial_____

Minor Home Repair ~ Provides materials or service to replace, repair or maintain existing essential features of the home (available Cattaraugus, Allegany territories and Buffalo). Homeownership is a requirement and must provide a valid deed. Rentals are not eligible for this benefit. Also, any repairs in question from the list above, will be subject to an inspection before an approval can be made.

Client Initial_____

Emergency Appliance Assistance – Refers to stoves and refrigerators only. Homeowners must provide a valid deed 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_____

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 Gift from the Seneca Nation, only under extreme circumstances, consideration of services will be given in other months.

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
- Receipts for rental income received
- 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 (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
	<i>1</i>	<i>\$2,935</i>
	<i>2</i>	<i>\$3,625</i>
	<i>3</i>	<i>\$4,316</i>
	<i>4</i>	<i>\$5,006</i>
	<i>5</i>	<i>\$5,697</i>
	<i>6</i>	<i>\$5,826</i>
	<i>7</i>	<i>\$5,956</i>
	<i>8</i>	<i>\$6,085</i>

****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*



SENECA NATION ADVOCATE PROGRAM

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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: _____

