



SENECA NATION ADVOCATE PROGRAM

CATTARAUGUS OFFICE
210 Thomas Indian Sch. Dr.
Irving, NY 14081
Ph. (716) 532-4900

ALLEGANY OFFICE
983 R.C. Hoag Dr
Salamanca, NY 14779
Ph. (716) 945-1790

BUFFALO OFFICE
533 Amherst St. (rear)
Buffalo, NY 14207
Ph. (716) 845-6304

SUPPORTIVE SERVICES PROGRAM POLICY:

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 \$1500.00 for Residential Minor Home Repair, \$800 for Basic Appliance Assistance, and up to \$500 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. **This benefit may only be applied for ONE time in a 12-month period.** 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. **For any future services (after receipt of initial 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_____

Residential Minor Home Repair – ***Residential Homeowners ONLY are eligible – up to \$1500*** - Provides materials to replace, repair or maintain existing essential features of the home. Outside features such as decks etc., do not qualify. The only exception are (1) ramps for medical reasons (must provide documentation); and (2) sewer hookups/repairs in the City of Salamanca. Homeownership is a requirement and applicant MUST provide a valid deed or bill of sale. Rentals are NOT eligible for this benefit. Businesses 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. If materials that were approved by the program have not been installed within six (6) months of purchase, applicant must pay back to the program.

Client Initial_____

Basic Appliance Assistance – ***Both Homeowners and Renters are eligible – up to \$800*** – For Stoves, Refrigerators and Washers ONLY. Homeowners MUST provide a valid deed, bill of sale; for renters, the appliances must NOT be included in the rental agreement. This benefit can only be applied for once every five (5) years, per appliance.

Client Initial_____

Clothing and Household Items Voucher Assistance – ***Maximum up to \$500*** – To assist in case of a natural disaster, such as a fire, flood, mold etc. and/or displacement from home. Also, can apply if an applicant is awarded emergency custody of children that 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

up to \$500.00 per person to be used at the local consignment store (through a purchase order) toward clothing and household items if needed on a case per case basis, depending on the circumstances, and will be at the discretion of the Seneca Nation Advocate.

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. Applicants submitting Incomplete applications will receive a letter listing missing documentation and be given 48 hours to submit. If documentation is still needed after the 48 hours, a letter of denial will be sent. Once an application is complete and approved by the program, then the payment to the Vendor can be processed. **The program does not pay reimbursements to the applicant who pays out of pocket to the Vendor.**

Client Initial _____

*****The Emergency Supportive Services benefits will be available ten (10) business days following the contribution from the Seneca Nation; only under extreme circumstances may consideration of services 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:

- Seneca Nation Identification Card
- Signed Seneca Nation 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
- Court Documents to verify custody of minor children
- Driver's License/State Identification Card

Proof of Income: Applicant must provide proof of monthly gross income for all household members who receive any type of income, earned or unearned:

- Cash on hand and 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 Trimmer, Mechanic, etc.
- 18-and over, no income, a zero to low income form needed.

Proof of Residence: Applicants must provide proof of where they reside at the time of application. Acceptable forms of documentation for residence include the following (all must show name and address):

- Current Utility Bill
- Copy of Lease
- Current Rent Receipt
- Mortgage Payment Receipt
- Homeowner's Insurance Policy

******Applicants applying for minor home repair assistance must provide documentation that they are the actual homeowner***

Proof of Ownership (Minor home repair only):

House: deed or signed court documents designating applicant as the owner of the property.

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

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

Policy approved by Seneca Nation Council: March 11, 2023; CN: R-03-11-23-12.



SENECA NATION ADVOCATE PROGRAM

Cattaraugus Office

210 Thomas Indian Sch. Dr.-ext.

Irving, NY 14081

Ph. (716) 532-4900

Fax: (716) 532-8236

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):

____ EMPLOYMENT

____ SOCIAL SECURITY/SSI

____ PENSION

____ UNEMPLOYMENT

____ PA/FOODSTAMPS

____ VETERAN BENEFITS

____ DISABILITY

____ CHILD SUPPORT

____ NO INCOME

____ 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: _____
