

# Sac and Fox Nation of Missouri Family Preservation Application

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Do you live on the Sac and Fox Reservation?  Yes  No      Do you live in Sac and Fox Housing?  Yes  No

Are you an enrolled Sac and Fox tribal member?  Yes  No

**Required List of all members residing in the household including applicant (Use Additional Space if Necessary)**

Name	Date of Birth	Tribal Enrollment #	Monthly Income	Able to Work?

**Please List Assistance Requested** \*Remember, all applications must include documentation of need, such as copy of bill requested for payment

Rent       Gas     Electric       Water       Wood       Propane       Food

Other: \_\_\_\_\_

**Additional Documentation Necessary to Process Application:**

- Current Income Verification for all household members
- Copy of bill or proof of assistance needed
- Copy of tribal enrollment cards for all tribal members in household
- Documentation of disability, if applicable OR if able to work documentation of efforts to find work

By signing this form, I certify that the information I provided is accurate and true and that I have read and understand the application guidelines. I understand that it is my responsibility to submit all requested documentation before the application will be processed. I understand that any assistance received by myself or anyone else in the household could affect other household benefits. If it is determined that I have provided inaccurate information on this application I may be denied further assistance and may be prosecuted through the Sac and Fox Nation Tribal Court.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Additional Documentation Needed:	Date:
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## Sac and Fox Nation of Missouri Family Preservation Program Informed Consent

The Sac and Fox Nation Department of Social Services Family Preservation Program is a voluntary program that provides opportunities for Native American families to meet with a social worker and family support staff for family enhancement services.

The Family Preservation program provides assessment and intervention services for children and families who have developed behavioral, emotional, social, and/or communication problems. Youth programs are offered on a weekly basis for children ages 2 – 17.

Children identified as needing additional services not available through the Family Preservation program are provided with appropriate referrals. Services will be provided based on the assessed needs of the client and availability of the staff.

I. Staff may offer the following services:

FOR PARENTS: Educational programs related to improving child-rearing skills, enhancing children's development, strengthening the family, life enrichment and the prevention of personal and family problems. These services may include individual or group parenting education classes. Case management services including needs assessments, budgeting assistance, crisis planning, community resources, etc. will be provided. Each parent will complete an individualized service plan outlining areas of strengths and needs. Financial assistance *may* be provided based upon identified needs that will serve to accomplish a service plan goal.

FOR CHILDREN: Children may participate in activities and discussions concerning feelings, behaviors, and views of their world. The program utilizes experience (learning through doing activities) and conversation to enrich the child's personal, academic, social, and physical well-being. After school and summer programs with transportation assistance are available, as well as individualized assistance during day hours.

As necessary, the social services staff may provide consultation and education to teachers, caseworkers, and other caregivers in the community.

- II. When services are provided to a family, all information is kept confidential and cannot be released without your written permission. We want to let you know, however, that there are special situations under which confidential information could be revealed such as:
- a. A "Duty to Warn" law that allows us to break confidentiality when danger exists to a child and/or others near the child.
  - b. Under special circumstances, the court may subpoena a child's records and may order a staff worker to give testimony during a court hearing.
- III. Information contained in client records is stored in a double-locked filing cabinet system. This information is not available to the public or to any unauthorized person.
- IV. There are no fees charged for participation.
- V. Your signature indicates that you have read and understood the above information concerning confidentiality, that you have read and understood the Program description and services, and that your consent is given to provide services to your family.

I, \_\_\_\_\_, agree to participate in the voluntary family preservation program and hereby release the Sac and Fox Nation Family Preservation Program and it's agents and employees from any and all liabilities, responsibilities, damages, and claims which might result from the release of information and the provision of services authorized.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, provide authorization for the release of information to the following agencies to aid in collaboration and provision of \_\_\_\_\_ services:

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that services will not be denied if I refuse to sign this authorization, unless specific circumstances exist where authorization is required as part of treatment. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it will not have any effect on any actions they took before they received the revocation.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Client Address

Authorization is effective from: \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

\_\_\_ Release information to: Name: \_\_\_\_\_  
\_\_\_ Receive information from: Address: \_\_\_\_\_  
\_\_\_ Client Initials Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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\_\_\_ Receive information from: Address: \_\_\_\_\_  
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Name: \_\_\_\_\_  
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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# Sac and Fox Nation Department of Social Services Budget Plan

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

Budget for: \_\_\_\_\_

Month / Year

**Income**

Employment: \$ \_\_\_\_\_ per hour week month  
(Circle One)

\$ \_\_\_\_\_  
(Monthly Total)

Per Capita: \$ \_\_\_\_\_ per month quarter year  
(Circle One)

\$ \_\_\_\_\_  
(Monthly Total)

Other Income: \_\_\_\_\_  
(Source)

\$ \_\_\_\_\_  
(Monthly Total)

\_\_\_\_\_  
(Source)

\$ \_\_\_\_\_  
(Monthly Total)

**Total Monthly Income**

\$ \_\_\_\_\_

**Expenses** (Calculate for Month)

<p><i>Housing</i></p> <p>Rent \$ _____</p> <p>Utilities \$ _____</p> <p>Insurance \$ _____</p> <p>Phone \$ _____</p> <p>Television/Internet \$ _____</p> <p>Other \$ _____</p> <p><i>Household Needs</i></p> <p>Food \$ _____</p> <p>Childcare \$ _____</p> <p>School Fees \$ _____</p> <p>Other \$ _____</p>	<p><i>Medical</i></p> <p>Prescription/Co-pays \$ _____</p> <p>Other \$ _____</p> <p><i>Transportation</i></p> <p>Vehicle Payment \$ _____</p> <p>Fuel \$ _____</p> <p>Insurance \$ _____</p> <p>Other \$ _____</p> <p><i>Miscellaneous</i></p>
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Total Income \$ \_\_\_\_\_ - Total Expenses \$ \_\_\_\_\_ =

\$ \_\_\_\_\_  
**Shortage Overage**  
(Circle One)

# Sac and Fox Nation Emergency Pantry

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Name \_\_\_\_\_

Date \_\_\_\_\_

*Following are monthly limits per family member enrolled in Family Preservation*

## **1 Each Maximum**

\_\_\_ Diapers Size \_\_\_\_\_

\_\_\_ Wipes

\_\_\_ Formula

\_\_\_ Diaper Rash Ointment

\_\_\_ Bottles

\_\_\_ Baby Lotion

\_\_\_ Baby Powder

\_\_\_ Baby Wash

\_\_\_ Shampoo/Conditioner (Adults)

\_\_\_ 3 in 1 Soap (kids)

\_\_\_ Deodorant (men)

\_\_\_ Deodorant (women )

\_\_\_ Toothpaste

\_\_\_ Toothbrushes

\_\_\_ Soap (bar)

\_\_\_ Feminine Pads

\_\_\_ Toilet Paper

\_\_\_ Paper Towels

\_\_\_ Laundry Soap \*\*Limit 1 Per Household

## **2 Each Maximum**

\_\_\_ Mashed Potatoes

\_\_\_ Hamburger Helper

\_\_\_ Chicken Breast (canned)

\_\_\_ Tuna (canned)

\_\_\_ Spaghettios

\_\_\_ Pork and Beans

\_\_\_ Vegetable Medley

\_\_\_ Carrots

\_\_\_ Peas

\_\_\_ Corn

\_\_\_ Green Beans

\_\_\_ Peaches

\_\_\_ Fruit Mix

\_\_\_ Pears

\_\_\_ Macaroni and Cheese

\_\_\_ Ramen Noodles

\_\_\_ Soup

## **1 Each Maximum**

\_\_\_ Applesauce

\_\_\_ Spaghetti Sauce

\_\_\_ Cheerios

\_\_\_ Apple Juice

\_\_\_ Spaghetti

\_\_\_ Elbow Macaroni

\_\_\_ Hamburger

\_\_\_ Hotdogs

\_\_\_ Ham

\*\*\*\*Received School Supplies:

Yes    No

**Client Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

**Social Services Director**\_\_\_\_\_

**Date**\_\_\_\_\_