

# INSTRUCTIONS



## **BIA Financial Assistance & Social Service Program Report**

*Bureau of Indian Affairs · Office of Indian Service · Division of Human Services*

*January, 2015*

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## INTRODUCTION

The 2014 Financial Assistance and Social Service Report (FASSR) is the only report that Bureau of Indian Affairs (BIA) agencies and tribes operating under Indian Self-Determination and Education Assistance Act (ISDEAA) Title I Contracts, ISDEAA Self-Governance Funding Agreements and Public Law (Pub. L.) 102-477 (477) Plans will be required to submit for the Welfare Assistance Program.

The BIA, Office of Indian Services (OIS), Division of Human Services (DHS) requests that the following instructions be used by the BIA Regional offices, BIA agencies, the Office of Indian Energy and Economic Development (OIEED), the Office of Self Governance (OSG), and tribal programs the completion of the 2014 FASSR.

The 2014 FASSR is available electronically on the BIA, OIS, DHS's website at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/HumanServices/index.htm>

The 2014 FASSR must be completed, certified, and submitted electronically in the Microsoft Excel format. Handwritten reports and PDF reports will not be accepted. The 2014 FASSR can be completed by following the step-by-step instructions included in this document. The instructions include pictures, a narrative template, and more examples for you to reference for clarification as you go through the steps for completion.

All fiscal year (FY) tribes, calendar year (CY) tribes, and BIA agencies must submit the 2014 FASSR. If a tribe or BIA agency does not submit a 2014 FASSR, it will not receive funding in the final distribution of 2015 Welfare Assistance. The 2014 FASSR contains two sections: a Data Section and a Narrative Section

## 1.) GUIDANCE FOR SELF GOVERNANCE TRIBES (OSG)

Tribes operating under ISDEAA Self-Governance Funding Agreements, including those tribes operating the General Assistance program under an approved Pub. L. 102-477 plan, will submit their 2014 FASSR to the Office of Self-Governance.

Primary contact for the OSG, 2014 FASSRs:

U.S. Department of the Interior  
Office of the Secretary  
Office of Self Governance  
Ken Reinfeld, Senior Policy/Program Analyst  
12220 Sunrise Valley Drive--Room 6061  
Reston, Virginia. 20191  
IPhone: (202) 821-7107  
Fax: (202) 219-1404  
Phone: (703) 390-6551  
E-Mail: [Kenneth.Reinfeld@bia.gov](mailto:Kenneth.Reinfeld@bia.gov)

*Fiscal Year Self-Governance Tribes* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology.

*Calendar Year Self-Governance Tribes* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology..

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance. Other financial assistance programs operated by the Tribe will be provided based on expenditures reported in 2014 FASSR. It is requested that tribal redesign programs also include General Assistance information on the 2014 FASSR.

## 2.) GUIDANCE FOR P.L. 102-477 TRIBES, NOT PARTICIPATING IN TRIBAL SELF GOVERNANCE

Tribes operating the General Assistance program under an approved Pub. L. 102-477 Plan, through an ISDEAA Title I Contract, will submit their 2014 FASSR to the Office of Indian Energy and Economic Development.

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, i.e. a tribe who operates their 477 plan from June 1<sup>st</sup> through May 31<sup>st</sup>, would report data on the 2014 FASSR on the fiscal year, from October 1<sup>st</sup> to September 30<sup>th</sup>.

Primary contact for the OIEED, 2014 FASSRs:

U.S. Department of the Interior  
Office of the Secretary  
Office of Indian Energy and Economic Development (OIEED)  
Office of Workforce Development  
Francis Dunn, Acting Division Chief  
1951 Constitution Ave, NW MS-20-SIB  
Phone: 907-271-4014  
Cell: 907-793-7354  
Email: [francis.dunne@bia.gov](mailto:francis.dunne@bia.gov)  
Washington, DC 20245

*Fiscal Year programs* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology.

*Calendar Year programs* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology.

*Note:* Other financial assistance programs operated by the Tribe will be provided based on expenditures reported on the 2014 FASSR.

### 3. GUIDANCE FOR BIA-OPERATED AND P.L. 93-638 TRIBES

Tribes operating under an ISDEAA Title I Contract or are a BIA-operated program must submit their 2014 FASSR to their respective BIA Regional Office, please see page 7 which provides the regional contact each region.

*Fiscal Year programs* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology.

*Calendar Year programs* are to submit the 2014 FASSR within 45 calendar days from the date of the 2015 Welfare Assistance Distribution Methodology.

Tribes operating their General Assistance under a tribal redesign plan receive a fixed amount for General Assistance. Other financial assistance programs operated by the Tribe will be provided based on expenditures reported in the 2014 FASSR. It is requested that tribal redesign programs also include General Assistance information on the 2014 FASSR.

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)

## BIA REGIONAL SOCIAL WORKER CONTACT INFORMATION

<p><b><u>ALASKA REGION</u></b></p> <p><b>Gloria Gorman</b> Human Services Director Email: <a href="mailto:Gloria.Gorman@bia.gov">Gloria.Gorman@bia.gov</a></p> <p>3601 C Street, Suite 1100 Anchorage, Alaska 99503</p> <p><b>MAIN:</b> 907.271.4111 <b>FAX:</b> 907.271.4083</p>	<p><b><u>EASTERN OKLAHOMA REGION</u></b></p> <p><b>Clarissa Cole</b> Supervisory Social Worker Email: <a href="mailto:Clarissa.Cole@bia.gov">Clarissa.Cole@bia.gov</a></p> <p>P.O. Box 8002 3100 West Peak Boulevard Muskogee, OK 74401</p> <p><b>MAIN:</b> 918.781.4613 <b>FAX:</b> 918.781.4649</p>	<p><b><u>EASTERN REGION</u></b></p> <p><b>Ofelia De La Rosa</b> Acting Regional Social Worker (located at Southern Plains Region) Email: <a href="mailto:Ofelia.DeLaRosa@bia.gov">Ofelia.DeLaRosa@bia.gov</a></p> <p>545 Marriott Drive, Suite 700 Nashville, TN 37214</p> <p><b>MAIN:</b> 615.564.6500 <b>FAX:</b> 615.564.6547</p>
<p><b><u>GREAT PLAINS REGION</u></b></p> <p><b>George Peterson</b> Regional Social Worker Email: <a href="mailto:George.Peterson@bia.gov">George.Peterson@bia.gov</a></p> <p>115 4<sup>th</sup> Avenue SE Aberdeen, SD 57401</p> <p><b>MAIN:</b> 605.226.7351 <b>FAX:</b> 605.226.7643</p>	<p><b><u>MIDWEST REGION</u></b></p> <p><b>Valerie J. Vasquez</b> Regional Social Worker Email: <a href="mailto:Valerie.Vasquez@bia.gov">Valerie.Vasquez@bia.gov</a></p> <p>Norman Pointe II Building 5600 W. American Blvd, Suite 500 Bloomington, MN 55437</p> <p><b>MAIN:</b> 612.725.4572 <b>FAX:</b> 612.713.4439</p>	<p><b><u>NAVAJO REGION</u></b></p> <p><b>Marie Eastman</b> Regional Social Worker Email: <a href="mailto:Marie.Eastman@bia.gov">Marie.Eastman@bia.gov</a></p> <p>301 West Hill Street Gallup, NM 87031</p> <p><b>MAIN:</b> 505.863.8215 <b>FAX:</b> 505.863.8292</p>
<p><b><u>NORTHWEST REGION</u></b></p> <p><b>Rita Sage</b> Regional Social Worker Email: <a href="mailto:Rita.Sage@bia.gov">Rita.Sage@bia.gov</a></p> <p>911 NE 11<sup>th</sup> Avenue Portland, OR 97232</p> <p><b>MAIN:</b> 503.231.6785 <b>FAX:</b> 503.231.2182</p>	<p><b><u>PACIFIC REGION</u></b></p> <p><b>Michelle Deason</b> Regional Social Worker Email: <a href="mailto:Michelle.Deason@bia.gov">Michelle.Deason@bia.gov</a></p> <p>Federal Building 2800 Cottage Way, W-2820 Sacramento, CA 95825</p> <p><b>MAIN:</b> 916.978.6048 <b>FAX:</b> 916.978.6099</p>	<p><b><u>ROCKY MOUNTAIN REGION</u></b></p> <p><b>Louise Reyes</b> Acting Regional Social Worker Email: <a href="mailto:Louise.Zokan-delosreyes@bia.gov">Louise.Zokan-delosreyes@bia.gov</a></p> <p>316 North 26<sup>th</sup> Street Billings, MT 59101</p> <p><b>MAIN:</b> 406.247.7988 x 276 <b>FAX:</b> 406.247.7566</p>
<p><b><u>SOUTHERN PLAINS REGION</u></b></p> <p><b>Ofelia De La Rosa</b> Regional Social Worker Email: <a href="mailto:Ofelia.DeLaRosa@bia.gov">Ofelia.DeLaRosa@bia.gov</a></p> <p>P.O. Box 368 Anadarko, OK 73005</p> <p><b>MAIN:</b> 405.247.6673 <b>FAX:</b> 405.247.2895</p>	<p><b><u>SOUTHWEST REGION</u></b></p> <p><b>Sandra McCook</b> Regional Social Worker Email: <a href="mailto:Sandra.McCook@bia.gov">Sandra.McCook@bia.gov</a></p> <p>1001 Indian School Road Albuquerque, NM 87104</p> <p><b>MAIN:</b> 505.563.3520 <b>FAX:</b> 505.563.3058</p>	<p><b><u>WESTERN REGION</u></b></p> <p><b>Marge Eagleman</b> Regional Social Worker Email: <a href="mailto:Marjorie.Eagleman@bia.gov">Marjorie.Eagleman@bia.gov</a></p> <p>2600 N. Central Avenue, 4<sup>th</sup> Floor Mailroom Phoenix, AZ 85004</p> <p><b>MAIN:</b> 602.379.6785 <b>FAX:</b> 602.379.3010</p>

# SECTION 1: DATA SECTION OF THE FASSR

## STEP 1:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) 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)		N Total Actual Persons Served	P Expenditures (Sum of All Four Quarters)	Q Amount Allocated	R Surplus or Deficit
A	B	D	E	G	H	J	K	M				
Program Component	Actual Persons Served	Expenditure s	Actual Persons Served	Expenditure s	Actual Persons Served	Expenditure s	Actual Persons Served	Expenditure s				
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>638 Tribe/BIA Agency Program Certification (Only)</b>						<b>OSG or 477 Program Certification (Only)</b>						
TRIBE/AGENCY ELECTRONIC SIGNATURE (Insert name/Title): DATE:						TRIBE ELECTRONIC SIGNATURE (Insert Name/Title): DATE:						
AGENCY SUPERINTENDENT ELECTRONIC SIGNATURE (Certify) DATE:						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT ELECTRONIC SIGNATURE (Certify) DATE:						
REGIONAL SOCIAL WORKER ELECTRONIC SIGNATURE (Certify) DATE:						10.01.2014						

Data Section / Narrative Section

In Microsoft Excel, click on the **Data Section** tab as shown above.

**STEP 2:**

FISCAL YEAR or CALENDAR YEAR										FY/ CY 2014			
2014 BIA Financial Assistance and Social Services Report (FASSR) 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		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00	
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00	
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00	
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00	

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

Example: *Fiscal Year 2014*

Example: *Calendar Year 2014*

FISCAL YEAR 2014												
TRIBE/AGENCY	FIB											
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)					

CALENDAR YEAR 2014												
TRIBE/AGENCY	FI											
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)					

**STEP 3:**

FISCAL YEAR 2014													
2014 BIA Financial Assistance and Social Services Report (FASSR) Form													
TRIBE/AGENCY	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER								
	Actual		Actual		Actual								
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)								

Type the name of the **Tribe** or **Agency** that is preparing the BIA Financial Assistance & Social Service Program Report Form.

CALENDAR YEAR 2014													
2014 BIA Financial Assistance and Social Services Report (FASSR) Form													
SAINT REGIS MOHAWK TRIBE	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER								
	Actual		Actual		Actual								
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)								

**STEP 4:**

<b>CALENDAR YEAR 2014</b>			
<b>2014 BIA Financial Assistance and Social Services</b>			
<b>SAINT REGIS MOHAWK TRIBE</b>		<b>FIRST QUARTER</b>	<b>SECOND QUARTER</b>
		Actual	Actual
<b>OSG</b>	<b>BIA</b>	<b>477</b>	<b>638</b>
		(Month-Month-Month)	(Month-Month-Month)

Identify the type of program the Financial Assistance and Social Services programs are operated through: OSG, BIA, 477, or 638, or a Combination.

**OSG:** Tribes operating the Financial Assistance and Social Services Program under ISDEAA Self-Governance Funding Agreements

**638:** Tribes operating the Financial Assistance and Social Services Program under ISDEAA Title I Contracts.

**BIA:** The BIA is operating the Financial Assistance and Social Services Programs.

**477:** Tribes operating the General Assistance program under an approved Public Law 102-477 Plan, through an ISDEAA Title I Contract

*Example: 638*

<b>CALENDAR YEAR 2014</b>	
<b>2014 BIA Financial Assistance and Social Services</b>	
<b>SAINT REGIS MOHAWK TRIBE</b>	<b>FIR</b>
<b>638</b>	(Month-Month-Month)

## STEP 5:

2014 BIA Financial Assistance and Social Services Report (FASSR) Form											
AR or CALENDAR YEAR											
CY											
			FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		
			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
Program Component			Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Actual Persons Served

In Row 5, type the months for which you are reporting in each quarter, either **Fiscal Year** (October 1<sup>st</sup> through September 30<sup>th</sup>) or **Calendar Year** (January 1<sup>st</sup> through December 31<sup>st</sup>).

*Example: Fiscal Year*

CALENDAR YEAR				
BIA FINANCIAL ASSISTANCE				
FIRST QUARTER		SECOND QUARTER		
Actual				
Oct-Nov-Dec		(Month-		
A	B	D	E	
Component	Actual Persons Served	Expenditures	Actual Persons Served	

*Example: Calendar Year*

CALENDAR YEAR				
BIA FINANCIAL ASSISTANCE				
FIRST QUARTER		SECOND QUARTER		
Actual				
Jan-Feb-Mar		(Month-		
A	B	D	E	
Component	Actual Persons Served	Expenditures	Actual Persons Served	

*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.*

# STEP 6:

FISCAL YEAR OR CALENDAR YEAR															
BIA Financial Assistance and Social Services Report (FASSR) Form															
TRIBE/AGENCY				FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
OSG	BIA	477	638	Actual (Month-Month)		Actual (Month-Month)		Actual (Month-Month)		Actual (Month-Month)		N	P	Q	R
A				B	D	E	G	H	J	K	M				
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
<b>Child Assistance</b>															
Foster Care					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>															
Homemaker Services					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
General Assistance				0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable												0			
Unemployable												0			
Individual Self-Sufficiency Plan (ISP)												0			
ISP Goals Completed												0			
Applications Approved												0			
Applications Disapproved												0			
Burial Assistance					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Emergency Assistance					\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>ITM Accounts</b>															
Services												0			
Distribution Plans Processed												0			
<b>Services Only</b>															
Child Protection												0			
Adult Protection												0			
Child and Family Services												0			
<b>Total</b>				<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
638 Tribe/BIA Agency Program Certification (O, 1/2)								OSG or 477 Program Certification (Only)							
TRIBE/AGENCY ELECTRONIC SIGNATURE (Insert name/Title): DATE:								TRIBE ELECTRONIC SIGNATURE (Insert Name/Title): DATE:							
AGENCY SUPERINTENDENT ELECTRONIC SIGNATURE (Certify) DATE:								OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT ELECTRONIC SIGNATURE (Certify) DATE:							
REGIONAL SOCIAL WORKER ELECTRONIC SIGNATURE (Certify) DATE:								10.01.2014							

## 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

**Example**

Tribe A: FISCAL YEAR

**Client 1:** An Unemployable client with a household of one receives General Assistance for the months of October, November, and December at a rate of \$100 per month. You would count that person a total of three times, once for each month for Quarter 1 at a total cost of \$300. (See Below)

**Client 2:** An Employable client with a household of two receives General Assistance for the months of November and December at a rate of \$250 per month. You would count the total household of 2 for each month in Quarter 1 for a total served of 4 at a total cost of \$500. (See below)

FISCAL YEAR				
Month:	10/13	11/13	12/13	Q1 Total
Unemployable Client 1	1	1	1	3
Cost:	\$100	\$100	\$100	\$300
Employable Client 2	0	2	2	4
Cost:	0	\$250	\$250	\$500

Based on this scenario, you would have served a total of 7 General Assistance clients in Quarter 1: 3-Unemployable & 4-Employable, for a total of 7 Actual Person Served, at a total cost of \$800

NAME OF TRIBE/AGENCY	FIRST QUARTER	
	Actual	
BIA OSG 638 477	Oct-Nov-Dec	
A	B	D
Program Component	Actual Persons Served	Expenditures
<b>Child Assistance</b>		
Foster Care		\$0.00
Residential Care		\$0.00
Adoption Subsidy		\$0.00
Guardianship Subsidy		\$0.00
Special Needs		\$0.00
Homemaker Services		\$0.00
<b>Adult Care Assistance</b>		
Homemaker Services		\$0.00
Residential Care (group home)		\$0.00
<b>General Assistance</b>	7	\$800.00
Employable	4	
Unemployable	3	
Individual Self-Sufficiency Plan (ISP)		

# STEP 7:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) 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	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
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
638 Tribe/BIA Agency Program Certification (Only)							OSG or 477 Program Certification (Only)					
TRIBE/AGENCY ELECTRONIC SIGNATURE (Insert name/Title): DATE:						TRIBE ELECTRONIC SIGNATURE (Insert Name/Title):			DATE:			
AGENCY SUPERINTENDENT ELECTRONIC SIGNATURE (Certify): DATE:						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT ELECTRONIC SIGNATURE (Certify)			DATE:			
REGIONAL SOCIAL WORKER ELECTRONIC SIGNATURE (Certify): DATE:												10.01.2014

For the End-of-Year Status, **Column N: Total Actual Persons Served**

The SUM of 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 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 (Sum of Employable + Unemployable)
- 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.

(Column B (First Quarter) + Column E (Second Quarter) + Column H (Third Quarter) + Column K (Fourth Quarter) = Column N (Total Actual Persons Served)).

**Example:**  
 Tribe B: Calendar Year

**Client 1:** A single employable recipient receives General Assistance for the following: two months in the first quarter at a rate of \$150, once in the second quarter at a rate of \$200, each month in the third quarter at a rate of \$200, and one month in the fourth quarter at a rate of \$200. The client would be counted a total of 7 times at the end of the calendar year, under Column N, Actual Person Served under Total Employable for a total cost of \$1,300.

**Client 2:** The Head of Household is Employable; the rate is a household of three. The family receives the following assistance for the following months in the 2014 Calendar Year. Two months in the first quarter at a rate of \$250, three months in the second quarter at a rate of \$275, once in the third quarter at a rate of \$275, and each month in the fourth quarter at a rate of \$250. The family would be counted a total of 27 at a cost of \$2,450.

Based on this scenario, you would have a total of 34 Actual Persons Served for General Assistance for the Calendar Year at a total cost of \$3,750.

**TRIBE A**

CALENDAR YEAR													
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
Month:	01/14	02/14	03/14	04/14	05/14	06/14	07/14	08/14	09/14	10/14	11/14	12/14	Total
Client1:	1	0	1	1	0	0	1	1	1	0	1	0	7
Cost:	\$150	0	\$150	\$200	0	0	\$200	\$200	\$200	0	\$200	0	\$1,300
Client2:	3		3	3	3	3		3		3	3	3	27
Cost:	\$250		\$275	\$275	\$275	\$275		\$275		\$275	\$275	\$275	\$2,450

NAME OF TRIBE/AGENCY	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR	
	Actual		Actual		Actual		Actual			
	Oct-Nov-Dec		Jan-Feb-March		April-May-June		July-Aug-Sept		N	P
A	B	D	E	G	H	I	K	M	N	P
Program Component	Actual Persons Served	Expenditures	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)						
<b>Child Assistance</b>										
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
<b>Adult Care Assistance</b>										
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00
<b>General Assistance</b>	8	\$825.00	10	\$1,025.00	6	\$875.00	10	\$1,025.00	34	\$3,750.00
Employable	8		10		6		10		34	
Unemployable	0		0		0		0		0	
Individual Self-Sufficiency Plan (ISDP)									0	

# STEP 8:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) 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	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
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)						
TRIBE/AGENCY ELECTRONIC SIGNATURE (Insert name/Title): DATE:						TRIBE ELECTRONIC SIGNATURE (Insert Name/Title): DATE:						
AGENCY SUPERINTENDENT ELECTRONIC SIGNATURE (Certif DATE:						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT ELECTRONIC SIGNATURE (Certify) DATE:						
REGIONAL SOCIAL WORKER ELECTRONIC SIGNATURE (Cert DATE:						10.01.2014						

## 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

# STEP 9:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) Form												
TRIBE/AGENCY	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		N	P	Q	R
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
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)						

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 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) |  |

[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)*

# STEP 10:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) Form												
TRIBE/AGENCY	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
	Actual		Actual		Actual		Actual		N	P	Q	R
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	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures				
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)						
TRIBE/AGENCY ELECTRONIC SIGNATURE (Last Name/Title):						TRIBE ELECTRONIC SIGNATURE (Last Name/Title):						
DATE:						DATE:						

## 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 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

*Amount Allocated:* Is the total amount of Welfare Assistance funds that your program received was allocated BIA during that fiscal or calendar year, including carryover from the previous funding year.

**Example:** A tribe receives \$28,000 in FY2014 Welfare Assistance funding. The tribe had \$5,000 available in carryover funding from FY2013 into FY2014 on October 1<sup>st</sup> of the FY2014 funding year. The tribe would report \$33,000 as the Amount Allocated on the 2014 FASSR, column Q, as the tribe had \$33,000 to “available to spend” in FY2014.

# STEP 11:

FISCAL YEAR OR CALENDAR YEAR												
BIA Financial Assistance and Social Services Report (FASSR) Form												
TRIBE/AGENCY	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
OSG BIA 477 638	(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		(Month-Month-Month)		N	P	Q	R
A	B	D	E	G	H	J	K	M	Total Actual Persons Served	Expenditures (Sum of All Four Quarters)	Amount Allocated	Surplus or Deficit
Program Component	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures				
<b>Child Assistance</b>												
Foster Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Adoption Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Guardianship Subsidy		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Special Needs		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Adult Care Assistance</b>												
Homemaker Services		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
Residential Care (group home)		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>General Assistance</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Employable									0			
Unemployable									0			
Individual Self-Sufficiency Plan (ISP)									0			
ISP Goals Completed									0			
Applications Approved									0			
Applications Disapproved									0			
<b>Burial Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>Emergency Assistance</b>		\$0.00		\$0.00		\$0.00		\$0.00	0	\$0.00	\$0.00	\$0.00
<b>IIM Accounts</b>												
Services									0			
Distribution Plans Processed									0			
<b>Services Only</b>												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
<b>Total</b>	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)						

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: Surplus is the amount of funding that is still available at the end of the operating 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 Section of the FASSR.

## STEP 12:

BIA ACCOUNTS													
Services											0		
Distribution Plans Processed											0		
<b>Services Only</b>													
Child Protection											0		
Adult Protection											0		
Child and Family Services											0		
<b>Total</b>		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00
<b>638 Tribe/BIA Agency Program Certification (Only)</b>						<b>OSG or 477 Program Certification (Only)</b>							
TRIBE/AGENCY ELECTRONIC SIGNATURE (Insert name/Title): DATE:						TRIBE ELECTRONIC SIGNATURE (Insert Name/Title): DATE:							
AGENCY SUPERINTENDENT ELECTRONIC SIGNATURE (Certify) DATE:						OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT ELECTRONIC SIGNATURE (Certify) DATE:							
REGIONAL SOCIAL WORKER ELECTRONIC SIGNATURE (Certify) DATE:													

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 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):

This section is for those Tribes that operated under ISDEAA Self-Governance Funding Agreement or Operate the General Assistance program through an approved P.L. 102-477 program, are to complete this section.

*Tribe:* The person that will certify the report on behalf of the tribal program.

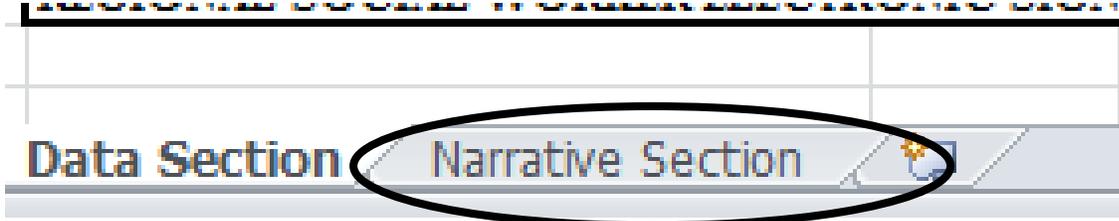
*Office of Self Governance/Office of Indian Energy and Economic Development:* Is the federal certifier for the report.

**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.

## SECTION 2: NARRATIVE SECTION OF THE FASSR

### STEP 13:



In Microsoft Excel, click on the **Narrative Section** tab as shown above. Complete the narrative for your program by typing answers to the questions. Be sure to Type the Name of the Tribe or BIA Agency in the Narrative. This name should match the name written in the Data Section of the Report. For example: In the Data Section – we identified the Saint Regis Mohawk Tribe, the same would be identified in the Narrative Section.

SAINT REGIS MOHAWK TRIBE	
FY/CY 2014 - SECTION II: THE NARRATIVE	
<b>Instructions:</b> Complete the Narrative below by answering the following questions. Some questions, are yes or no, others are fillable narrative form. Be as detailed as possible, as the Narrative is intended to tell the story of your program and the numbers you reported on the data portion of the report.	
<b>Question #1:</b> Does your Social Services Program respond to and investigate allegations of child abuse and neglect? [Please answer Yes or No]:	YES OR NO
<b>Question #1a:</b> If you answered NO, to question #1, please briefly explain who is responsible for responding to and investigating allegations of abuse and neglect for your tribal community. For example, in states that fall under P.L. 38-280, the state is typically responsible for this.	
Type Here.	
<b>Question #2:</b> Does your Tribal or BIA Social Services Program place Indian children in out-of-home care when needed? [Please answer Yes or No]	
<b>Question #2a:</b> If you answered NO, to question #2, please briefly explain who is responsible for placing Indian Children in out-of-home care when needed.	
Type Here.	
<b>Question #3:</b> Does your Tribe operate its own Foster Care Program (Please answer Yes or No)?	
Type Here	
<b>Question #4:</b> (1-2 paragraphs) Briefly describe the community(is) or tribe(s) that you provide services to (i.e. any information that you feel will help us understand more about your program, <u>include the following information:</u> Tribes served, counties served, location, climate, demographics, culture, economy, employment, housing, crime, abuse statistics).	
Type Here.	
<b>Question #5:</b> What type of delivery method is your program? (Is your GA operated through an approved 477-plan (477), do you have a ISDEAA Contract to operate the program under P.L. 93-638 (638), are you a BIA-operated program (BIA), or are you a Self-Governance Tribe (OSG), or a Combination of these? (For example, 638-477, your tribe has a 638 contract but operates General Assistance through a 477-plan.)	
Insert Answer Here	

## **STEP 14:**

Submit your completed 2014 FASSR 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.*

(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.