



Navajo Division of Social Services
 Department for Self Reliance
REQUEST FOR DIVERSION BENEFITS

Please read the entire application form and clearly print all your answers in blue/black ink.

Name: Last			First		Middle		Other name(s) used					FOR OFFICE USE ONLY NOTES
Primary Phone Number				Secondary/Message Phone Number			E-Mail Address:					
Mailing Address (Box Number or Street Address)						City		State		Zip		
Physical / Rural / Residential Address						City		State		Zip		
1. How long have you lived at your current physical/residential address (number of years/months/days)? _____												
2. Family members – List all members of your family:												
NAME	SSN	Tribal Enrollment Number	Date of Birth	Relation to Applicant	US Citizen		Ethnicity	Gender				
					Y	N		M	F			
3. Have you, or a household member, ever applied for, or received, TANF assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes												
IF YES: From which State/Tribe? _____ When? _____												
Contact Person/Phone number: _____												

4. Have you, or a household member, ever received a Diversion Benefit? No Yes
 IF YES: From which State/Tribe? _____ When? _____

5. Have you, or any household member, ever been disqualified from TANF, Food Stamps, or other public assistance program?
 No Yes If YES, who? _____ When? _____ What program? _____

6. Is anyone in your family currently self-employed? No Yes If YES, complete the following:

Name	Type of Employment/Business Name	Monthly Gross Income	Monthly Business Expenses

7. Is anyone in your family currently employed by others? No Yes If YES, complete the following

Name	Employer's Name and Address	Date of Employment	Hours per week	Monthly Gross Income

8. Is anyone in your family receiving income from other sources (child support, unemployment, per capita, disability, etc.)? No Yes

Type of Income	Who receives income	Amount Received?	How often is the income received? (Monthly, Bi-weekly, Weekly, etc.)

9. Who has a barrier which resulted in loss of employment; is preventing him/her from accepting a job offer, or is putting his/her job at risk? _____
 What is the barrier? _____

 Name of Employer/Contact Person _____ Phone Number _____

ACKNOWLEDGEMENT/CERTIFICATION SHEET

INITIALS	PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE YOU UNDERSTAND THE INFORMATION PROVIDED IN THE SECTION AND SIGN THE APPLICATION (For Two-Parent applications, both Parents must sign)
___/___	CUSTOMER RESPONSIBILITY – I understand and acknowledge I am responsible for providing complete and accurate information and cooperating with DSR staff, including, if necessary, investigations.
___/___	CONFIDENTIALITY – I understand information obtained to determine my eligibility is confidential and, in compliance with the Navajo Nation Privacy and Access to Information Act, may not be released to a third party, unless I sign a Notarized Release of Information form authorizing the release of information to the third party.
___/___	DECISION NOT APPEALABLE – I understand the decision made regarding my eligibility for Diversion Benefits cannot be appealed. I also understand that if I am not eligible for Diversion Benefits, I have the right to apply for DSR Monthly Assistance.
___/___	RELEASE OF INFORMATION – I authorize DSR to contact any other agency to obtain information necessary to determine my eligibility for DSR assistance/benefits. I also authorize DSR to access my information stored in the DSR data base to verify information I have provided and to prevent duplication of assistance.
___/___	FRAUD PENALTIES – I understand if I intentionally provided false information, or withhold information, in order to make my family eligible for DSR Diversion Benefits, which my family would otherwise be ineligible to receive, I and, if applicable, the other parent may be disqualified from receiving DSR assistance and benefits. In addition, I may be subject to criminal penalties under applicable tribal, state or federal laws.

SIGNATURES

_____	_____	_____
Head of Household's Signature	Print Name	Date
_____	_____	_____
Spouse's Signature (Two-Parent Household)	Print Name	Date

FOR OFFICE USE ONLY

_____	_____	_____	_____
Interviewer's Signature	Print Name	Title	Date
DATE OF REQUEST: ___/___/___	INTERVIEW DATE: ___/___/___	DECISION DATE: ___/___/___	

DRAW A MAP TO YOUR RESIDENCE (Identify landmark sites, mile posts, location of significant buildings/structures, major roads. Indicate miles and direction.)



Miles from home to DSR Office: _____

Additional Information

Use this page to provide additional information, questions, concerns, or comments.

**FOR OFFICE USE ONLY
NOTES**