

INSTRUCTIONS



BIA Financial Assistance & Social Service Program Report

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

As of May, 2018

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INTRODUCTION

The Bureau of Indian Affairs (BIA) distributes welfare assistance funds to Tribes and BIA agencies based on an approved funding distribution methodology.

This methodology is used to facilitate fair and equitable treatment of potential recipients of welfare assistance funds; to address shortfalls in funding; and to avoid the shutdown of one or more welfare assistance programs.

Distribution of welfare assistance funds to Tribes are made in accordance with each Tribe's self-determination contract or self-governance funding agreement.

The Financial Assistance and Social Service Report (FASSR) is required for the welfare assistance program. The FASSR is used to determine the amount of welfare assistance funding to distribute to Tribes and BIA agencies each FY/Calendar Year (CY). It is also used to prepare and submit a RAF. The FASSR is the only report 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 each Fiscal Year (FY) or Calendar Year (CY).

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 Services – Division of Workforce Development (DWD), the Office of Self Governance (OSG), and tribal programs in the completion of the FASSR.

The FASSR is available electronically on the BIA website at:

<https://www.bia.gov/policy-forms/online-forms>

For a copy of the welfare assistance funding distribution methodology please visit the BIA website at:

https://www.bia.gov/sites/bia.gov/files/assets/public/raca/manual/pdf/70%20IAM%203%20FASSR_SIGNED%2012.14.17_with%20footer_508compliant_0.pdf

The FASSR must be completed, certified, and submitted electronically in the Microsoft Excel format. Handwritten reports and PDF reports will not be accepted. The 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 FASSR. If a tribe or BIA agency does not submit a FASSR, it will not receive funding in the final distribution of Welfare Assistance funding. The FASSR contains two sections: a Data Section and a Narrative Section

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 FASSR to the Office of Self-Governance.

Primary contact for the OSG, FASSRs:

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

Due Dates for the submission of the FASSR by Self-Governance Tribes

Annually, FY Self-Governance Tribes are to submit the FASSR by October 31st.

Annually, CY Self-Governance Tribes are to submit the FASSR by January 31st.

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

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 FASSR to the OIS, DWD.

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 1st through May 31st, would report data on the FASSR on the fiscal year, from October 1st to September 30th.

Primary contact for the OIS, Division of Workforce Development:

U.S. Department of the Interior
Bureau of Indian Affairs
Division of Workforce Development
Mr. Terrence Parks, Acting Division Chief
1849 C. Street, NW
MIB-MS: 4513
Washington, DC 20240
Email: Terrence.Parks@bia.gov
Phone: (202) 513-7625

Annually, FY Tribes are to submit the FASSR by October 31st.

Annually, CY Tribes are to submit the FASSR by January 31st.

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

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

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

Annually, FY Tribes and BIA agencies are to submit the FASSR by October 31st.

Annually, CY Tribes are to submit the FASSR by January 31st.

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

Note: P.L. 102- 477 tribes operating Child Assistance, Adult Care Assistance, Burial Assistance and Emergency Assistance outside of an approved P.L. 102-477 plan, is to report on these programs 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)

<p style="text-align: center;"><u>Alaska Region</u></p> <p>Gloria Gorman Human Services Director Email: Gloria.Gorman@bia.gov</p> <p>3601 C. Street, Suite 1100 Anchorage, Alaska 99503</p> <p>Main: 907.271.4111 Fax: 907.271.4083</p>	<p style="text-align: center;"><u>Eastern Oklahoma Region</u></p> <p>Clarissa Cole Regional Social Worker Email: Clarissa.Cole@bia.gov</p> <p>P.O. Box 8002 3100 West Peak Boulevard Muskogee, OK 74401</p> <p>Main: 918.781.4613 Fax: 918.781.4649</p>	<p style="text-align: center;"><u>Eastern Region</u></p> <p>Jodi Abbott Regional Social Worker Email: Jodi.Abbott@bia.gov</p> <p>545 Marriott Drive, Suite 700 Nashville, TN 37214</p> <p>MAIN: 615.564.6500 FAX: 615.564.6547</p>
<p style="text-align: center;"><u>Great Plains Region</u></p> <p>Sherry Kazhe-Garcia Regional Social Worker Email: Sherry.kazhe-garcia@bia.gov</p> <p>115 4th Avenue SE Aberdeen, SD 57401</p> <p>MAIN: 605.226.7351 FAX: 605.226.7643</p>	<p style="text-align: center;"><u>Midwest Region</u></p> <p>Valerie J. Vasquez-Braun Regional Social Worker Email: Valerie.Vasquez@bia.gov</p> <p>Norman Pointe II Building 5600 W. American Blvd, Suite 500 Bloomington, MN 55437</p> <p>MAIN: 612.725.4572 FAX: 612.713.4439</p>	<p style="text-align: center;"><u>Navajo Region</u></p> <p>Jane Jackson-Bear Regional Social Worker (Acting) Email: Jane.Jackson-Bear@bia.gov</p> <p>301 West Hill Street Gallup, NM 87031</p> <p>MAIN: 505.863.8213 FAX: 505.863.8292</p>
<p style="text-align: center;"><u>Northwest Region</u></p> <p>Rita Sage Regional Social Worker Email: Rita.Sage@bia.gov</p> <p>911 NE 11th Avenue Portland, OR 97232</p> <p>MAIN: 503.231.6785 FAX: 503.231.2182</p>	<p style="text-align: center;"><u>Pacific Region</u></p> <p>Carol Shopteese Regional Social Worker Email: Carol.Shopteese@bia.gov</p> <p>Federal Building 2800 Cottage Way, W-2820 Sacramento, CA 95825</p> <p>MAIN: 916.978.6048 FAX: 916.978.6099</p>	<p style="text-align: center;"><u>Rocky Mountain Region</u></p> <p>Marshelle Lambert Regional Social Worker Email: Marshelle.Lambert@bia.gov</p> <p>2021 4th Avenue North Billings, MT 59101</p> <p>MAIN: 406.247.7970 FAX: 406.247.7566</p>
<p style="text-align: center;"><u>Southern Plains Region</u></p> <p>Ofelia De La Rosa Regional Social Worker Email: Ofelia.DeLaRosa@bia.gov</p> <p>P.O. Box 368 Anadarko, OK 73005</p> <p>MAIN: 405.247.6673 FAX: 405.247.2895</p>	<p style="text-align: center;"><u>Southwest Region</u></p> <p>Sandra McCook Regional Social Worker Email: Sandra.McCook@bia.gov</p> <p>1001 Indian School Road Albuquerque, NM 87104</p> <p>MAIN: 505.563.3520 FAX: 505.563.3058</p>	<p style="text-align: center;"><u>Western Region</u></p> <p>Marge Eagleman Regional Social Worker Email: Marjorie.Eagleman@bia.gov</p> <p>2600 N. Central Avenue, 4th Floor Mailroom Phoenix, AZ 85004</p> <p>MAIN: 602.379.6785 FAX: 602.379.3010</p>

SECTION 1: DATA SECTION OF THE FASSR

These instructions will walk you through how to properly fill out the FASSR. There are two sections of the Report, a Data Section and Narrative Section. Many of the fields in the form are

STEP 1: Open the Microsoft Excel version of the FASSR, click on the **Data Section** tab.

Insert [FY/CY]		Insert [YEAR]		BIA Financial Assistance and Social Services Report (FASSR)									
Name of Tribe/ Agency		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS			
		ACTUAL/PROJECTED		ACTUAL/PROJECTED		ACTUAL/PROJECTED		ACTUAL/PROJECTED					
638 OSG BIA 477		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)	Available Amount/ Amount Allocated	Carryover or Deficit
Child Assistance	Foster Care	-	-	-	-	-	-	-	-	-	-	-	-
Child Assistance	Residential Care	-	-	-	-	-	-	-	-	-	-	-	-
Child Assistance	Adoption Subsidy	-	-	-	-	-	-	-	-	-	-	-	-
Child Assistance	Guardianship Subsidy	-	-	-	-	-	-	-	-	-	-	-	-
Child Assistance	Special Needs	-	-	-	-	-	-	-	-	-	-	-	-
Child Assistance	Homemaker Services	-	-	-	-	-	-	-	-	-	-	-	-
Adult Care Assistance	Homemaker Services	-	-	-	-	-	-	-	-	-	-	-	-
Adult Care Assistance	Residential Care (Group Home)	-	-	-	-	-	-	-	-	-	-	-	-
General Assistance	Total Person Served	-	-	-	-	-	-	-	-	-	-	-	-
General Assistance	Employable												
General Assistance	Unemployable												
General Assistance	# of ISPs Plans												
General Assistance	# of ISP Goals Completed												
General Assistance	Applications Approved												
General Assistance	Applications Disapproved												
Burial Assistance	Burial Assistance	-	-	-	-	-	-	-	-	-	-	-	-
Emergency Assistance	Emergency Assistance	-	-	-	-	-	-	-	-	-	-	-	-
IIM Accounts	Services												
IIM Accounts	Distribution Plans Processed												
Service - Only	Child Protection Services												
Service - Only	Adult Protection Services												
Service - Only	Child and Family Services												
Service - Only	Domestic Violence Services												
TOTAL:		-	-	-	-	-	-	-	-	-	-	-	-
638 Tribe/BIA Agency Program Certification (Only)						OSG or 477 Program Certification (Only)							
TRIBE/AGENCY (Insert name/Title):				DATE:		TRIBAL OFFICIAL: NAME/ TITLE OF CERTIFYING OFFICIAL				DATE:			
BIA AGENCY SUPERINTENDENT (Certify)				DATE:		OFFICE OF SELF GOVERNANCE or OIS, DIVISION OF WORKFORCE DEVELOPMENT (Certify)				DATE:			
REGIONAL SOCIAL WORKER (Certify)				DATE:									



STEP 2: Identify the type of Operating Year your Tribe Operates on – The Tribe either operates the program on a **FISCAL YEAR (FY)** OR **CALENDAR YEAR (CY)** AND identify **THE REPORTING YEAR**.

Insert [FY/CY]		Insert [YEAR]		BIA Financial Assistance and Social Services Report (FASSR)						
Name of Tribe/ Agency		FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		
638 OSG BIA 477		ACTUAL/PROJECTED		ACTUAL/PROJECTED		ACTUAL/PROJECTED		ACTUAL/PROJECTED		
A		Month-Month-Month		Month-Month-Month		Month-Month-Month		Month-Month-Month		
Program Component		Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Actual Persons Served	Expenditures	Total Act Pers. Serv

Example: FISCAL YEAR

Fiscal Year		2016	
Name of Tribe/ Agency		FIRST QUARTER	
638 OSG BIA 477		ACTUAL/PROJECTED	
A		Month-Month-Month	
Program Component		B	D

Example: CALENDAR YEAR

Calendar Year		2016	
Name of Tribe/ Agency		FIRST QUARTER	
638 OSG BIA 477		ACTUAL/PROJECTED	
A		Month-Month-Month	
Program Component		B	D

STEP 3: In the Excel FASSR TYPE the **NAME OF THE TRIBE** OR **BIA-AGENCY** that is preparing the BIA Financial Assistance & Social Service Program Report Form.

Insert [FY/CY]		Insert [YEAR]	
Name of Tribe/ Agency		FIRST QUARTER	
638 OSG BIA 477		ACTUAL/PROJECTED	
A		Month-Month-Month	
Program Component		B	D
Program Component		Actual Persons Served	Expenditures

For Example: Tribe A is filling out this form, and the Tribe operates on a CY and this report is for CY 2016.

Calendar Year		2016	
Tribe A		FIRST QUARTER	
638 OSG BIA 477		ACTUAL/PROJECTED	
A		Month-Month-Month	
Program Component		B	D
Program Component		Actual Persons Served	Expenditures

STEP 4: 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 Pub. Law 102-477 Plan, through an ISDEAA Title I Contract

Note: If you are a Self-Governance Tribe who operates your General Assistance Program through an approved Pub. Law 102-477 Plan, then you would identify as both OSG & 477



Example: Tribe A operates the Financial Assistance and Social Services Programs under an ISDEAA Title I Contract Only (Pub. Law 93-638 Contract)



CALENDAR YEAR					
					2015 BIA Fi
Saint Regis Mohawk Tribe					FIRST QUARTER
					ACTUAL
OSG	BIA	477	638	(Month-Month-Month)	

Example: An OSG Tribe operating the Financial Assistance and Social Services Program under ISDEAA Self-Governance Funding Agreements and operating General Assistance through an approved P.L. 102-477 Plan

CALENDAR YEAR
Saint Regis Mohawk Tribe
OSG 477
A

STEP 5: Each Tribe, Agency or Program filling out the FASSR must identify the Months that correspond with its operating year, Fiscal Year or Calendar Year. If you identified Fiscal Year as your operating year, then you would fill in the months by Quarter from October 1, 2014 through September 30, . If you operated on a Calendar Year then you would fill in the months from January 1, through December 31, .

2015 BIA Financial Assistance and Social Services Report (FASSR)			
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
ACTUAL	ACTUAL	ACTUAL	ACTUAL
(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)	(Month-Month-Month)
B D	E G	H J	K M
Actual	Actual	Actual	Actual

Example: Fiscal Year Tribes

For those Tribes who identify as a Fiscal Year, for First Quarter – You would fill in October – December, for Second Quarter – You would fill in January – March, for Third Quarter – you would fill in April through June, and for Fourth Quarter – You would fill in July through September.

FISCAL YEAR				
2015 BIA Financial Assistance and Social Services Report (FASSR)				
Saint Regis Mohawk Tribe	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
	ACTUAL	ACTUAL	ACTUAL	ACTUAL
OSG 477	Oct, Nov, Dec.	Jan, Feb, March	April, May, June	July, Aug, Sept.
A	B D	E G	H J	K M

Example: Calendar Year

For those Tribes who identify as a Calendar Year, for First Quarter – You would fill in January – March, for Second Quarter – You would fill in April through June, for Third Quarter – you would fill in July through September, and for Fourth Quarter – You would fill in October – December.

CALENDAR YEAR				
2015 BIA Financial Assistance and Social Services Report (FASSR)				
Saint Regis Mohawk Tribe	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
	ACTUAL	ACTUAL	ACTUAL	ACTUAL
OSG 477	Jan, Feb, March	April, May, June	July, Aug, Sept.	Oct, Nov, Dec
A	B D	E G	H J	K M

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 5: Actual Persons Served

CALENDAR YEAR											FY/ CY 2015			
2015 BIA Financial Assistance and Social Services Report (FASSR)														
Saint Regis Mohawk Tribe														
OSG 477	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YEAR STATUS					
	ACTUAL		ACTUAL		ACTUAL		ACTUAL		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		
Child Assistance														
Foster Care									0	-	-	-		
Residential Care									0	-	-	-		
Adoption Subsidy									0	-	-	-		
Guardianship Subsidy									0	-	-	-		
Special Needs									0	-	-	-		
Homemaker Services									0	-	-	-		
Adult Care Assistance														
Homemaker Services									0	-	-	-		
Residential Care (group home)									0	-	-	-		
General Assistance														
Employable	0		0		0		0		0	-	-	-		
Unemployable									0	-	-	-		
Individual Self-Sufficiency Plan (ISP)									0	-	-	-		
ISP Goals Completed									0	-	-	-		
Applications Approved									0	-	-	-		
Applications Disapproved									0	-	-	-		
Burial Assistance									0	-	-	-		
Emergency Assistance									0	-	-	-		
IFM Accounts														
Services									0	-	-	-		
Distribution Plans Processed									0	-	-	-		
Services Only														
Child Protection									0	-	-	-		
Adult Protection									0	-	-	-		
Child and Family Services									0	-	-	-		
Domestic Violence Services									0	-	-	-		
Total	0		0		0		0		0	-	-	-		
638 Tribe/BIA Agency Program Certification (Only)							OSG 477 Program Certification (Only)							
TRIBE/AGENCY (Insert name/Title):				DATE:		TRIBE (Insert Name/Title):				DATE:				
AGENCY SUPERINTENDENT (Certify)				DATE:		OFFICE OF SELF GOVERNANCE or OFFICE OF INDIAN ENERGY AND ECONOMIC DEVELOPMENT (Certify)				DATE:				
REGIONAL SOCIAL WORKER (Certify)				DATE:										

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.

Program Component: Child Assistance
Row 9) Foster Care
Row 10) Residential Care
Row 11) Adoption Subsidy
Row 12) Guardianship Subsidy
Row 13) Special Needs
Row 14) Homemaker Services
Program Component: Adult Care Assistance
Row 16) Homemaker Services
Row 17) Residential Care

Program Component: General Assistance

Row 18) General Assistance (GA)

(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 19) Employable

An Employable GA client 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 20) Unemployable

An Unemployable GA client is a person who has a case plan and is exempt from seeking employment in accordance with the criteria specified in §20.315, shown in Table 1

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. In Column N, report total actual number of unemployable persons served during the program year.

Row 21) Individual Self-Sufficiency Plan (ISP)

An ISP per 25 CFR part §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 22) ISP Goals Completed

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 23) Applications Approved

Applications Approved means the actual number of General Assistance applicants approved for service and who have begun receiving financial assistance. You may have 1 Application with a Household of Five. You would only count the total number of Applications Approved, not the Household Size. This would include Applications for both Employable and Unemployable Clients.

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 24) Applications Disapproved

Applications Disapproved means the actual number of General Assistance Applications that were denied as the applicants was determined to be ineligible 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.

TABLE 1: Unemployable Criteria

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.	

How to Count General Assistance Actual persons Served

- Count the Household Size used to Determine Monthly Payment Standard
- Count the Check Amount

Example for Quarterly Reporting and Counting:

Tribe A: FISCAL YEAR

Case Scenario 1: An Unemployable client with a household size 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)

Case Scenario 2: An Employable client with a household of two receives General Assistance for the months of November and December at the monthly standard 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				
	FIRST QUARTER			
<i>Month:</i>	October	November	December	Q1 Total
Unemployable Case 1	1	1	1	3
Cost:	\$100	\$100	\$100	\$300
Employable Case 2	0	2	2	4
Cost:	0	\$250	\$250	\$500

Total Actual Persons Served: 7
Total Expenditures: \$800

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 (See Screenshot Below)

FISCAL YEAR		2015 BIA Finance	
TRIBE A		FIRST QUARTER	
		ACTUAL	
638		OCT-NOV-DEC	
A		B	D
Program Component		Actual Persons Served	Expenditures
Child Assistance			
Foster Care			-
Residential Care			-
Adoption Subsidy			-
Guardianship Subsidy			-
Special Needs			-
Homemaker Services			-
Adult Care Assistance			
Homemaker Services			-
Residential Care (group home)			-
General Assistance		7	800.00
Employable		4	
Unemployable		3	

**Example of Year-End, Total Reporting and Counting:
Tribe B: Calendar Year**

Client 1: A single employable recipient receives General Assistance for the following: For the Months of January and March in the First Quarter of the Calendar year at a rate of \$150 per month, One in April during the Second Quarter at a rate of \$200, July, August, September in the Third Quarter at a rate of \$200, and once in the month of November 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.

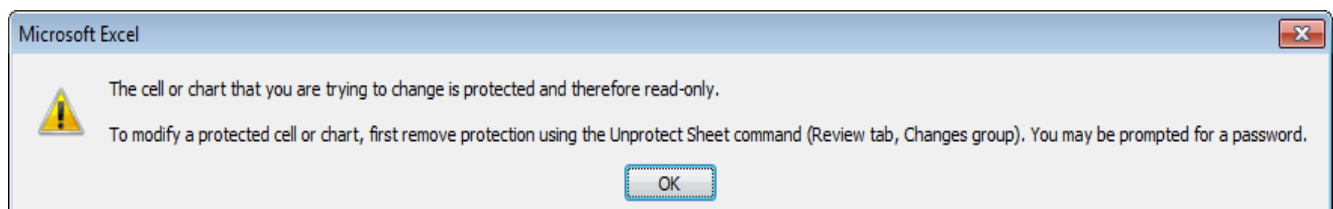
Based on this scenario, you would have a total of 34 Actual Persons Served for General Assistance for the Calendar Year at a total cost of \$3,750, which would be reported in Column N on the FASSR for General Assistance.

TRIBE B

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

CALENDAR YEAR											
2015 BIA Financial Assistance and Social Services Report (FASSR)											
TRIBE B	FIRST QUARTER		SECOND QUARTER		THIRD QUARTER		FOURTH QUARTER		END-OF-YE.		
	ACTUAL		ACTUAL		ACTUAL		ACTUAL				
638	JAN-FEB-MARCH		APRIL-MAY-JUNE		JULY-AUG-SEPT		OCT-NOV-DEC				
A	B	D	E	G	H	J	K	M	N	P	
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)	
Child Assistance											
Foster Care		-		-		-		-	0	-	
Residential Care		-		-		-		-	0	-	
Adoption Subsidy		-		-		-		-	0	-	
Guardianship Subsidy		-		-		-		-	0	-	
Special Needs		-		-		-		-	0	-	
Homemaker Services		-		-		-		-	0	-	
Adult Care Assistance											
Homemaker Services		-		-		-		-	0	-	
Residential Care (group homes)		-		-		-		-	0	-	
General Assistance	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		

Note: In the Screenshot Above, for illustration purposes only, the cells have been highlighted in Yellow to indicate the “locked” cells in the FASSR in regards to General Assistance. This means for each Quarter, the Total Actual Persons Served for General Assistance and Total Expenditures (Column P) is auto-calculated in the form. The Total Actual Persons served is the sum of the total number of Employable Served and Unemployable Served for that quarter. Additionally, Column P, Expenditures (Sum of All Four Quarters) is also locked and is the sum of Columns D, G, J, and M. The cell for Total General Assistance, Actual Person Served and Expenditures (Column P) are “locked” on the form to ensure the Total for these data elements are correctly calculated in the form. Once you enter in the data for Employable and Unemployable the form will auto-calculate the total for the quarter. Once you enter in the total expenditures, the form will auto-calculate the Total Expenditures for the year, in column P. If you try to enter data in a “locked cell” the form will give you an error message like the one below.



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
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
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
Adult Care Assistance												
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
IIM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	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)).
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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			
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	Expenditure	Actual Persons Served	Expenditure	Actual Persons Served	Expenditure	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
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
Adult Care Assistance												
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
IIM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	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			
	Actual		Actual		Actual		Actual					
OSC 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
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
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
Adult Care Assistance												
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
IIM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	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 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

[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)				
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				
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
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
Adult Care Assistance												
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
IIM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	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 1st 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			
	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
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
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
Adult Care Assistance												
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
IIM Accounts												
Services									0			
Distribution Plans Processed									0			
Services Only												
Child Protection									0			
Adult Protection									0			
Child and Family Services									0			
Total	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		
Services Only													
Child Protection											0		
Adult Protection											0		
Child and Family Services											0		
Total		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:													

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.

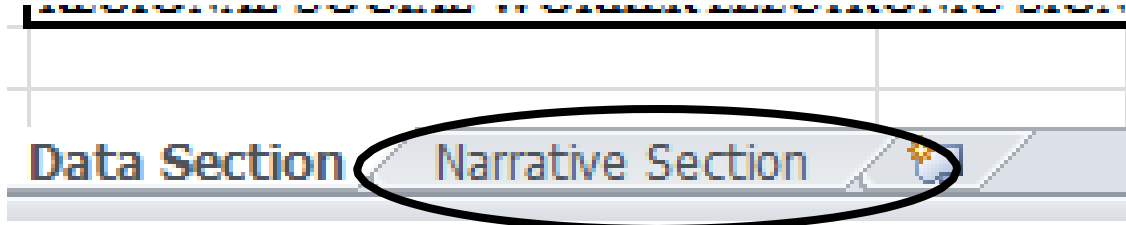
Office of Self Governance/Office of Indian Energy and Economic Development: Is the federal certifier for the report.

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	
Instructions: 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.	
Question #1: Does your Social Services Program respond to and investigate allegations of child abuse and neglect? [Please answer Yes or No]:	YES OR NO
Question #1a: 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.	
Question #2: Does your Tribal or BIA Social Services Program place Indian children in out-of-home care when needed? [Please answer Yes or N]	
Question #2a: 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.	
Question #3: Does your Tribe operate its own Foster Care Program (Please answer Yes or No)?	
YES OR NO	
Type Here	
Question #4: (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, <i>include the following information:</i> Tribes served, counties served, location, climate, demographics, culture, economy, employment, housing, crime, abuse statistics).	
Type Here.	
Question #5: 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.