



DIRECTIONS FOR COMPLETING BIA “SOCIAL SERVICES ASSESSMENT AND EVALUATION” FORM

PART 1: ACCOUNT HOLDER ASSESSMENT

Section 1.1: Identifying Information

Provide the requested information for the account holder in the applicable spaces. Include: Name, DOB, SSN, tribal enrollment number, sex, mailing and residential address, telephone number, email, other contact information.

Provide purpose of the assessment and brief summary of the recommendation. The social worker may not have the summary at the onset of the assessment; thus, this information can be provided at the end of the document.

Provide the requested information for parents and/or other caretakers in the applicable spaces.

Section 1.2: Legal Information

Check the box to denote if there is a guardianship/court order. If so, list court of issuance, date of order, check type of court order, provide name of guardian/POA/custodian and relationship to account holder, powers/limitations of court order (report specifics here in comments).

Include in the comment section if the court order is reviewed by the solicitor and if recognition of the order is authorized, include any other legally pertinent comments. If no court order exists, discuss circumstances surrounding the lack of a court order. Report any guardianship fees allowed and/or if there are annual reports to the court required.

Section 1.3: Assessment Information

Provide information requested for all client areas including: household composition, family history, development/cognitive/education, medical/behavioral health, activities of daily living, environmental factors, employment history, support networks and general welfare.

Section 1.4: Resource Information

This section identifies all resources and expenses that impact the household budget. You will need to address all earned and unearned resources. If the social worker has compiled the resource information on the **Application for Financial Assistance and Social Services**, please note on this form to reference the application.

***NOTE: All minor accounts must include an evaluation of parental expenses and resources (earned unearned, trust, etc.).**

- Complete the Resource Table including: resource type, amount, frequency received.
Include: Earned and Unearned (i.e., interest, child support, etc.) and Non-Cash resources (i.e., meals on wheels, food bank, Indian Health Services, etc.).
**Provide Representative Payee information in the space provided below the resource table.*
- Complete the Expense Table including expense type, amount, and frequency due (i.e., utility, rent, credit payment, child support payment).
**Provide a summary analysis of household resources versus expenses in the comment section.*
- Complete the Trust Account Table – Provide account balances and sources of income (i.e., lease, judgment, SSI). The social worker can obtain from the Office of Special Trustee for American Indians (OST) or from OST Sharepoint (if you have access).

Section 1.5: Collateral Contacts

List contacts and provide name, role (i.e., protective payee; nursing home social worker), date(s) of contact and a brief synopsis of the contact.

Section 1.6: Summary of Findings and Recommendations

- Check the box if this is a minor account and automatically supervised per regulations.
- Provide a succinct summary of assessment findings and recommendations in the space provided.

SUPERVISION RECOMMENDATION & CERTIFICATIONS		
SOCIAL WORKER	Checks recommendation & provides restriction code	Signs & Dates
BUREAU LINE OFFICER	Determines Supervision Status	Signs & Dates

- When applicable, provide information regarding Kennerly Notice in the space provided (i.e., recipient(s), date of notice).

Attachments: The social worker will need to attach supportive documentation for Sections I-V, including but not limited to the following: court order, financial award letter, resource evaluation information, psychological record, educational information, etc. Copies of the assessment and evaluation and the distribution plan must also be provided to applicable parties.

PART 2: EVALUATION OF NEEDS AND DISTRIBUTION REQUEST

NOTE: AN EVALUATION AND JUSTIFICATION MUST BE COMPLETED FOR EVERY REQUEST RECOMMENDED.

Section 2.1: STATEMENT OF NEED REQUEST

Complete the table provided identifying each item requested to be purchased with IIM funds and include the following information: Statement of need request, date of request, name of requestor, approximate cost and recommendation approval level. Specify cost and quantity of each item where an itemized list is required.

Section 2.2: JUSTIFICATIONS

Provide a justification statement for each item that will be recommended for approval or partial approval. Under this section, list out the item and address how it meets the health, education, or welfare needs of the IIM client. Include how the household budget (analysis of resources/expenses) supports approval of IIM account withdrawal and detail other resources considered.

- Complete the disbursement table for approved and partial approval of needs that identifies the payee (include address), role of receiver (i.e., custodian, guardian, third party), how related to health, education or welfare; receipt requirement, responsible person for receipts and receipt due date. For third party payments, provide name and address of recipients.

Section 2.3: EVALUATION RECOMMENDATIONS AND CERTIFICATIONS

- Check box for appropriate recommendation and provide date of Initial Plan. This document will accompany the distribution plan.

SOCIAL WORKER	Recommends Approval	Provides dates of initial plan	Sign & Date
CUSTODIAN/GUARDIAN	Certifies agreement with terms of evaluation		Sign & Date
BUREAU LINE OFFICIAL	Certifies best interest of account holder		Sign & Date

PART 3: DISTRIBUTION PLAN MODIFICATION: EVALUATION

This section will be filled out when a distribution plan requires modification. The social worker will update the initial assessment information in this section rather than having to complete the full assessment. Part 3 will accompany the distribution plan modification.

NOTE: AN EVALUATION AND JUSTIFICATION MUST BE COMPLETED FOR EVERY NEW REQUEST NOT INCLUDED IN THE INITIAL PLAN.

Section 3.1: STATEMENT OF NEEDS REQUEST

Complete the table provided identifying each item requested to be purchased with IIM funds and include the following information: Statement of need request, date of request, name of requestor, approximate cost and recommendation approval level. Specify cost and quantity of each item where an itemized list is required.

Section 3.2: ASSESSMENT UPDATE

Provide information on any changes to account holder’s status or living situation (i.e., resources, expenses, medical). Complete the check box for receipt collection.

Section 3.3: JUSTIFICATIONS

Provide a justification statement for each item that will be recommended for approval or partial approval. Under this section, list out the item and address how it meets the health, education, or welfare needs of the IIM client. Include how the household budget (analysis of resources/expenses) supports approval of IIM account withdrawal and detail other resources considered

- Complete the disbursement table for approved and partial approval of needs that identifies the payee (include address), role of receiver (i.e., custodian, guardian, third party), how related to health, education or welfare; receipt requirement, responsible person for receipts and receipt due date. For third party payments, provide name and address of recipients.

Section 3.4: MODIFICATION RECOMMENDATION & CERTIFICATION

SOCIAL WORKER	Recommends Approval	Provide dates of initial plan	Signs & Dates
CUSTODIAN/GUARDIAN	Certifies agreement with terms of evaluation		Signs & Dates
BUREAU LINE OFFICIAL	Certifies best interest of account holder		Signs & Dates