



Navajo Nation Division of Social Services  
Department for Self Reliance

**APPLICATION 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				<b>FOR OFFICE USE ONLY NOTES</b>	
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**

<b>INITIALS</b>	<b>PLEASE READ THE INFORMATION BELOW, INITIAL EACH SECTION TO ACKNOWLEDGE YOU UNDERSTAND THE INFORMATION PROVIDED IN THE SECTION AND SIGN THE APPLICATION</b> (For Two-Parent applications, both Parents must sign)
___/___	<b>CUSTOMER RESPONSIBILITY</b> – I understand and acknowledge I am responsible for providing complete and accurate information and cooperating with DSR staff, including, if necessary, investigations.
___/___	<b>CONFIDENTIALITY</b> – 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.
___/___	<b>DECISION NOT APPEALABLE</b> – 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.
___/___	<b>RELEASE OF INFORMATION</b> – 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.
___/___	<b>FRAUD PENALTIES</b> – 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: ___/___/___

**Additional Information**

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

**FOR OFFICE USE ONLY  
NOTES**