CODE OF CONDUCT

To ensure a cooperative, safe, and courteous environment, a Code of Conduct will be enforced by the Cheyenne and Arapaho HOPE Program. HOPE is focused on providing the client with caring and respectful service, making every attempt to avoid any physical or emotional damage to either clients or staff. The following will not be tolerated and we reserve the right to suspend services to individuals who do not conduct respectful behavior:

- Inappropriate language
- Threatening/Intimidating remarks to/about Caseworkers or other clients
- Falsification of documents
- Aggressive behavior

Hope understands the difficulties of going through a crisis and will make every effort to make the application process go quickly and smoothly. Please exhibit patience and understanding with the extensive application process and be informed there are consequences for any inappropriate behavior.

**Anyone who has been denied services may submit a new application with proper documentation or may submit a request for reconsideration (ask receptionist for appeal information).*

Helping Our People Excel

About Us

The mission of the Cheyenne and Arapaho Tribes HOPE Program is to selflessly assist low-income tribal members with supplemental assistance during genuine crisis situations and increase the understanding and significance of self-sufficiency in daily living.

CHEYENNE & ARAPAHO TRIBES

Revised November, 2015

Cheyenne & Arapaho Tribes
HELPING OUR PEOPLE EXCEL

HOPE

100 Red Moon Circle
P.O. Box 167
Concho, OK 73022
Direct (405) 422-7580
Toll Free 1-800-247-4612
Fax (405) 422-8246

OFFICE HOURS
Monday-Friday
8:00AM – 5:00PM
CONCHO & CLINTON OFFICES
(*May vary during inclement weather and special incentives*)

Applicant Eligibility

Applicant ***must*** be an enrolled C & A tribal member. If the tribal member is a minor, *the application must still be in the minor's name,* with Parent or Guardian signature accompanying.

Basic Requirements: An updated copy of C&A Tribal member's CDIB, a completed application, and a signed Confirmation of Two-Time Assistance form

A caseworker must conduct an interview with the applicant before determination of assistance can be made.

BASIC DOCUMENTATION

Income verification required for anyone in the household over the age of 18 for the following Assistance

Rental Assistance: Current eviction notice, current signed lease agreement

Utility Assistance: Current cut-off notice **OR** Deposit analysis summary

Food Assistance: Current income verification

Prescription Assistance: Current invoice from Pharmacy desired, Statement from IHS Pharmacy showing they do not carry the medication.

Narcotic Prescriptions will **not be assisted due to liability issues.*

***Caseworkers may request additional documentation**

For purposes of our guidelines, IMMEDIATE FAMILY MEMBER shall be defined as a husband, wife, father, mother, sister, brother, son or daughter. Kinship is verified through Enrollment. In questions of guardianship, legal documents must be provided.

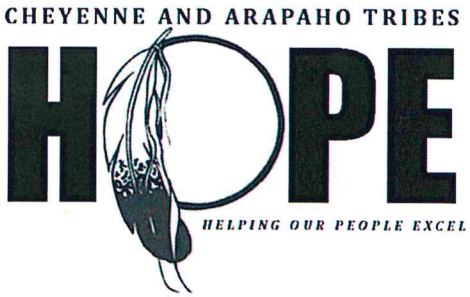
Assistance for Rent, Utilities, and Food will be served **twice a year per household** (every 6 months) from the time of *last receiving assistance.*

The HOPE Program will not accept handwritten documents. This includes Signed Lease Agreements and Eviction notices. Most require a letterhead, unless otherwise stated.

Other Program Services

*Income-based

- **Medical/ICU:** A statement from the hospital is required to verify that a member of the client's *immediate family* is in ICU status. Kinship must be verified. Food assistance will be a flat rate of $60 per household. Transportation/Fuel Assistance – **or** – Temporary Shelter will be given if the household lives more than 50 miles from the hospital.
- **Funeral Assistance:** Client must provide documentation (ex: burial flyer, Certificate of Death, service program, funeral home notice). Kinship must be verified. Food assistance will be a flat rate of $60 per household. Transportation may be given for out-of-state funerals.
- **Domestic Violence:** Application must be documented within 72 hours of incident. A protective order and a police report must be provided.
- **Disaster:** Application must be documented within 72 hours of incident. Food assistance will be a flat rate of $60. Client must provide proof of residency. Client must also utilize all other resources, such as Red Cross, FEMA, or other agency shelters.
- ***DOC Release:** Application must be documented within two weeks of release. Food assistance will be a flat rate of $60. Initial assistance for lodging is (1) hotel room for (7) days.
- ***Transportation: Tribal Transit** may be requested once every month. **Fuel/Gas** may be provided for Medical/ICU, Domestic Violence, and Out-of-State Funeral requests, if criteria meets Guideline Standards.
- ***Propane:** Client must provide an invoice from the propane company with an invoice up to 150 gallons.



DEPARTMENT OF ADMINISTRATION
HOPE PROGRAM
P.O. Box 167. Concho, OK 73022
Phone (405) 422-7580 1-800-247-4612
Fax (405) 422-8246

APPLICATION FOR ASSISTANCE

Applicant Name _____ Application Date _____
Address _____ CDIB _____
City, State, Zip _____ SSN _____
Phone _____

All applicants must complete an interview with a caseworker before determination of assistance can be made. All assistance requires processing time. Applications are active for **10** business days. Determination of assistance is conducted on a case by case basis that includes documentation and assessment information. **Documentation must be provided.**

Briefly explain your crisis: Unexpected, unplanned or unforeseen incident

_____
_____
_____
_____

What type of assistance are you seeking today? (Please check one)
☐ Food ☐ Utility ☐ Rent ☐ Funeral ☐ Transit ☐ Medical ICU / Prescriptions

Check your current sources of income

☐ Employed $_____ ☐ SSI-Disability $ _____ ☐ Retirement $ _____ ☐ Child Support $ _____
☐ Rental Income $_____ ☐ Scholarship/Grant $_____ ☐ IIM $ _____ ☐ Other Source $ _____

☐ Weekly ☐ Biweekly ☐ Monthly

Are You a Veteran of the United States Military? ☐ Yes ☐ No

Current housing situation

☐ Homeless ☐ Lease ☐ Rent ☐ Own
☐ Temp ☐ Other: _____

Highest level of education

☐ High School ☐ GED ☐ Some college ☐ Bachelor/Masters
☐ Did not graduate from high school

List ALL individuals currently living in your household, regardless of tribal affiliation or ethnicity. Please list self.

Last, First Name	Date of Birth	Age	Relationship	C&A Tribal Member?
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#
				☐NO ☐YES Roll#

I certify that information I have provided is true to the best of my knowledge. I understand this information will be used to determine my eligibility for assistance with the HOPE Program and my signature allows tribal programs to share my information to determine eligibility. If you request a stop payment on your services after the check has been issued and mailed out, you will be suspended from the HOPE program for one year of those services.

_____ _____

Tribal Member Signature Date of Application

Code of Conduct Agreement

To ensure a cooperative, safe, and courteous environment, a Code of Conduct will be enforced by the Cheyenne and Arapaho HOPE Program. HOPE is focused on providing the client with caring and respectful service, making every attempt to avoid any physical or emotional damage to either clients or staff. Please adhere to the following standards.

- Any inappropriate use of language is disrespectful or will not be tolerated.
- Threatening/intimidating remarks about the staff to other clients are also disrespectful and will not be tolerated.
- Inappropriate behavior such as throwing objects, violent physical contact with others in the office, or raising a voice in anger or contempt will not be tolerated.
- The staff will use respectful and professional behaviors with a client and anticipate the same behavior from the client.

HOPE understands the difficulties of going through a crisis and will make every effort to make the application process go quickly and smoothly. Please exhibit patience and understanding with the extensive application process and be informed there are consequences for any inappropriate behavior.

I, _____, have read and understand the Code of Conduct of the Cheyenne and Arapaho Tribes HOPE Program. By signing this agreement, I agree to adhere to the Code of Conduct and understand that if I breach the terms of the agreement, I will be placed on immediate suspension from the HOPE Program until my suspension is lifted.

_____ _____

Applicant Date

HELPING OUR PEOPLE EXCEL

HOPE

CHEYENNE & ARAPAHO TRIBES

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RELEASE OF LIABILITY FORM

I, _____, an applicant of the Cheyenne and Arapaho H.O.P.E. Program hereby enter this agreement between myself, listed applicants, and the Cheyenne and Arapaho Tribes.

This General Release form covers the entirety of my participation with the Cheyenne and Arapaho Tribes including all persons listed on my H.O.P.E. Program application.

I acknowledge and appreciate that being approved for H.O.P.E. Program through the Cheyenne and Arapaho Tribes H.O.P.E. Program, requires an appropriate level of good conduct from all persons under this application and agreement, and that certain risks are inherent. These risks include, but are not limited to, personal injury, property damage, personal property loss or theft. The risks may arise out of accidents or other circumstances including, but again not limited to, the negligent acts from myself or other persons listed on my application.

The Cheyenne and Arapaho Tribes and staff members are not responsible for any other damages or charges not authorized by the Cheyenne and Arapaho Tribes H.O.P.E. Program, any room extensions or add-ons will be determined by the caseworker and Director. The Cheyenne and Arapaho H.O.P.E. Program reserves the right to cancel any reserved or unused nights of assigned lodging if it is determined that the room:

1. Is not appropriately utilized:
    a. Excessive guest
    b. Inappropriate behavior
    c. Illegal activity
    d. Smoking
    e. Unauthorized charges
2. Complaints from Proprietors/hotel patrons:
    a. Police reports
    b. Noise complaints
    c. Property incident reports
3. False/misleading information:
    a. False/misleading information on application
    b. False hospital statements on application
    c. False information of immediate family member

I acknowledge that if any of the above instances occur during my hotel/motel stay, I forfeit any further lodging /temp shelter and one year suspension of all services from the Cheyenne and Arapaho H.O.P.E. Program.

I have read or been explained the above terms for temporary lodging/shelter. I agree to the terms by signing below.

_____ _____
Signature Date

_____ _____
Caseworker Date