QUINAULT INDIAN NATION

New Opportunities Program

Participant and Program Responsibilities Sheet

Participant’s Responsibilities

i. Maintain a mail delivery receptacle to receive program correspondence and monthly cash grant. If unable to maintain a mail receptacle, the participant is responsible for maintaining regular contact to receive correspondence. Delay of time sensitive correspondence due to the lack of a mail receptacle is at no fault of the program.

ii. Report all changes of circumstances on the Monthly Redetermination Report (MRR) or within 10 business days of a change, whichever is sooner. Changes to report include, but are not limited to:
   1. Address
   2. Household composition
   3. Employment/School status
   4. Marital status
   5. Any and all income to household
   6. Other federal, state, or tribal assistance obtained
   7. Medical condition
   8. Incarceration

iii. Seek training to become employed, when applicable.

iv. Attend Employment and Training classes when not currently working or a student. (see case type for exemptions)

v. Ensure attendance of required meetings, such as home visits and review of the Individual Self-Sufficiency Plan (ISP).

vi. Actively participate in the development of the ISP, any work activity, job readiness workshops, treatment or counseling recommendations, apply for other services, and any other activities as listed in the ISP. 25 CFR § 20.319 (a) (b) (c)

vii. Participate in evaluations of job readiness and/or any other testing required for employment purposes. 25 CFR § 20.319 (d)

ix. Submit written proof of having sought employment with persons or establishments that are actively hiring. Written proof of actively job searching will be reported on the Monthly Redetermination Report (MRR), under the job search section. 25 CFR § 20.319 (e)

x. Ensure that all required documents are submitted along with the Monthly Redetermination Report (MRR).

xi. Submit all requested documents or complete evaluations, SSI application, updated medical exemption notes or other necessary documents to determine eligibility and compliance within the timeframe stated in the Letter of Notification (LON) or as indicated in the ISP.

xii. Contact the Coordinator regarding grant checks; participants are not allowed to contact the Quinault Indian Nation Finance Department for any reason.
xiii. Behave in an appropriate manner toward staff and other participants to include refraining from physical or verbal harassment, or intimidation. If a participant or someone acting on their behalf is inappropriate, they will be asked to vacate the premises or if necessary will be removed by local law enforcement officials. The Coordinator will then complete an incident report and it will be forwarded to the Program Manager requesting assistance to the matter.

xiv. Refrain from intoxication or the use of alcohol, illegal substances, or controlled substances that may affect the client’s ability to make legally binding decisions and representations while meeting with program staff, attending sponsored activities, or participating in work activities. If this rule is violated, participant will be referred to drug and alcohol counseling and the ISP will be revised to require the participant to obtain a full Chemical Dependency evaluation and follow through with the recommendation to continue to receive services.

Failure to Comply

Failure to comply with any of the aforementioned responsibilities shall be sufficient cause to suspend or terminate your grant. The program is dedicated to assisting participants to reach the ultimate goal of self-sufficiency, however, disregard for the program requirements is a serious matter and shows a participant is unwilling to commit to change.

Program Responsibilities

The New Opportunities Program is dedicated to assisting participants reach the ultimate goal of self-sufficiency. Failure to comply with any of the requirements below shall be sufficient cause to close the case. In the event of a case closure, a Letter of Notification (LON) will be sent outlining what needs to be completed to reapply for services. The appeal process and an Appeal Form will be attached to the LON. See Case Closure Summary Table here within.

Other Important Information

Offices are closed to all participants each Wednesday after 12:00 PM. You will be able to reach staff by telephone, if needed.

I acknowledge that I have received the Participant and Program Responsibilities and understand my responsibilities as a participant.

________________________________________________________________________
Participant Name (Please Print)  

________________________________________________________________________
Participant Signature  Date