



ATTACHMENT 1.C



SILETZ TRIBAL HOUSING DEPARTMENT



(STHD)



DESK GUIDE #DG-001



OF SILETZ INDIANS



LIHEAP



Originated: October 2009
Modified: October 2010; October 2011



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**SILETZ TRIBAL HOUSING DEPARTMENT (STHD)
DESK GUIDE #DG-001**

TOPIC: LIHEAP

Purpose: The purpose of the desk guide is to ensure consistent, accurate, and timely provision of services to LIHEAP clients.

I. Types of Assistance

A. Bill Payment (Heating) and Crisis Assistance

1. Heating Assistance

a. Definition

Applicants seeking assistance for their heating bill, who have no past due notice, no shutoff notice, nor do they have an empty (or almost empty) tank, may receive assistance through a regular payment.

b. Time Period

Funds for regular assistance are maintained from October 1st through June 30th unless stated otherwise by the Siletz Tribe.

c. Maximum Amount

The maximum amount is determined by FORM6 Benefit Matrix [Year].

Note: The combined regular, crisis, and shutoff payment cannot exceed the amount stated in the payment matrix for shutoff assistance.

2. Crisis Assistance (Disconnect)

a. Definition

A crisis exists when a household faces an energy burden which depletes or threatens to deplete financial resources, or which poses a health and/or safety threat to the well-

being of the household. A crisis is evidenced by a disconnect notice.

b. Time Period

Funds for crisis assistance are maintained from October 1st through March 15th, unless stated otherwise by the Siletz Tribe.

c. Maximum Amount

An amount of up to \$500.00, as determined by FORM7 Payment Matrix [Year] may be paid to help alleviate an existing crisis. Households must have received a Regular Payment prior to receiving crisis assistance.

Note: The combined regular, crisis, and shutoff payment cannot exceed the amount stated in the payment matrix for shutoff assistance.

3. Crisis Assistance (Shutoff Notice)

a. Definition

A crisis exists when a household faces an energy burden which depletes or threatens to deplete financial resources, or which poses a health and/or safety threat to the well-being of the household. A crisis is evidenced by a shutoff notice.

b. Time Period

Funds for crisis assistance are maintained from October 1st through March 15th, unless stated otherwise by the Siletz Tribe.

c. Maximum Amount

The maximum amount that is listed on FORM7 Payment Matrix [Year], not to exceed \$800.00, to stop a utility shutoff or reconnect a utility that has been shutoff. Households must have received a Regular Payment prior to receiving crisis assistance.

Note: The combined regular, crisis, and shutoff payment cannot exceed the amount stated in the payment matrix for shutoff assistance.

B. Exhaustion of Heating Assistance

1. Households wishing to receive crisis assistance must have exhausted a regular benefit prior to accessing crisis funds.
2. If, during the first visit, the applicant produces a disconnect or shutoff notice, the intake shall be processed as a regular service.
3. If, during the first visit, the applicant's disconnect or shutoff notice exceeds the regular amount, the funds shall be processed as a regular service and a disconnect or shutoff service depending on the amount of the utility bill.

II. Intake and Processing Payments

A. Appointments

1. Heating Assistance

The intake worker will designate specific days and times to conduct intake for regular assistance. The schedule, embodied in FORM34 LIHEAP Schedule, will be posted in the common areas of the STHD and area offices.

2. Crisis Assistance

Intake for crisis assistance shall occur as needed.

B. Required Documents

The following documents shall be produced, by the applicant, during the intake process:

1. Certificate of Indian Blood ("CIB") or tribal identification card for the applicant or enrolled tribal child if the parent or guardian of such child is not a member of the Siletz Tribe.
2. Social security cards for all persons living in the household.

3. Current utility bill in whole or proof of new services. The individual named on the utility bill must be included in the household composition.

Important Note: If the intake worker has reason to believe the name on the utility bill is a minor the file shall be referred to the STHD for resolution. The STHD shall contact the utility company to make arrangements for the bill to be transferred to an appropriate individual. The STHD will work with the utility company to determine if LIHEAP services should be forthcoming.

4. Documents verifying the income of every household member aged 18 years of age and above, such as:
 - a. a recent pay stub or other proof that shows the current gross income; or
 - b. an award letter showing income from social security, unemployment insurance, pension fund, disability, etc.

Note: If the applicant or household members participate in the Siletz Tribe's general assistance or TANF programs the LIHEAP intake worker can verify the income by email or other expeditious means.

C. Notice of Required Documents

The intake worker or other employee who is scheduling the appointment shall ask the applicant to bring the required documents to the appointment.

D. The Intake Process – 1st Visit (Regular Assistance)

At the time of intake the intake worker shall:

1. Ensure completion of the following:

[Important Note: At a minimum, the intake worker is responsible for reviewing the application and documents to make sure the information is complete and accurate and the calculations are correct. The intake worker is also responsible for making sure the appropriate individual signs the documents – an enrolled tribal member's spouse is not the appropriate signatory.]

- a. FORM2A or FORM2B: LIHEAP Application
See Section III. The Application
 - b. FORM3: The Appeals Process and Hearing Rights
 - i. This document must be signed by the tribal member applicant or the parent or guardian of an enrolled tribal member child.
 - c. FORM4: Energy Education Outreach
 - i. This document must be signed by the tribal member applicant or the parent or guardian of an enrolled tribal member child.
 - d. FORM5: Declaration of Personal Income
 - i. This form is to be completed for zero income applicants and household members who are 18 years of age and above except for the applicant's spouse and children 18 years of age and above who are full-time students.
 - ii. This document must be signed by the applicant or household member who is declaring zero income.
 - e. FORM37: Authorization for the Release of Information
 - i. This document must be signed by the tribal member applicant or the parent or guardian of an enrolled tribal member child and all household members 18 years of age and older.
2. Use FORM35 Income Work Sheet to calculate the income and check the appropriate category on FORM6 Benefit Matrix [Year] and FORM7 Payment Matrix [Year].
3. Make copies of the current heating bill, income documentation, social security cards, and CIB or tribal identification card.

Note: If the applicant is unable to produce the CIB or tribal identification card the intake worker shall review the tribal roll to

confirm the applicant's or tribal child's enrollment status. On that same date, the intake worker shall request a CIB from the Enrollment Department.

4. Review the pre-existing vendor list for the contact information regarding the vendor then call the vendor **and** prepare FORM9 Vendor Commitment Letter (on letterhead) and fax to the vendor, to commit a payment from the LIHEAP on behalf of the applicant. The commitment letter must include:
 - a. current date
 - b. address and facsimile number of the vendor
 - c. name on the utility bill
 - d. account number on the current utility bill
 - e. approved amount
 - f. authorization number
 - g. indication that the letter is a supplement to a previous pledge, if applicable.
 - h. confirmation that the vendor was contacted, by telephone, to commit the payment.
 - i. indication that the letter is an amendment to an existing commitment, if applicable.
5. Complete FORM29 Vendor Commitment Confirmation (For Area Office Use Only)
6. Complete the applicable sections of FORM12 File Check List, to include:
 - a. Visit #
 - b. Application Date
 - c. Applicant Name
 - d. Authorization No.

- e. Applicant Section
- f. LIHEAP Intake Worker Section
- g. Service Type
- h. Vendor Type
- i. Amount

THE NEXT SECTION APPLIES TO STHD STAFF ONLY:

- 7. Send FORM16/16A Reminder Notice if the application is incomplete. The intake worker shall also call the applicant as needed to ensure prompt receipt of the required documents.
- 8. Use FORM8 Benefit Calculation Work Sheet to calculate and track the ongoing available benefit amount.
- 9. Prepare FORM15 Applicant Confirmation Letter and FORM36 Quality Control Survey and send to the applicant or give to the applicant during the intake.
- 10. Complete the applicable sections of FORM12 File Check List, to include:
 - a. STHD Staff Section
 - i. Benefit Calculation Work Sheet
 - ii. Confirmation Letter to Applicant
- 11. Prepare FORM9: Vendor Commitment Letter and fax to the vendor if the amount was amended.

E. The Intake Process – Subsequent Visits (Crisis or Shutoff Assistance)

- 1. Print the most recent application and:
 - ❖ ask the applicant to review sections 1-5;
 - ❖ make modifications as necessary;
 - ❖ fill in Section 6;
 - ❖ print; and

- ❖ obtain the applicant's signature.
- 2. Use FORM35 Income Work Sheet to calculate the income and check the appropriate category on FORM6 Benefit Matrix [Year] and FORM7 Payment Matrix [Year] – only if the income is different from the previous visit.
- 3. Go to Section II.D.3 and complete the intake process.

Note: Copies of social security cards are required for new household members and income documentation is required for new household members or the existing household members' if the income changed.

F. After the Intake – Eligible Applicants Only

When an application is complete and the household is eligible for services the STHD intake worker shall:

Friday:

1. Complete a Check Request form for approval or denial by the STHD executive director. The STHD intake worker shall include a notation on the check request for the CTSI Accounting Department to send the check to the STHD office the following Wednesday. The below documents shall be attached to the form:
 - a. Check Request Attachment – This is obtained from the ACCESS database.
 - b. Utility Bill(s)
2. Retain a copy of the check request, check request attachment, and utility bills and send the originals to the CTSI Accounting Department before 2:00 PM on Friday. The accounting department will procure approval or denial of the check request from the CTSI general manager before generating the check.

The following Wednesday:

3. Make a copy of the check and attach to the check request, check request attachment, and utility bills that were copied on Friday. These documents shall be inserted in a vendor file that is maintained for each utility vendor.

4. Make a copy of the check request, check request attachment, check, and bill (for each applicant) and insert in the applicant's file.
5. Complete the remaining sections of FORM12 File Check List, to include:
 - a. STHD Staff Section
 - i. Check Request and Check Request Attachment
 - ii. Copy of check
 - b. Check #
6. Send the check to the utility vendor.

III. The Application

A. Computerized Application

[Note: The instructions pertain, primarily, to the computerized application. The substance is, however, pertinent to the computerized and manual application.]

The following is a step-by-step description of the information requested in the LIHEAP application:

1. Grant Year

The appropriate grant year is pre-printed on the application.

2. Authorization #

Enter a unique identifier, which includes the following elements:

Year	Unique Number	Program Type
11 (for the 2011 year)	Next number shown in the authorization log.	R = regular service C = crisis service S = shutoff service R/C = regular and crisis service R/S = regular and shutoff service

Example: 11-001-R

Note: The STHD shall identify the program type.

3. Applicant's Name

The applicant is the enrolled tribal member or the parent/guardian of a CTSI enrolled tribal child.

4. CTSI Tribal Status

Enter whether the applicant is a CTSI enrolled tribal member or parent/guardian of a CTSI enrolled tribal child.

5. Household Type

Select the correct household type. If the household type is not included in the pull down menu then manually enter the information.

6. Telephone

Enter a primary telephone number for the household. When available enter a work and message phone number. (Example: 541-444-1234 or if you do not know the area code then 000-444-1234)

7. Household Information

Enter the following information for each household member:

a. Household Member: Enter full name.

Note: The applicant's name will automatically appear on the first line.

b. Roll #: Enter the tribal roll number for the applicant and household members who are enrolled with the Siletz Tribe.

c. Birthdate: Enter the date of birth. (Example: 01/01/10)

d. Social Security Number: Enter the social security number.

e. Gender: Enter M for male, F for female.

f. Relationship: Enter the relationship of each household member (to the applicant). Enter "self" for the applicant.

- g. Elder: Check the box if the applicant is aged 55 or older.
- h. Disabled: Check the box if the applicant is disabled.
- i. Veteran: Check the box if the applicant is a Veteran of the Armed Forces.
- j. Homebound: Check the box if the applicant required an in-home intake.

8. Mailing and Physical Address

- a. Mailing Address: Enter the street, city, state, and zip code.
- b. Physical Address: Enter the street, city, state, and zip code. If the physical and mailing address are the same then enter "Same."

9. Type of Dwelling

Select the correct dwelling type. If the dwelling type is not included in the pull down menu then manually enter the information.

10. Residence Status

Select the correct residence status. If the status is not included in the pull down menu then manually enter the information.

11. Primary Source of Heat

Select the primary source of heat. If there is more than one primary source of heat then manually enter both sources separated by a comma. (Example: Electric (E), Natural Gas (N)). If a primary source is not included in the pull down menu then manually enter the information.

12. Income Information

Enter employment information for all household members aged 18 years and over who are employed.

- a. Enter the applicable household member – reference the household "HM#" number identified in Section 2 Household Information.
- b. Employer/Source: Enter the name of the employer.
- c. Address: Enter the employer's address (street, city, state, and zip code.) Do not use P.O. boxes; use an actual work location address.
- d. Telephone Number: Enter the employer's telephone number. (Example: 541-444-1234 or if you do not know the area code then 000-444-1234)
- e. Enter the applicable household member – reference the household "HM#" number identified in Section 2 Household Information.
- f. Type of Income: Enter the specific income type. If the income type is not included in the pull down menu then manually enter the information.
- g. Comments: Enter general comments.
- h. Verified: Indicate whether the household income is documented (e.g. pay stubs, letter from employer, medical card, self-employment form, divorce decree, award letter, bank statement, personal income form).
- i. Amount: Enter the verified household income.
- j. Frequency: Enter the household income as weekly, bi-weekly, monthly, quarterly, or annually. If the frequency type is not included in the pull down menu then manually enter the information.
- k. Annual Amount: Enter the total calculated income for the year.
- l. Total Annual Income: Enter the total calculated annual amount(s).

13. Program Type

- a. Visit: Enter the visit number.
- b. Date: Enter the date of the visit. (Example: 01/01/10)
- c. IW: Enter the initials (first and last name) of the intake worker who is conducting the intake.
- d. Authorization #: Enter a unique identifier for each visit.
- e. Program Type: Select the correct program type. If there is more than one type then manually enter both types separated by a comma. (Example: Regular, Crisis). If the type is not included in the pull down menu then manually enter the information.
- f. Circumstances: Enter the type of circumstance. If the circumstance is not included in the pull down menu then manually enter the information.
- g. Weatherization Referral:

Check if the applicant is interested in a referral to the Siletz Tribal Energy Program.
- h. Visit: The visit number will automatically appear in the field.
- i. Utility Company Name (Vendor): List each vendor separately. If the vendor is not included in the pull down menu then manually enter the information.
- j. Account Number: Enter the account number on the most recent utility bill from the vendor.
- k. Name on Account: Enter the applicant's name as it appears on the utility bill from the vendor. It is not required that the bill be in the applicant's name; however, the individual named on the bill must be a household member.
- l. Authorized Amount: Enter the calculated energy assistance benefit amount for the household. **Note:** This is the amount the LIHEAP will pay to the vendor.
- m. Vendor Amount: Enter the amount on the utility bill.

14. Other Housing Programs

Determine if the applicant lives in low rent housing or is the recipient of a Section 8 or rental assistance voucher. The purpose is to determine if the applicant receives a utility allowance.

15. Signatures

Affixation of signatures from the following individuals on the application:

- a. Applicant
- b. Intake Worker
- c. Employee who is entering the data in the computerized system.

16. Comments

At a minimum the following should be noted in the comments section:

- a. Any irregularities in the application process.
- b. If the application is processed utilizing two different line items: regular/crisis or regular/shutoff.
- c. Date services were exhausted.

IV. Calculation of Income

A. Income Defined

1. Income is defined by the Department of Health and Human Services, and used as a basis of comparison by the STHD, as "a household's countable cash receipts, before taxes." To be eligible for assistance, a household's gross income must be at or below 60% of the statewide median income.
2. The intake worker shall refer to ATTACHMENT A Income and Income Exclusions and ATTACHMENT B What is Not Income when computing the household income.

B. Computation of Income

The intake worker shall use FORM35 Income Work Sheet when computing the income.

Note: The intake workers shall highlight or circle the amount used, in the income verification documents, to calculate the income. The STHD shall staple FORM35 to the income verification documents.

V. **Calculation of Ongoing Benefit**

A. How to Calculate the Ongoing Benefit

The ongoing available benefit amount shall be calculated as follows:

[Refer to FORM8 Benefit Calculation Worksheet]

1. Use FORM6 Benefit Matrix [Year] to determine the Maximum Amount for regular assistance and go to ❷ and insert the regular or subsidized amount.
2. Use FORM7 Payment Matrix [Year] to determine the Maximum Amount for crisis and shutoff assistance and go to ❸ and ❹ and insert the maximum amount.
3. Use FORM7 Payment Matrix [Year] to determine the Total Maximum Amount, which is the shutoff amount, and go to ❶ and insert the total maximum amount.
4. Insert the vendor amount (amount shown on the utility bill) in the Regular, Crisis, or Shutoff row.
5. Insert the authorized amount in the Regular, Crisis, or Shutoff row.
 - a. Regular: The authorized amount is the amount stated in FORM6 Benefit Matrix [Year].
 - b. Crisis: The authorized amount is the same as the vendor amount, Sub-Total (for the applicable service type) or the Total Maximum Amount Sub-Total, whichever is lower.

- c. **Shutoff:** The authorized amount is the same as the vendor amount, Sub-Total (for the applicable service type) or the Total Maximum Amount Sub-Total, whichever is lower.
6. Calculate the sub-total for the Regular, Crisis, Shutoff, and Total Maximum Amount columns by:
 - a. subtracting the authorized amount from Maximum Amount (1st Visit) and Sub-Total (subsequent visits) for the applicable assistance type:
 - i. Regular
 - ii. Crisis
 - iii. Shutoff
 - b. subtracting the authorized amount from the Maximum Amount (1st Visit) and Sub-Total (subsequent visits) in the Total Maximum Amount column.
 - c. Computing the available funding for the unused categories.

REMINDER: The Sub-Total for the Regular, Crisis, or Shutoff columns should NEVER exceed the Total Maximum Amount Sub-Total.

Note: It is important to maintain a running sub-total for regular, crisis, or shutoff assistance.

7. Repeat Steps 4-6 until the Total Maximum Amount column totals \$0.00.

VI. Miscellaneous Considerations

A. Authorization Number Log

1. The intake workers shall maintain FORM10 (A-D) Authorization Number Log for each service requested.
2. The log is distributed to the intake worker at the annual training (usually in September).
3. The completed log shall be sent to the STHD upon completion of the program.

4. The authorization numbers are distributed as follows:

- a. Siletz: Numbers 001-299
- b. Eugene: Numbers 300-499
- c. Portland: Numbers 500-699
- d. Salem: Numbers 700-899

VII. File Maintenance

A. File Duration

Each file is multi-year in nature.

B. File Arrangement

1. Sleeves

The file shall be arranged as follows:

Sleeve 1: FORM11 Case Notes
FORM8 Benefit Calculation Worksheet
FORM16 Reminder Notice
FORM16A Reminder Notice A
FORM36 Quality Control Survey
FORM37 Authorization for Release of Information
General Correspondence

Sleeve 2: FORM12 File Checklist
FORM6 Benefit Matrix
FORM7 Payment Matrix

Sleeve 3: FORM2 LIHEAP Application
FORM3 The Appeals Process and Hearing Rights
FORM4 Energy Education Outreach

Sleeve 4: Certificate of Indian Blood or Tribal ID
Social Security Cards
FORM35 Income Work Sheet } STAPLE
Income Verification Documents }
FORM5 Declaration of Personal Income

Sleeve 5: FORM9 Vendor Commitment Letter
FORM29 Vendor Commitment Confirmation (Area
Office Use Only)

FORM15 Applicant Confirmation Letter

Sleeve 6: FORM L Check Request
Check Request Attachment
Copy of Check
Utility Bill

2. File Arrangement – Multiple Services

If a client seeks services more than once then insert FORM13 Insert (End of Service Type), printed on fuchsia-colored paper, into sleeves 2-6. Check the visit number and service type or check if the applicant is not eligible for services.

3. Labels

Labels, for affixation to the files, shall be formatted as follows:

- Tahoma
- Bold
- 12 Point Font

Note: The font size can be reduced to ensure the information fits within the label.

The labels shall be typed as follows:

Sleeve 1:	Case Notes, Work Sheets, Notices, Quality Control Survey, Correspondence, Release of Information
Sleeve 2:	Check List, Benefit Matrix, Payment Matrix
Sleeve 3:	Application, Appeals, Energy Education Outreach
Sleeve 4:	CIB/Tribal ID, Social Security Cards, Income Verification Documents

Sleeve 5:

Commitment and Confirmation Notices

Sleeve 6:

Check Request, Check Request
Attachment, Check, Utility Bill

Name Label:

Last Name,

First Name

CTSI of Oregon TM

Enrollment #

Parent/Guardian of CTSI TM

4. End of Fiscal Year Close-Out

a. Multi-Year File

When the program closes place FORM14 Insert (End of Year), printed on green-colored paper, in each sleeve, on top of the most recent activity.

b. Final Year Close-Out

When the detailed model plan and subsequent abbreviated plans conclude an insert shall be placed in the file indicating the plan's closure.

VIII. Database Management:

A. Application – Form, Query, Reports

1. New Client (Client did not receive services in the prior year)

- Go to LIHEAP 2011
- Go to Forms
- Go to LIHEAP APPLICATION – 2011
- Fill in one record for each applicant
 - See Section III. for "The Application" portion
 - See Section VIII.B.1.a. for "The Accounting Information" portion

- Close the form by clicking the lower "x" in the upper-right corner of the screen
- Save

- Go to Queries
- Go to LIEAP APPLICATION – 2010 Query
- Click the view button in the upper-left corner of the screen (looks like a protractor)
- Go to the "Criteria" line and scroll over to the First Name column (5th column) and the Last Name column (6th column)
- Type in the applicant's first and last name – verbatim
- Click the lower "x" in the upper-right corner of the screen
- Save the query

- Go to Reports
- Go to Application
- Print
- Ask the applicant to review and sign the document – make changes as necessary
- Give the applicant a copy (if requested) and file the original
- Close the screen by clicking the lower "x" in the upper-right corner of the screen

- Go to Queries
- Go to LIEAP APPLICATION – 2010 Query
- Go to View
- Go to the "Criteria" line and scroll over to the First Name column (5th column) and the Last Name column (6th column)
- Delete the applicant's first and last name
- Click the lower "x" in the upper-right corner of the screen
- Save

2. Ongoing Client (Client received services in the prior year) and Subsequent Visits

- Go to ACCESS
- Go to LIHEAP 2011
- Go to Forms

- Go to LIHEAP APPLICATION – 2011
- Locate the applicant's record and make changes as necessary and enter information into the "Accounting Information" portion
 - See Section III. for "The Application" portion
 - See Section VIII.B.1.a. for "The Accounting Information" portion
- Close the form by clicking the lower "x" in the upper-right corner of the screen
- Save

- Go to Queries
- Go to LIEAP APPLICATION – 2010 Query
- Click the view button in the upper-left corner of the screen (looks like a protractor)
- Go to the "Criteria" line and scroll over to the First Name column (5th column) and Last Name column (6th column)
- Type in the applicant's first and last name – verbatim
- Click the lower "x" in the upper-right corner of the screen
- Save
- Go to Reports
- Go to Application
- Print
- Ask the applicant to review and sign the document – make changes as necessary
- Give the applicant a copy (if requested) and file the original
- Close the screen by clicking the lower "x" in the upper-right corner of the screen

- Go to Queries
- Go to LIEAP APPLICATION – 2010 Query
- Go to View
- Go to the "Criteria" line and scroll over to the First Name column (5th column) and the Last Name column (6th column)
- Delete the applicant's first and last name
- Click the lower "x" in the upper-right corner of the screen
- Save

B. Accounting Reports

1. Check Request Attachment

a. Data Entry - Form

Fill in Section 1 at the time of intake.

- Go to ACCESS
- Go to LIHEAP 2011
- Go to Forms
- Go to LIHEAP ACCOUNTING – 2011
- Fill in one record for each vendor.
- In the "Check #" field enter the following until a check is cut then enter the check number:
 - **Pending** when an application is complete.
 - **Check** when an application is complete and a check is requested.
 - **Hold** when an application is incomplete.
- Close the form by clicking the lower "x" in the upper-right corner of the screen
- Save

b. Query and Report

- Go to Query
- Go to LIHEAP ACCOUNTING – 2010 Query
- Click the view button in the upper-left corner of the screen (looks like a protractor)
- Go to the "Criteria" line and scroll over to the Check#1 column (14th column)
- Enter "like p*"
- Click on the exclamation point to view the results
- If the data is incorrect then hit the view button and re-enter the query

This part is now incorporated into the application process at Section VIII.A.1.

- If the information is correct click the lower "x" in the upper-right corner of the screen
 - Save
-
- Go to Reports
 - Go to Check Request
 - Print and proof results
 - Close the screen by clicking the lower "x" in the upper-right corner of the screen
 - Go to Queries
 - Go to LIEAP ACCOUNTING – 2010 Query
 - Click the view button in the upper-left corner of the screen (looks like a protractor)
 - Go to the "Criteria" line and scroll over to the Check#1 column (14th column)
 - Delete the "like p*"
 - Click the lower "x" in the upper-right corner of the screen
 - Save

2. Expense Report

Fill in Section 2 of the LIEAP Accounting-2011 form when the check is received from the Accounting Department.

C. Other Reports

1. Applicant Confirmation Letter

a. Query and Report

- Go to ACCESS
- Go to LIHEAP 2011
- Go to Queries
- Go to LIEAP ACCOUNTING – 2010 Query
- Click the view button in the upper-left corner of the screen (looks like a protractor)
- Go to the "Criteria" line and scroll over to the Auth#1 (11th column)
- Type in the authorization number

- Click on the exclamation point to view the results
 - If the data is incorrect then hit the view button and re-enter the query
 - If the information is correct click the lower "x" in the upper-right corner of the screen
 - Save
-
- Go to Reports
 - Go to Confirmation Letter
 - Print and proof results
 - Close the screen by clicking the lower "x" in the upper-right corner of the screen
 - Go to Queries
 - Go to LIEAP ACCOUNTING – 2010 Query
 - Go to View
 - Go to the "Criteria" line and scroll over to the Auth#1 (11th column)
 - Delete the authorization number
 - Click the lower "x" in the upper-right corner of the screen
 - Save

2. Quality Control Survey

- Go to ACCESS
 - Go to LIHEAP 2011
 - Go to Queries
 - Go to LIEAP ACCOUNTING – 2010 Query
 - Click the view button in the upper-left corner of the screen (looks like a protractor)
 - Go to the "Criteria" line and scroll over to the Auth#1 (11th column)
 - Type in the authorization number
 - Click on the exclamation point to view the results
 - If the data is incorrect then hit the view button and re-enter the query
 - If the information is correct click the lower "x" in the upper-right corner of the screen
 - Save
-
- Go to Reports

- Go to Quality Control Survey
- Print and proof results
- Close the screen by clicking the lower "x" in the upper-right corner of the screen
- Go to Queries
- Go to LIEAP ACCOUNTING – 2010 Query
- Go to View
- Go to the "Criteria" line and scroll over to the Auth#1 (11th column)
- Delete the authorization number
- Click the lower "x" in the upper-right corner of the screen
- Save

3. STHD Monthly Report

- Go to ACCESS
- Go to LIHEAP 2011
- Go to Reports
- Go to STHD Monthly Report
- Print

4. Quarterly Report

a. Quarterly Report Data1

- Go to LIHEAP 2011
- Go to Queries
- Go to LIEAP ACCOUNTING – 2010
- Click the view button in the upper-left corner of the screen (looks like a protractor)
- Go to CheckRequDate1 (10th column)
- Enter one of the following equation for each quarter:

Quarter	Equation (References the 2011 year)
1 st	>12/31/10 and <4/1/11
2 nd	>3/31/11 and <7/1/11
3 rd	>6/30/11 and <10/1/11
4 th	>9/30/11 and <1/1/12

- Click on the exclamation point to view the results

- If the data is incorrect then hit the view button and re-enter the query
- If the information is correct click the lower "x" in the upper-right corner of the screen
- Save
- Go to Reports
- Go to Quarterly Report Data1
- Print
- Close the screen by clicking the lower "x" in the upper-right corner of the screen

b. Expense Report

- Go to Expense Report
- Print
- Close the screen by clicking the lower "x" in the upper-right corner of the screen
- Go to Queries
- Go to LIEAP ACCOUNTING – 2010 Query
- Go to View
- Go to the "Criteria" line and scroll over to the CheckRequDate1 (10th column)
- Delete the equation
- Click the lower "x" in the upper-right corner of the screen
- Save

c. Quarterly Report Data2

- Go to Report
- Go to Quarterly Report 2
- Print

Go to Section XIII.B. to generate the quarterly report.

IX. Denial of Service and Appeals

A. Denial Notice

If an applicant is ineligible for service the intake worker shall send the following to the applicant as soon as possible:

1. FORM23 Denial Notice
2. FORM24 Appeal Form

B. Appeal

If the applicant appeals the intake worker's determination he or she can request a:

1. review of the file to include addition information or documentation;
or
2. hearing.

C. Decision

The decision to approve or deny LIHEAP services shall be embodied in FORM26 Denial Order or FORM27 Eligibility for Program Benefits.

X. Compliance, Monitoring, and Auditing

A. Compliance

When confirming the applicant and household members' information, for compliance purposes, the intake worker can cross-reference the files maintained by other CTSI departments or by other programs operated by the STHD:

1. Inter-Departmental Review (Other CTSI Departments)

The intake worker can contact other CTSI departments (Accounting, Enrollment, Social Services, etc.) to compare source documentation to include tribal identifications cards, CIBs, social security cards, income documentation, and such.

2. Intra-Departmental Review (Other STHD Programs)

The intake worker can contact other programs within the Siletz Tribal Housing Department to compare source documentation to include tribal identifications cards, CIBs, social security cards, income documentation, and such.

B. Monitoring

See Monitoring Program (LIHEAP) Desk Guide DG-004.

C. Auditing

1. Annual Independent Audit

The Siletz Tribe, to include the LIHEAP, is subject to an annual independent audit in accordance with OMB Circular A-133.

2. Siletz Tribe Internal Audit Department

The Siletz Tribe operates an internal audit department. The department has the right to audit the LIHEAP.

XI. Quality Control Survey

The STHD shall conduct a quality control survey to ensure the best possible service is provided to the LIHEAP clients. The findings derived from the surveys will be incorporated into the training sessions that are conducted, with the LIHEAP intake workers, before the starting of the next funding year.

XII. Vendor Research

The STHD will conduct the following research regarding any vendor not on the pre-approved vendor list:

A. Address and Telephone Number

Utilize the Internet to ascertain if the address and telephone number belongs to a legitimate business.

B. Better Business Bureau

Access the Better Business Bureau website to check out the business as follows:

- i. Go to www.alaskaoregonwesternwashington.bbb.org
- ii. Go to "Check Out a Business or Charity"
- iii. Enter the business name and search
- iv. View Report

C. Oregon Attorney General

Access the Oregon Department of Justice website to search for consumer complaints as follows:

- i. Go to www.doj.state.or.us
- ii. Go to "Search"
- iii. Enter the business name

XIII. Reports

A. STHD Monthly Report

The LIHEAP shall distribute a report to the STHD employees, on the last day of each month, enumerating the individuals who received LIHEAP services during that period.

B. Quarterly Reports (Go to Section VIII.C.4 to obtain the Quarterly Report Data1 and Quarterly Report Data2)

1. Print the report from the ACCESS database entitled Quarterly Report Data1
2. Delete any double entries that have the same authorization number. Note: This typically signifies payment to two vendors using the same authorization number.
3. Tabulate the intakes, household that received services twice in the quarter, and area (Siletz, Salem, Portland, and Eugene) served.
4. Print the report from the ACCESS database entitled Quarterly Report Data2
5. Use Quarterly Report Data2 to tabulate the following in Quarterly Report Data1 regarding:

Elder

Disabled

Veteran

Homebound

XIV. TRAINING

The STHD will host a training for the area office intake workers in September of each year.

**ATTACHMENT A
INCOME AND INCOME EXCLUSIONS**

Income Types	Definition	Considered Income?		Proof of Income
		Yes	No	
Adoption Assistance			X	
Alaska Permanent Fund Dividend		X		Statement from investment firm, bank statement or letter of pension/retirement
Annuities, Pensions, Retirement		X		Statement from investment firm, bank statement, letter stating monthly pension/retirement
Assistance Payments	Retirement Survivors Disability Insurance (RSDI), Supplemental Security Insurance (SSI), MSA, TANF, MFIP, General Assistance	X		Award letter, check copy, statement from caseworker
Business Income	Income from a business, less business expenses	X		Documentation necessary to complete a self-employment form
Capital Gains or Losses	For self-employment only- IRS form 4794	X		Completed self-employment form
Cash Gifts	Must provide regular support for an individual or for the family	X		Statement from person providing regular cash gifts
Contract for Deed	Consider annual interest payment divided by the period used to determine income eligibility	X		Annual interest statement
Declaration of Personal Income	Irregular income resulting from occasional sources such as yard work, childcare, collecting cans/bottles, donating blood/plasma	X		Declaration of Household Income Form (DHI)
Dividends, Interest & Royalties	If over \$200 per year and is withdrawn	X		Letter declaring amounts, bank statement
Draw-down on Assets			X	
Earned Income	Any Earned Income credit		X	

Income Types	Definition	Considered Income?		Proof of Income
		Yes	No	
Credit	(EIC) displayed on a pay check should be deducted from the gross income. EIC is not counted as income.			
Earned income for minors or K-12			X	
Employers paid fringe benefits			X	
Foster Grandparents and Senior Companion Programs			X	
Food or rent received in exchange for work			X	
Gambling or wagers winnings			X	
Income passed through to creditors	Such as forced sales.		X	
Indian per capita In-kind income			X	
Irregular cash gifts or payment on behalf of the household			X	
Job-related expenses for on-self-employed	Deduct job-related expenses from gross income for employed individual who pays business expenses comparable to self-employment, such as a sales person, truck driver, or cab driver.		X	
Jury duty pay		X		Copy of check, check stub, official letter
Loans	Includes cash draw downs on credit cards.		X	
Military pay	When a household member is deployed, that person remains a household member. The deployed person's income is counted as household income, except that portion paid directly to the deployed person for expenses.	X		Bank statement, copy of check, uncashed check, document stating amount (e.g. Leave and Earnings Statement)

Income Types	Definition	Considered Income?		Proof of Income
		Yes	No	
Non-recurring lump sum payments			X	
Overpayment & refunds			X	
Payments from government sponsored programs	Such as agricultural programs	X		Copy of check, bank statement, award letter
Payments on behalf of the household	Must provide regular support for the family.	X		Letter from person providing payments, receipts
Program participation income	Title V of the Older Americans Act: Experience Works, Senior Health Aides, Senior Companions, Domestic Volunteer Service Act: VISTA, Americorps, UYA, RSVP, Foster Grandparent Program, Senior Health Aides, Senior Companions, ACE.		X	Income not counted by law.
Regular lump sum payments	Consider annual payment divided by the period used to determine income eligibility.	X		Letter regarding conditions of payments, bank statement
Reimbursements	Such as job related expenses such as mileage or uniforms; for medical expenses; income tax refunds or rebates.		X	
Rental income	Consider annual payment divided by the period used to determine income eligibility.	X		Receipts, rental Agreement
Section 8 Mortgage Payments	These payments may be cash payments to the household or regular payments on behalf of the household		X	
Social Security Benefits	Gross amount of the check (gross amount includes amount deducted for Medicare). Count for all household members (even minors and students).	X		Award letter, bank statement, annual letter from SSA
Spousal Support and Child Support	Do not deduct child support from the household paying it.	X		Court documents, statement from person paying support, printout from support enforcement.
Strike benefits		X		Copy of check, statement from Union

Income Types	Definition	Considered Income?		Proof of Income
		Yes	No	
Student Income (grants)			X	
Training allowances	From Federal and state employment programs, only the portion that pays or reimburses for living expenses. (i.e. jobs plus)	X		Documentation showing amounts paid or reimbursed for living expenses.
Tribal per capita payments from casinos		X		Statement from tribe regarding payment amounts.
Trusts Disbursements		X		Statements from trust regarding disbursement amounts
Unemployment Insurance		X		Check stubs, printout/ statement from employment office
Veterans Benefits		X		Uncashed check, notice/award letter
Veteran's Benefits – Vietnam Agent Orange Benefits and Veteran's Education allowance			X	
Wages, salaries, commissions, bonuses, profit sharing, tips, vacation pay; severance pay; sick leave; royalties and honoraria which result from the client's work or service.	Count all gross income received for the period used to determine income eligibility.	X		Wages stubs or statement from employer specifying gross wages
Worker's compensation		X		Check stubs, copy of check, statement from Workers Compensation

"Proof of Income" list is not exclusive. Other forms of verification may be approved by the LIEAP program coordinator.

ATTACHMENT B WHAT IS NOT INCOME

1. Administrated

Money received and used for the care and maintenance of a third party beneficiary who is not a household member (not foster parent income). Daycare reimbursements do not count as income.

2. Agricultural Nutrition Act of 1949 Section 416

Value of Federally donated food acquired through price support operations for school lunch or other distribution to needy people.

3. Child's Income

Earned income of children who are at least half-time students age eighteen (18) and under or over eighteen (18) who are enrolled in high school or a high school completion program.

4. Child Nutrition Act of 1966

The value of assistance to children under this Act.

5. Conveyance of Sub - marginal Lands to Indians

The value of land taken from and later added back to reservations must not be counted as income.

6. Domestic Volunteer Service Act of 1973 (P.L. 93113)

Income paid to participants in the following programs:

- a. Title I: Volunteers in Service to America (VISTA), Americorps, University Year for Action (UYA), Urban Crime Prevention Program.
- b. Title II: Retired Senior Volunteer Program (RSVP), Foster Grandparent Program, Older Americans Community Service Program (Senior Health Aides, Senior Companions).
- c. Title III: Service Corps of Retired Executives (ACE)

7. Energy Grant

Money received under last year's Low-Income Energy Assistance Program (LIEAP), Oregon Energy Assistance Program (OEAP), or from private utility energy assistance programs.

8. Excluded Gross Income

Payments to or reimbursements given to volunteers serving as foster grandparents, senior health aides, volunteer respite care, Retired Senior Volunteer Program (RSVP), VISTA volunteers, Experience Works staff, JTPA incomes, Title V, etc. are excluded as gross income.

9. Food Stamp Act of 1964

The value of the coupon allotment provided to any eligible household in excess of the amount charged to that household.

10. Indian Per Capita Judgment Payments

Payments made to any tribe or group whose trust relationship with the Federal Government has been terminated and for which Legislation in effect before October 12, 1973 authorized the disposition of its judgment funds.

11. Insurance

Retroactive lump sum insurance settlements, including Workers' Compensation settlements.

12. Non - cash Benefits

Food or rent received in lieu of wages.

13. Job Related Expenses for Non Self Employed Applicants

An applicant who is justifiably self employed but does not file income taxes as self employed (i.e. a sales person or a truck driver/taxi cab driver).

14. Loans

Loans that need to be repaid are not counted as income.

15. Lottery Winnings

Do not count unless it is paid in ongoing monthly or annual installments.

16. Medicare/Medicaid

The value of medical expenses paid directly to a health care provider on behalf of the household.

17. National School Lunch Act

The value of assistance to children under this Act.

18. Non - cash Federal or State Benefits

19. Older Americans Volunteer Act of 1965 (P.L. 96 - 478)

Income paid to participants in programs carried out under the Community Service Employment Program (Title V of the Older Americans Act), including Experience Works, Senior Health Aides and Senior Companions.

20. Payments made under the Radiation Exposure Compensation Act

21. Payments made by federal agencies under a presidential declaration of disaster including, but not limited to, individual family grants from the Federal Emergency Management Agency (FEMA).

22. Payments received from Youth incentive entitlement projects, youth community conservation and improvement projects.

23. Refunds, Rebates

Property tax refunds, renters' refunds, security deposits of utilities and rentals.

24. Reimbursements

Reimbursements to the extent they do not exceed expenses actually incurred and which do not represent a gain or benefit to the household.

25. Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970.

26. Reparation payment to Aleut people and people of Japanese ancestry under Public Law 100 - 383.

27. Sales

Lump sum money received from sale of property, house or car.

28. Student Aid

The full amount of all financial assistance paid directly to the student or to the educational institution. This includes: scholarships, grants, or loans.

29. Subsidized Housing

The value of any assistance paid with respect to a dwelling under the U.S. Housing Act of 1937, the National Housing Act, Section 101 of the Housing and Urban Development Act of 1965, or Title V of the Housing Act of 1949.

30. Taxes

Income tax refunds and earned income credits.

31. Title I of the Workforce Investment Act of 1998 (WIA)

Supportive services to participants. Supportive services include assistance that enables people to participate in the program, e.g., transportation, health care, child care, handicapped assistance, meals, temporary shelter, counseling, and other reasonable expenses or participation in the program. Exclude all WIA-supported income received by dependent household members who are 18 years old or younger or attending school K-12.

32. Veterans Educational Allowance(s).

33. Vietnam Agent Orange Benefits

Benefits for children of women Vietnam Veterans who suffer from certain birth defects must not be considered as income or resources in determining eligibility of benefits. If a child receives a benefit from the Veteran's Administration because of a birth defect, it is likely this benefit (P.L. 106-419)

34. WIC

Benefits from the Women, Infant, and Children (WIC) nutrition program, Child Nutrition Act.

ATTACHMENT 1.D
PERSONNEL MANUAL
Siletz Tribal Code § 2.800

where they will be working in the field under adverse conditions, supervisors will authorize appropriate attire. The department manager or supervisor, as part of employee's departmental orientation, will notify employee of any specific dress requirements within their department.

(b) Employees who appear for work inappropriately dressed may be sent home, and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

(c) The General Manager may designate casual dress days. Casual dress may include clean, well-kept denim jeans. Casual dress will not include shorts, t-shirts with logos of tobacco, alcohol or other drugs, or other non-professional attire.

§ 2.816 CHILD ABUSE REPORTING REQUIREMENT

(a) All Tribal Employees who have a reasonable cause to suspect that a minor has been abused or neglected shall report the suspected abuse or neglect to the Tribal Indian Child Welfare (ICW) Department. Any Employee who files a report of suspected abuse or neglect may, upon request and approval of the Court, remain anonymous, except those individuals who are required to report abuse according to their licensed professional standards. This policy does not supplant other professional mandates, or reporting requirements for child abuse reporting by licensed professional Employees.

(b) All Employees or agencies reporting in good faith, known or suspected instances of abuse or neglect, shall be immune from either civil liability or criminal prosecution for such report.

(c) While discipline may be imposed for failure to discharge reporting requirements, the reporting requirement shall not otherwise create civil liability for the employee, agency, or tribe.

§ 2.817 ADVERSE WEATHER CONDITIONS

(a) When weather creates hazardous driving conditions, the Administrative staff will

Adopted: 11/15/02

Amended: 4/23/03;
10/17/03; 12/19/03; 6/18/04;
9/24/04; 12/17/04; 05/21/05;
09/16/05; 10/22/05; 12/16/05;
03/17/06; 05/18/06; 8/18/06;
3/16/07; 4/20/07

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be responsible for notifying their staff by 7:00 a.m. of delayed office openings or office closures. The General Manager shall make a determination whether to alter office hours or grant administrative leave.

(b) In the event an Employee feels the weather conditions in their residential area are hazardous they should contact their Supervisor by the beginning of their scheduled shift to make arrangements regarding flexing their work hours, or request approval for annual leave.

§ 2.818 SECONDARY EMPLOYMENT

(a) All Employees are required to notify their Supervisor, Manager, and General Manager in writing of any and all (secondary) employment by entities other than the Tribe, and any businesses or entities of the Tribe. Such employment cannot result in any of the following:

- (1) Conflict with or impairment of assigned duties.
- (2) Conflict of interest.
- (3) Unfavorable publicity or poor relations to the Siletz Tribe.
- (4) Violate the propriety of Tribal documents.

(b) The General Manager shall forward the Employee's written notification of secondary employment to the Human Resources Department for inclusion in the Employee's file.

§ 2.819 WELLNESS/FITNESS PROGRAM

(a) Full-time Regular Employees may participate in a wellness/fitness program using the following guidelines:

- (1) An Employee may seek the approval of their immediate Supervisor for

Adopted: 11/15/02

Amended: 4/23/03;
10/17/03; 12/19/03; 6/18/04;
9/24/04; 12/17/04; 05/21/05;
09/16/05; 10/22/05; 12/16/05;
03/17/06; 05/18/06; 8/18/06;
3/16/07; 4/20/07

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permitted to make their deliveries to the appropriate areas (based on daily security conditions), provided they do not go outside normal areas.

- (2) All vendors must have pre-authorization from the designated official in each respective office to set up displays and/or conduct business or sales. All special committees and organizations fall under this rule.
- (3) No vendor, guest or visitor will be allowed to roam the building unescorted.

§ 2.055 CONDUCT POLICY

(a) Introduction. All Tribal Employees, Tribal officials, Judges and volunteers for the purposes of this policy shall be referred to as "Employees" and shall adhere to this Conduct Policy or be subject to the enforcement procedures outlined below. Tribal Council will follow their Ethics Policy and are not bound by this conduct policy.

(b) Tribal Identification Badges: All employees, WEX placements, temporary employees, etc., must wear their ID badges so that they are visible at all times. Additionally, employees who work in the administration building are expected to swipe in and out of work at the beginning and end of their shift through the rear entrance of the administration building. This does not take the place of signing in or out according to department or supervisor request, but is in addition to normal procedures.

(c) All Employees shall comply with and/or recognize the laws, policies, priorities and procedures of the Tribe now in effect or issued or developed in the future.

(d) No Employee shall use their position to threaten, intimidate, or attempt to influence an Employee or department in any manner inconsistent with the laws, policies, priorities, and procedures of the Tribe.

(e) No Employee shall deviate from established Tribal policies without written authorization of the Employee's Supervisor, or if the Employee has no Supervisor, the Tribal Council or their delegate.

(f) Employees are expected at all times to conduct themselves in a positive manner so as to promote the best interests of the Tribe. A failure to behave in accordance with such expectations may subject an Employee to disciplinary action. Such conduct includes:

- (1) Complying with all applicable laws (including criminal laws), policies, regulations or procedures. If the General Manager has reasonable grounds to believe an Employee has violated this subsection, where an investigation is ongoing, a conviction, guilty plea or plea of no contest has not been obtained, the General Manager shall have the authority to place the Employee on suspension, with or without pay:

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- (A) Until an investigation is complete (or, if it appears the investigation may last more than two weeks, until the General Manager's request for a longer period of suspension can be presented to the Tribal Council as required per section 2.858 of the Tribe's Personnel Manual, at which time the Tribal Council may approve or deny an extension of the suspension), or
 - (B) When an Employee has been charged with a serious crime, pending resolution of any court proceedings related to the accusation of such crime.
- (2) Complying with all Tribal safety and security regulations.
 - (3) Maintaining work place and work area cleanliness and orderliness.
 - (4) Treating all customers, visitors, and fellow Employees in a courteous manner.
 - (5) Refraining from behavior or conduct deemed offensive, undesirable, or contrary to the Tribe's best interests, including engaging in activities of a personal nature on paid work time.
 - (6) Failing to report to the Employee's Supervisor, and/or a designated management staff person, behavior or evidence indicative of conduct by fellow Employees or clients in violation of any applicable laws, ethical obligations, or policies. The Supervisor shall immediately forward the report to the General Manager.
- (g) The following conduct is prohibited and will subject the individual involved to disciplinary action:
- (1) The reporting to work under the influence of alcoholic beverages and/or illegal drugs, including narcotics, or the sale, use, dispensing, or possession of alcoholic beverages and/or illegal drugs or narcotics on Tribal property.
 - (2) The use of profanity or abusive language.
 - (3) The possession of firearms or other weapons at the workplace, unless authorized otherwise by the General Manager or applicable law.
 - (4) Insubordination or the refusal by an Employee to follow a Supervisor's authorized instructions concerning a job-related matter.
 - (5) Fighting or assault on a fellow Employee or client.
 - (6) Theft, destruction, defacement, or misuse of Tribal property or of another Employee's property.

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- (7) Altering without authority, or falsifying any Tribal record or report.
- (8) Threatening or intimidating Supervisors, Tribal officials, co-workers, or clients.
- (9) Violations of the dress code.
- (10) Engaging in any violation of the Productive Workplace Policy.
- (11) Violating the procedures for disclosing confidential information as outlined in the Personnel Manual, Section 2.811 Confidential/Privileged Information.
- (12) Attempting to enter into a relationship with a client that conflicts with the interest of the client, or one that may impair professional judgment and increase the risk of exploitation of the client.
- (13) Employee are expected to model positive behavior when working with children and youth. This includes but not limited to, personal behavior when they represent the Tribe or Tribal Programs. This behavior includes refraining from smoking and/or alcohol use during an event sponsored by the Tribe.

The examples provided above are illustrative of the type of behavior that will not be permitted, but are not intended to be an all-inclusive listing. Any questions with this policy should be directed to the Human Resources Manager.

(h) **Favors or Gifts.** Employees shall not accept any favor, service, gift, or other item, excluding meals and food, from any vendor, contractor or individual firm having, or proposing to have business with the Tribe, when the value of such item exceeds \$300. Any Tribal Employee who receives such favor or gift will notify his or her Supervisor immediately and will return the item immediately.

(i) **Conflict of Interest.** No Employee shall engage in any decision, which would be likely to result in a financial benefit or advantage to them, or their immediate family. Immediate family includes father, mother, son, daughter, husband, wife, sibling, or any other person living in the household. A conflict of interest, for example, exists when an Employee participates in any job interview where a qualified applicant for that job is a member of the Employee's immediate family. A conflict of interest does not exist when an Employee's decision benefits a general class of persons.

(j) **Contract Awards.** No contract for services to Tribal Government will be entered into if a Tribal Employee has an interest in the contracting entity without full disclosure to the Tribal Council, and approval of the Tribal Council prior to executing such contract.

(k) **Supervision of Relatives.** No Tribal Employee will directly supervise, or be supervised by a member of the Employee's immediate family.

(l) **Enforcement Procedure.** Tribal Employees under the supervision of the General Manager,

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and Tribal volunteers shall be subject to the disciplinary sanctions identified in the Siletz Tribal Personnel Manual, up to and including termination of employment.

(m) Appeals of Enforcement. Tribal Employees may appeal disciplinary decisions as provided in the Siletz Personnel Manual.

§ 2.056 CLIENT INFORMATION SHARING POLICY

(a) This policy section applies to individual records, whether computerized or manually filed information. It does not apply to Tribal Public Records, which are addressed in the Public Records ordinance, §2.900 *et seq.*

(b) In order for Tribal employees to fulfill their mission of assisting tribal members and program participants (referred to in this section as "clients") to reach their highest potentials, it is necessary for staff to share information. Information sharing is vital to determine eligibility, provide support, conduct case planning and effectively deliver services.

(c) The Information Sharing Policy governs the collection of information needed to serve clients while protecting them from unauthorized, inappropriate disclosures of personal information.

(d) Employees must exercise care and fairness in the collection and holding of client information. The Tribe does not maintain "secret" files on individuals; clients will be informed at the time information is collected about why it is needed and how it will be used. Individuals shall have access to their own client records (subject to other individuals' privacy rights), and shall be provided with the opportunity to correct inaccuracies. Programs which have additional guidelines or requirements through their funding agencies or by tribal or federal regulation will adhere to those policies also.

(e) Management/Supervisors - Tribal management is responsible for the implementation and adherence to the Information Sharing policy. Periodic reviews are to be made regarding compliance to the Tribal Law. Incidents of alleged non-compliance will be investigated and appropriate action taken. Supervisors will review client requests for record amendments as described in §2.056(i) below.

(f) With regard to the collection of client information, employees will:

- (1) Insure that information collected is necessary for eligibility determination, providing support, conducting case planning and/or effective service delivery. Only personal information that is relevant and necessary to accomplish a specific objective is to be collected.
- (2) When the employee reasonably anticipates that information will be sought or shared between internal or external programs or providers, the employee must obtain a signed Release of Information form approved for use by their program.
- (3) When an employee seeks to use information for purposes other than originally

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intended, a valid Release must be on file or must be obtained from the individual.

- (4) Collect information directly from the individual rather than other sources whenever possible.
- (5) Make clear to the client the purpose for collecting the information and the effect of a refusal to give necessary information.

(g) Information of a confidential nature needs to be protected within a locked area when the file area is not staffed. It is also the employee's responsibility to know and follow proper information disclosure procedures when giving information.

(h) Requests by individuals to see their records must be in writing and should indicate which information they want to see. The employee must verify the client's identity before the requested information can be released. The request needs to be acknowledged within ten working days. Photocopies of information released to a third party will be accompanied by a statement prohibiting use of the information for other than the stated purpose, release to any other party, and that the copies must be destroyed after the stated need has been fulfilled. Duplicating costs will be borne by the individual requesting the records.

(i) Requests to amend factual, verifiable information must be in writing and must state the reason for the desired change. Staff must acknowledge the request within ten working days and advise the individual as to when they can expect a decision. The program supervisor must complete their review within thirty days. If the request for amendment is accepted, the information on file will be changed and the client shall be notified. If the request for amendment is not accepted the client will be given reasons for the decision and advised of their appeal rights. All requests, appeals, and findings will be part of the file.

(j) Exceptions. An employee may request or share client information with any other tribal employee where there is a legitimate business reason and the information is part of the public record of the Tribe, or any other public or Tribal entity, or where the information is necessary to determine the client's eligibility or continued eligibility for Tribal services or to provide such services to the client. In addition, an employee may provide client information when ordered by a court of competent jurisdiction.

(k) Penalties. Willful disclosure of personal information or disregard of the provisions of this policy may result in disciplinary action, up to and including discharge from Tribal employment.

§ 2.057 TRIBAL CREDIT CARD POLICY

(a) This policy applies to all Tribal credit card holders, including (credit card charges review and approval by the Tribal Chairman or designate) for Tribal General Manager, the Siletz Tribe Gaming Commission Executive Director, Hearings and Appeals Chairman, the Internal Audit Director and the