



WINNEBAGO TRIBE OF NEBRASKA



Social Services Program

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505 5th Street Ste. 320 • Sioux City, Iowa 51101 PH: 712-203-2352 Fax: 712-203-2353

You were selected for a random urine analysis on _____.

The results were one of the following:

Positive Negative Presumed Positive (refused/admission)

As a result, you will be placed on vendor pay for your bills and required to turn in all receipts for the remaining balance. Receipts must be turned in by the next check run date, which is _____. Failure to do so will result in your next check being late, as well as any money being paid back to the program that was not accounted for. Failure to comply with this policy will also include a sanction on your case or possible case closure.

READ AND INITIAL THE FOLLOWING:

_____ I understand that I must complete an evaluation and turn in the results of that evaluation to my caseworker within 30 days of the testing date.

_____ I understand that I must follow any recommendations of that evaluation within a reasonable amount of time and according to the plan I have developed with my caseworker.

_____ I understand that all my bills will be paid first by vendor pay and any remaining money will be given to me.

_____ I understand that I must return all receipts for my monthly benefit, to receive any further assistance through our program.

_____ I understand that I will be responsible for paying back any money that cannot be accounted for from my next monthly benefit.

_____ I understand that I must stay in compliance with my plan to continue to receive monthly assistance.

By signing, I acknowledge that my case is subject to sanctions/closure for non-compliance.

Date

Print Name

Signature