



NOOKSACK INDIAN TRIBE

5016 Deming Road • P.O. Box 157 • Deming, WA 98244
Administration: (360)592-5176 • Fax: (360) 592-2125

Date: December 1, 2016

Dominador Aure Jr
PO Box 4074
Nooksack, WA 98276

Re: LETTER OF NOTIFICATION (LON)

Please be advised in accordance with Section 5 of the Nooksack TANF Plan, TANF reviews a Family Unit's continuing eligibility for benefits at least once every thirty days. Section 5 of the TANF Plan identifies eligibility criteria, which states in part:

The following are eligible for Nooksack Indian Tribal TANF assistance:

- Any Nooksack Indian Family Unit within the service area. A Nooksack Indian Family Unit means households in which resides an enrolled member of the Nooksack Indian Tribe...
- All documented Indian Family Units ... Documented Indian Family Unit means a household where a child or a child(ren)'s adult caregiver has documented proof of enrollment with any federally recognized Indian Tribe or Alaska Native Tribe or Native Corporation...

Your original basis for eligibility for the TANF Program included your membership and the membership of the child (ren) that you are caring for with the Nooksack Indian Tribe. On November 28, 2016, we received notice that you are no longer enrolled with the Nooksack Indian Tribe. Pursuant to the TANF eligibility requirements, you or one of your household members must be a currently enrolled member of a federally recognized Indian Tribe. Because the TANF Program lacks any evidence that you or one of your household members is a currently enrolled member of a federally recognized Indian Tribe, you are no longer eligible for further benefits from our Program commencing ten days following this notice, December 11, 2016.

Pursuant to Section 12 of the TANF Plan, you may appeal this decision to the Program Director, Nadeen Jimmy, by filing a written request within ten (10) working days from the date of this LON. Your written request should include a completed Appeal Form (enclosed), documenting the nature of the decision appealed and the basis for your disagreement with this decision. Your written request should be signed and dated, and should be personally delivered to: Social Services Receptionist at 5061 Deming Road, Deming WA or mailed to P.O. Box 157, Deming, WA 98244. In the event of a valid and timely appeal, you will be notified of your hearing date and time.

You may also contact the Bellingham CSO (Community Service Office) to transfer TANF benefits to the Bellingham DSHS office at:

Bellingham DSHS
4101 Meridian St
Bellingham, WA 98226-5514
877-501-2233

If you have any further questions you may contact our office at 360-592-0135.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Heidi Davis', with a large, stylized loop at the end.

Heidi Davis
TANF Caseworker

Encl: Appeal Form

