



**INDIVIDUAL INDIAN MONIES ACCOUNT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ECONOMIC ASSISTANCE  
 SFN 413 (1-2023)

Date
Notary

TO: Indian Agency			FROM: Case Name		Case Number
Address			Address		
City	State	ZIP Code	City	State	ZIP Code

I am applying for/receiving Temporary Assistance for Needy Families (TANF), Basic Care, Child Care Assistance, LIHEAP, and/or Supplemental Nutrition Assistance Program (SNAP). I understand that this information is required to determine my initial or continued eligibility for assistance:

Verification of the amount of income credited to my IIM Account during the period:

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Applicant/Recipient		Date of Birth	Name of Applicant/Recipient		Date of Birth
Social Security Number	Enrollment Number		Social Security Number	Enrollment Number	
Signature			Signature		

**Name of Each IIM Account Holder Under Age 18**

Name	Social Security Number	Date of Birth	Enrollment Number

*The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information on this form will not affect participation in this program.*

State of	County of	Date signed and sworn to (or affirmed) before me this day
This instrument was acknowledged by each applicant or recipient who's signature appears thereon.		Affix Notary Stamp
Signature of Notary Public		
Commission Expiration Date		

**TO BE COMPLETED BY INDIAN AGENCY (attach a copy of the IIM ledger)**

Additional Information (if any)		
Signature, Agency Representative	Telephone Number	Date

Return your signed and dated form to your local human service zone office

**OR**  
 Submit by mail to:  
 Department Of Health and Human Services  
 Customer Support Center  
 PO Box 5562  
 Bismarck ND, 58506  
**OR FAX:** (701)-328-1006  
**OR Email:** [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov)

For questions call Customer Support Center at:  
 1-866-614-6005

Human service zone office locations can be found here:  
<https://www.hhs.nd.gov/human-service/zones>

Please retain a copy for your record.