



CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701

Department of Fire and Emergency Services
10 Main Street
605-394-4180
Fax: 605-394-6754

July 11, 2002

Troy Williamson
Manager
NAHA O ti II
405 St. Joseph St.
Rapid City, SD 57701

Mr. Williamson,

This is to inform you that you have complied with all conditions imposed on you by the Fire Department to achieve status as a Mission. Each time I came to inspect, your personnel were courteous and helpful. You or a member from the maintenance staff accompanied me to address discrepancies encountered during our monthly inspections. All discrepancies were noted and corrected within a very short period of time. The grounds were kept free of debris and refuse.

Since the inspection dated May 22, 2001, all minor discrepancies have been corrected. You asked for additional time to correct past problems with the facility. These included installing chains across the entrances to St. Joseph St., changing room doors, adding corridor doors for separation and creating exit corridors out of the east wings on first and second floors. All of these have been accomplished to the satisfaction of the Fire Department.

It has been a pleasure working with you this last year. We will continue to conduct periodic inspections as with all businesses.

If you have any questions or comments regarding this letter, please contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Daniel Ladenburger'.

Daniel Ladenburger
Lieutenant
Fire Prevention Division

CC: Gary Shepherd
Bill Knight
Lisa Seaman

Date July 8, 2002

To: Rapid City Community

From: Troy Williamson
Manager of Tiospaye

Subject: To keep the mission at 405 St. Joe St.

The Native American Heritage Association is headquartered in Rapid City, and has many programs to help our community, such as:

- ❑ Food Pantry,
- ❑ Food Warehouse,
- ❑ Tiospaye Family Mission,
- ❑ Medical Lodging for families,
- ❑ NAHA Social services,
- ❑ NAHA Transportation buses for sick and elderly
- ❑ Camp Paha Sapa for kids.

Naha has helped with getting families off the street and into homes over the last year and we would like to keep on helping our community at our shelter for the homeless.

The Tiospaye' is a self-help program and encourages the families to help themselves. The Tiospaye is only one of many stepping-stones in helping families help themselves.

Attached is other pertinent information concerning NAHA'S Programs.

Date: July 8, 2002

To: City of Rapid City

From: Troy Williamson
Tiospaye' Manager

Subject: Renewal of Use on Review

Since your last meeting on July 16, 2001 regarding a Mission in the Central Business District on Lots 1-7, Block 96, Original Town of Rapid City, Section T1N, R7E, BHM, Rapid City Pennington County, South Dakota, Located at 405 Saint Joseph Street.

In order for the Council to approve the Use on Review and for NAHA to proceed, the following stipulations needed to be done prior to City Council approval:

- A post and chain barrier.
- Correct all Fire Code Violations.
- There shall be no inoperable vehicles on the site.
- No outside storage of personal belongings.
- Documentation from the Building Inspection Dept.
- Documentation from the Fire Inspection Dept.
- 24 Hour supervision by and individual(s) trained and qualified to administer the functions and activities of the mission.
- Monthly reports from NAHA to the City Council at a regular scheduled meeting.

As of July 8, 2002 all the above stipulations have been completed.

Tiospaye - Completed Improvements May 3rd, 2001 to May 3rd, 2002	
New Bike Racks	\$ 975.63
Remodel 2 rooms for fire exits	6,000.00
New fire doors and exits	15,800.00
New fire alarm, security cameras and intercom systems	25,519.87
Air condition and heating maintenance	29,209.03
Remodel kitchen	4,538.00
New hot water heater	4,234.71
New chain fence	1,683.00
New concrete curb	749.70
Brought electrical up to city code	9,167.16
New sewer line and plumbing maintenance	20,119.03
Damage when tenant left water on	11,993.66
New carpet and tile	9,432.03
Interior and exterior paint	1,408.28
New signs	4,675.07
New door to kitchen	1,525.00
New ice machine	1,617.85
Replace door locks on all outside doors to bring them up to city code	1,770.97
Total	\$ 150,418.99
Security costs on weekends for the year	\$ 37,440

Tiospaye - Improvements Yet To Be Done	
Floor Tile (get rid of all remaining carpet)	\$ 33,100.00
Turn old kitchen into a gathering room	\$ 10,000 to \$ 15,000
New dryars	\$ 5,112.00
Fixtures in bathroom	\$ 70,800.00
Electronic door locks	\$ 12,000 to \$ 16,000
Put single units ac/heat into building	\$ 190,000.00
Playground for kids in old pool	\$ 7,200.00
Need 58 dressers	?

Native American Heritage Association
410 Sheridan Lake Rd.
Rapid City, SD 57702
(605) 341-9110
(605) 341-9113 Fax

NAHA FOOD PANTRY – SOCIAL SERVICES

130 Main St. (605) 388-3614, Rapid City, SD 57701

Established to serve all people in need of food in the Rapid City area.

Requirements:

Proof of Rapid City Residence, Photo ID, Social Security card, proof of income, must be 18 yrs or older.

Food Pantry Hours: M--F 9:00 am to 3:00 pm
Social Service Hours: M-F 9:00 am to 4:30 pm
Contact Person: Billie Jo

NAHA TIOSPAYE

405 St. Joseph St. (605) 342-9111 Rapid City, SD. 57701

This program provides lodging for homeless families up to 120 days.

Requirements:

You need to be homeless and have children already enrolled in RC School District K-8th grade. Must be 21 or older and have a complete application filled out.

Tiospaye' Hours: M-F 8:00 am to 5:30 pm
Contact Person : Troy or Lynette

NAHA MEDICAL SERVICES

405 St. Joseph St. (605) 342-9111 x 218 Rapid City, SD 57701

Assist families with an extreme medical emergency (ICU, Chemo, Dialysis)

- Lodging
- Food

Requirements:

Medical Application, Tribal Id, Social Security Card(s) Liaison referral card from ICU, Chemo, Dialysis

Medical Hours: M-Thur. 8:00am to 5:30pm – Fri 7:00am to 3:00pm
Contact Person: Steve or Jamie

NAHA TRANSIT SERVICE

1670 Rand Rd. (605) 388-3115 Rapid City, SD 57701

This program provides transportation for the Native American Community in Rapid City to and from medical appointments only.

Requirements:

Medical appointment slip, Must be 18 yrs or older, 24 hour notice of appointment.

Transit Hours: M – F 7:00 am to 5:00 pm (Dialysis M-W-F 6:00 am to 5:00 pm)

Contact Person: Richard

734 Native American Heritage Association Tiospaye'

405 St. Joseph Street
Rapid City, S.D. 57701
(605) 342-9111
(605) 341-7641-Fax

This is the total number of families helped since the family mission has opened its doors on May of 2001

	Dates	Total
1.	May 2001 – December 2001:	155
2.	January 2002 – June 2002:	53

**This is the total number of people helped from
January 2002 – July 1, 2002**

	Dates	Total
1.	Jan 2002 – July 2002	734

Native American Heritage Association Tiospaye'

405 St. Joseph
Rapid City, SD 57701
(605) 342-9111
(605) 341-7641-fax
Hours: M-F
8:00 am to 5:30 pm

This program provides lodging for 120 days. This is a second chance to make a difference for your children

Requirements:

1. You need to be a Rapid City resident 21 yrs or older, with a current Rapid City address
2. Have children K- 8th grade already enrolled in the Rapid City school district.
3. A complete application filled out, before it can be processed and approved.

Selection Process:

1. Applicant must meet qualifications of the program
2. A complete application filled out, signed and dated, as we go by the date it was filled out.
3. A selection of qualified applicants by our committee
4. You will be put on a waiting list once your application has been approved.

Who does not Qualify:

1. Re-location from another city, town or state.
2. Individuals with no children
3. Adult children 18 yrs. or older.
4. Individuals with warrants or under investigation

**N.A.H.A. TIOSPAYE'
405 ST. JOSEPH ST.
RAPID CITY, SD 57701
(605) 342-9111
FAX (605) 341-7641**

The N.A.H.A. TIOSPAYE' program was developed to help those families already living in Rapid City, and have school age children already attending the Rapid City area schools.

QUALIFICATIONS NEEDED FOR THE PROGRAM:

1. You must be 21 years of age or older to fill out an application.
2. You must presently live in Rapid City, with a current address on the application.
3. **You must have children already enrolled in the Rapid City School District K-8th grade.**
4. You must have a **complete** application before it can be processed and approved. **VERY IMPORTANT !!**
5. **Children must be in your physical custody.**

HOW THE SELECTION PROCESS WORKS:

Applicants will be selected based on these guidelines.

1. Applicant meets the qualifications of the program.
2. Application was filled out completely, signed, and dated.
3. NAHA Tiospaye' will select complete applications according to the date the application was filled out.

WHO DOES NOT QUALIFY?

- Families or individuals re-locating from the reservation(s), or another city or state.
- Individuals with no children.
- Individuals with warrants for their arrest, or under investigation.
- Adult children over the age of 18 yrs.
- Previous employees of N.A.H.A

NAHA Tiospaye' will contact the selected applicant(s) who qualify. Once you are selected, NAHA Tiospaye' will contact you within 48 hours, make sure all of your information is current. If NAHA Tiospaye' is unable to contact you after 48 hours, you will need to re-apply.

NAHA TIOSPAYE' RULES AND REGULATIONS

Pg.1

RESIDENTS

1. **WHEN LEAVING THE PROPERTY USE THE SIGN IN AND OUT SHEET.** This is for your safety. Also check for any messages and mail.
2. While you are a resident here, you may receive your mail here. Mail received here after you leave will be sent back to the Post Office. Only if you have filled out a Check Out Form with a forwarding address will we forward any mail
3. All residents are required to look for work and housing while living here. You are to be gone between the hours of 10:00 am to 3:00 pm. certain exceptions apply.
4. **CHILDREN MUST BE UNDER PARENTAL SUPERVISION AT ALL TIMES.** Children left unattended will be escorted back to their rooms, written up, and if left by themselves, D.S.S., and or law enforcement will be called.
5. Child Care: If you have other residents watching your children:
 - You need to let management, and the front desk know, so please fill out the in house childcare form provided for you.Child Care Provider:
 - You are totally responsible for the child(ren) behavior, actions etc.
 - The child(ren) will be in the provider's room while in their care.
6. **NAHA HAS THE RIGHT TO ENTER A ROOM FOR ANY REASON AT ANY TIME.**
7. **NAHA** is not responsible for lost or stolen personal items.
8. No incoming calls after 10:00 pm.
9. **All Adult Resident must sign in before 11:00 pm** unless other arrangements are made. working the late shift etc., security will be here to let you in.
10. All residents will be expected to occupy their assigned room. If you don't need the room, please let us know, there are families out there who do.
11. All residents are required to assist with assigned chores and duties to keep the property clean and presentable.
12. Weekly room inspections are done. Unsatisfactory condition of your room will result in a write up and your TV. and or cable will be taken from your room until you earn it back.
13. All children must be attending school and in your physical custody in order to live here.
14. **NO CHILDREN ALLOWED IN THE ALLEY FOR ANY REASON**, such as taking out the trash or playing.

15. **THERE ARE CHILD PROTECTION LAWS.** Please be careful on how you correct your children. **PARENTING CLASSES ARE AVAILABLE.** Please inquire at the front desk for a list.
16. **CURFEW IS 9:00 pm FOR All SCHOOL AGE KIDS. THEY ALSO NEED TO BE IN THEIR ROOMS AT THAT TIME.**
17. Cleaning of the rooms is the responsibility of the residents. Cleaning supplies are available on a check out basis. Room checks are done on a weekly basis.
18. Laundry is done on your own.
19. Keys to your room are your responsibility. A cost of \$5.00 at the time of move in will be collected, and given back to you when you move out.
20. Be sure to let the front desk know if you are going out of town, or just going to be gone for x amount of days. If you don't, you could jeopardize your right to keep your room
21. If you are going to be gone for the night, you need to sign an Gone for the night slip, or call if you can't make it.
22. **ANY PERSON ON NAHA'S PROPERTY IS SUBJECT TO A (PBT) TEST UPON REQUEST.** Failing or refusing the (PBT) will result in removal from the property.
23. **SMOKING WILL BE DONE OUTSIDE IN DESIGNATED AREAS ONLY.** Underage smoking 17 yrs. and younger will not be permitted on the premises, city law. If caught, the parent(s) will be called to the front desk.
24. All car need to be in working order. No working on non-running cars on NAHA property any towing of vehicles will be at the owner's expense, and if NAHA has to tow it will cost \$45.00. NAHA will give you a 48-hour notice on this rule.
25. If you are caught taking any NAHA property when moving out, you will be prosecuted to the full extent of the law, and lose all NAHA Assn. Privileges, pantry, medical bus etc.
26. If you are asked to leave the program, you will also lose all NAHA Assn privileges, pantry, medical bus, etc.
27. Anyone incarcerated (jail), or has outstanding warrants, and don't take care of them during his or her residency would be asked to leave the program.
28. Once a resident with NAHA you will no longer be eligible for NAHA's food pantry. We receive the same things that the pantry has to offer.
29. Anything left in assigned room after move out, by you, or us will be donated after 48 hours.

VISITORS

30. **ALL VISITORS MUST REPORT TO THE FRONT DESK**, and sign in on the visitors log.
31. Visitors will be asked to wait in the upstairs meeting room, or outside
32. **NO** visitors are allowed in the living areas, **medical exceptions only**.
33. No visitors on the residential balconies.
34. No visitors after 9:00 pm weekdays, and 10:00 pm on weekends.

SAFETY

35. Be sure and know the locations of all the fire extinguishers. If you don't just ask the front desk. Mock fire drills will be done in the future.
36. Due to fire hazards, and false alarms, the burning of candles, incense, sage is solely the decision of the resident. If any problems occur because of such burnings, the tenant will be solely responsible, and there might be fines and dismissal from the program.
37. No propping the doors open, you will be written up if you are caught.
38. For your safety, tenants are to have shoes on at all times.
39. N.A.H.A security is here for your safety and security, please show them the courtesy and respect you would any law enforcement officer.
40. Food will be available in the food service area. **PLEASE DO NOT SEND YOUR CHILDREN TO THE FOOD AREA UNSUPERVISED**. Clean up is the responsibility of the parents. **THE NEW HOURS WILL BE:**

BREAKFAST 7:00 am – 8:00 am
LUNCH 12:00 pm – 1:00 pm
SUPPER 4:00 pm - 7:00 pm

41. No microwaves, hotplates, refrigerators, toasters, coffee pots or cooking in the rooms, at any time.
42. The kitchen is for preparing food, please use this time to eat your meals there too. Snacks, sodas and take out food are ok to take and eat in your room, as they are all easily disposed of.

The 3 Incidents and your out procedure will be as follows:

All incidents will be documented and put in your personal file. On the fourth incident, you will be asked to visit with management, and at that time we will decide whether you stay or leave the program.

THE FOLLOWING SITUATIONS WILL CAUSE FOR YOUR IMMEDIATE REMOVAL FROM THE PROPERTY, AND POSSIBLY THE PROGRAM

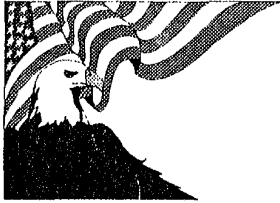
1. Being under the influence of alcohol or drugs or in possession of paraphernalia.
2. Any physical or verbal abuse towards staff.
3. Destruction of NAHA'S property or other's private property
4. Anyone caught stealing from a resident or business.
5. Any violent behavior, abuse, or language, fighting or cursing.
6. Borrowing or pan handling from anyone on or near the property.
7. Gang activity of any kind.
8. Any sexual harassment or sexual misconduct.
9. Falsifying of information in order to get or keep a room.
10. Tampering with the security camera equipment.
11. Sneaking non- residents into your room.
12. In possession of any kind of weapon.

ANY PERSON WITH A SEXUAL CONVICTION WILL NOT BE ALLOWED ON NAHA PROPERTY, FOR THE SECURITY OF THE RESIDENTS.

NAHA reserves the right to make changes to the Rules and Regulations at any time. Any questions regarding these rules, please talk to someone on our committee board.

I understand all rules are either for the safety or well being of all residents at the NAHA Tiospaye'. I agree to work with the NAHA staff to develop a plan of action and to follow through with that plan to the best of my ability. I am aware that if my actions interfere with the safety or well being of myself or other residents I may be asked to find another place to stay.

Residents must realize that this program is designated to help families help themselves. This is a chance to make a difference for you and your children.



Native American Heritage Association Tiospaye'
405 St. Joseph
Rapid City, SD 57701
(605) 342-9111
(605) 341-7641 – Fax

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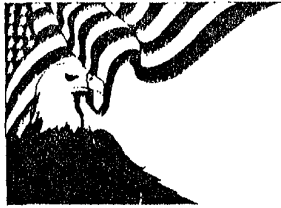
Facility Report Summary

In January of 2002, the Native American Heritage Association moved the Assistance Medical Program from West Main in Rapid City to 405 St. Joe St. In Rapid City SD.

Up to date since the move from West Main to the new location, the Native American Heritage Association Medical Assistance Program has assisted a total of 248 individuals for grand total of 1802 days.

All families that have utilized this program since the move is broken down into one of the following categories;

I.C.U. (Intensive Care Unit)
Dialysis
Chemotherapy
Surgery
Winter Weather Emergency



Native American Heritage Association 'Tiospaye'
405 St. Joseph
Rapid City, SD 57701
(605) 342-9111
(605) 341-7641 – Fax

MEDICAL ASSISTANCE PROGRAM GUIDELINES

The Native American Heritage Association (405 St. Joseph St. Rapid City SD 57701) opened its doors to the Medical Program in December, 2001. The goal of this program is to help defray the cost of food and shelter for families that come from the reservations, who have family members that are transferred from the reservation hospitals to a larger facility in Rapid City.

We have a total of 10 (ten) rooms available to house families in need of medical attention. Out of the 10 rooms, we have 9 (nine) that will accommodate a family of 4 (four), and 1 (one) room will accommodate a family of 2 (two).

Below are the guidelines that will be used by the Medical Assistance Program;

*An individual who can use the program will be defined as the following;

1) Any person who was diagnosed by a physician:

A) Cancer

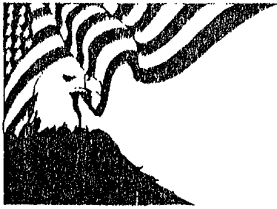
- 1) Cancer patients themselves
- 2) Cancer patients using chemotherapy treatment
- 3) Doctor appointments (Rapid City Facility)
- 4) Immediate Family Members
 - A) Father
 - B) Mother
 - C) Brother
 - D) Sister
 - E) Child

B) Dialysis

- 1) Dialysis patients themselves
- 2) Dialysis run (Cleaning of the blood) Rapid City Unit
- 3) Doctor appointments
- 4) Immediate Family Members
 - A) Father
 - B) Mother
 - C) Brother
 - D) Sister
 - E) Child

C) I.C.U (Intensive Care Unit) Immediate Family Member

- A) Father
- B) Mother
- C) Brother
- D) Sister
- E) Child

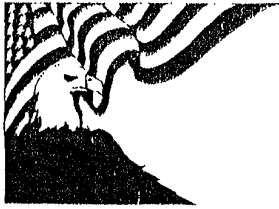


Native American Heritage Association Tiospaye'
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Rapid City, SD 57701
(605) 342-9111
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MEDICAL ASSISTANCE PROGRAM GUIDELINES

cont.

- **An individual who utilizes the program;**
 1. **Must follow and comply with all rules and regulations.**
 2. **Must have application completed and all necessary documentation present before eligibility is determined.**
 3. **All applications must be received before 5:00pm Mon.-Fri.**
 4. **One-day notice will be required to determine if accommodations of occupancy can be ascertained.**
 5. **A room and key will be issued to any applicant excepted**



Native American Heritage Association Tiospaye'
 405 St. Joseph
 Rapid City, SD 57701
 (605) 342-9111
 (605) 341-7641 – Fax

MEDICAL ASSISTANCE APPLICATION

NAME _____ DOB _____

SS# ____ / ____ / ____ ADDRESS _____

PHONE # (____) _____ - _____ TRIBAL AFFILIATION _____

ENROLLMENT # _____

PLEASE LIST ALL FAMILY MEMBERS THAT WILL OCCUPY YOUR ROOM

NAME	AGE	RELATIONSHIP
------	-----	--------------

WHAT HOSPITAL IS BEING USED? _____

FOR WHAT REASON? _____

NAME OF FAMILY MEMBER IN THE HOSPITAL _____

RELATIONSHIP TO YOU? _____

ROOM # ASSIGNED _____

DO YOU OR ANYONE OCCUPYING YOUR ROOM HAVE A MEDICAL CONDITION? _____

IF SO PLEASE STATE _____

WE WILL NEED A COPY OF A PHOTO I.D, AND OR SOCIAL SECURITY CARD FROM EVERY MEMBER THAT IS OVER THE AGE OF 18 THAT WILL OCCUPY YOUR ROOM.

SIGNATURE

DATE

The Native American Heritage Association reserves the right to refuse service to anyone at anytime. We are not responsible for accidents, thefts or injuries. By signing this application, you understand that NAHA will pursue legal action against the person who signed the application, for any damages or items that may be missing from your room, in state or tribal court.

NAHA MEDICAL DEPARTMENT RULES AND REGULATIONS

The goal of this program is to help defray the cost of food and shelter for families who have family members in one of the Medical Facilities in Rapid City. This program is a **privilege** given to you from someone who cares. **It is not a right.** If you fail to abide by the rules, you will be asked to leave the program and you will lose all privileges offered by the Native American Heritage Association. Listed below are the rules and regulations:

THE FOLLOWING SITUATIONS WILL BE CAUSE FOR YOUR IMMEDIATE REMOVAL FROM THE PROGRAM AND PROPERTY.

1. Being under the influence of alcohol or drugs, or having in your possession. Law Enforcement will be called.
2. Verbal or physical abuse towards staff members.
3. Falsifying information in order to get or keep your room.
4. Tampering with the security camera equipment.
5. Borrowing or pan handling from anyone on or near the property.
6. Violent behavior, abuse of people or property.

LISTED BELOW ARE THE GENERAL RULES THAT WILL BE FOLLOWED BY YOU AND ALL INDIVIDUALS THAT OCCUPY YOUR ROOM.

1. You will use the check-in and out sheet at the front desk when leaving the building and returning to the building.
2. Your visitors will use the sign-in sheet when visiting and when leaving the building.
3. You can have two (2) visitors in your room at a time.
4. No smoking inside of the rooms. This is due to other medical patients with medical problems.
5. You must be in the building before curfew which is 10:00pm. This is for security reasons.
(Unless you are at the hospital, security must be advised ahead of time or you will not be allowed back in)
6. Cleaning of your room is your responsibility.
7. NAHA is not responsible for accidents or thefts.
8. NAHA staff reserves the right to enter your room for any reason at anytime.
9. No animals are allowed in the building.
(Seeing eye dog only)
10. For your safety, you must have shoes on at all times when you are outside of your room.
11. Working on vehicles is not allowed on NAHA property.
12. After you check out of your room, anything left in your room will be donated after 48hrs.
13. Your children must be under parental supervision at all times while on the property of NAHA. If your children are caught in the building or outside with out supervision, you may be asked to leave the program. Remember, we are here to shelter you, not baby-sit children.
14. If any items provided to you by NAHA is not returned, theft charges will be filed through the state court system and or tribal court. (Towels, Bedding, Microwave, lamps, chairs, etc.)

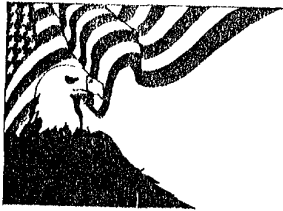
Occupant Signature

Date

Staff Signature

Date

By signing this document, I understand all rules and regulations set forth by the Native American Heritage Association. I understand that if the rules are not abided by myself or my visitors, I will be asked to leave the program.



Native American Heritage Association Tiospaye'
 405 St. Joseph
 Rapid City, SD 57701
 (605) 342-9111
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PLEASE ANSWER THE FOLLOWING QUESTIONS

- What is your room number? _____
- What hospital are you or your family member using? _____
- Who referred you to us? _____
- Have you stayed with us in the past? _____

GUEST ROOM

- Cleanliness of your room. Excellent____ Good____ Fair____ Poor____
- Attitude of our personnel. Excellent____ Good____ Fair____ Poor____
- Comfort of your room. Excellent____ Good____ Fair____ Poor____

GENERAL INFORMATION

Would you use our facility again if needed? _____

COMMENTS & SUGGESTIONS

**PLEASE LEAVE AT THE FRONT DESK
 THANK YOU**