



477 Program

P.O. Box 597
305 4th Ave.
New Town, ND 58763
Phone: (701) 627-4455 Fax: (701) 627-2520

477 Program College Application

***Complete Application:** *All questions must be answered.*

***Employability Development Plan:** *Top 3 lines, sign & date bottom.*

Required Documents needed with application:

Acceptance Letter (*college attending*)

Financial Aid Award Verification (*FAFSA, Scholarships, etc*)

Class Schedule

Transcripts or Diploma

Invoice/Billing for semester

Tribal Enrollment Verification or Tribal ID

Selective Service Number: **Required** for males born after 1960.
You may register at www.sss.gov

*If application is not complete within 30 days, all documentation will be discarded.

Three Affiliated Tribes
477 Program
Box 597, New Town, North Dakota 58763
Telephone: (701) 627-4455 Fax: (701) 627-2520

Section I Employment Training Application Identification

Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____
(PO Box)

City/Town/Zip Code: _____ Date of Birth: _____

Tribal Affiliation: _____ Tribal Enrollment Number: _____

Veteran: ___ Yes ___ No Disabilities: ___ Yes ___ No, if Yes Explain: _____

Female: ___ Male: ___ Selective Service Number: _____ (Required if born after 1960)

Section II Characteristics of Client

Parent in one-parent family ___ Parent in two-parent family ___ Single ___ Married ___

Household size: _____ No. of Dependents under 18: _____ Divorced ___ Other _____

Name of Dependent(s) under 18 years old	Age	Date of Birth

Highest Grade Completed: _____ High School Diploma: ___ Yes ___ No GED: ___ Yes ___ No

Are you currently attending school/college: ___ Yes ___ No If yes, what year: ___ 1st ___ 2nd ___ 3rd ___ 4th

Are you a Full-time student ___ Part-time student ___ Major/Minor: _____

Are you currently employed: ___ Yes ___ No If yes, Full-time ___ Part-time ___ Hours per week _____

Do you have a current Drivers License: ___ Yes ___ No Permit: ___ Yes ___ No

Other training certificates: ___ Yes ___ No If yes, what type: _____

Work History for the last 2 years or last 2 positions:

Employer/Address	Telephone Number	From/To	Hour/Wage	Hours/Week

Household income: 6 Months \$ _____ 12 Months \$ _____
(Wages, self-employed, etc.) There must be an amount in this section or application is considered incomplete.

Are you currently receiving any of the following:

TANF (Temporary Assistance for Needy Families) Yes _____ No _____
**Including Food Stamps, Child Care, Medicare, etc.*

If yes, what County & Caseworker: _____ Monthly Amount \$ _____

GA (General Assistance) Yes _____ No _____

If yes, what Segment & Caseworker: _____ Monthly Amount \$ _____

SSI (Social Security Income) Yes _____ No _____ Amount \$ _____

OTHER ASSISTANCE Yes _____ No _____

If yes, please list type of assistance: _____ Amount \$ _____

Have you ever participated with the 477 Program before: Yes _____ No _____

If yes, what type of assistance was received: _____

Section III Employment, Training and Educational Training Activities
(Please check all that apply to your immediate needs.)

1. Employment Services

- ___ Job Readiness
- ___ Resume Writing
- ___ Employment Counseling
- ___ Evaluation/Skills Testing
- ___ Job Search Activities
- ___ Supported Work Services
- ___ Job Retention
- ___ Drivers Ed Training

2. Education/Training

- ___ Basic Ed/GED
- ___ Short-Term Training
- ___ 2 Year Vocational Training
- ___ 4 Year Higher Education
- ___ Tutorial Services
- ___ Career Counseling
- ___ JTPA/CT

3. Supportive Services

- ___ Child Care Assistance
- ___ Transportation
- ___ Social Services
- ___ Clothing/Uniform
- ___ Other

Certification of Application

I certify that this information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification; and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purpose to determine eligibility.

Signature of Applicant

Date

**477 Program / Three Affiliated Tribes
EMPLOYABILITY DEVELOPMENT PLAN**

(Must fill in top portion of EDP. Sign and date bottom portion.)

Client Name: _____ Start Date of EDP: ____/____/____

Goal: _____ (Subject) _____ (Location) _____ End Date of EDP: ____/____/____

Estimated date of goal completion ____/____/____ Vocational Certificate ____ Months ____ Years

OFFICE USE ONLY	
Program Activity	Contacts/Comments
Education/GED	Advisor: Telephone:
Financial Aid/Loans	
Employment/Work Ex.	
G.A./TANF	Caseworker: Telephone:
Residency/Relocation	
Transportation	
Child Care	Provider: Telephone:
Other	
OJT/Support Services	
Tuition, Book, & Fees/Training Certificate or License	

The following action steps that are needed to achieve this goal:

1. Turn in all required documentation within 2 weeks of EDP date.
2. Notify 477 Casemanager of any changes within these 2 steps.
3. Keep all appointments and attend mandatory workshops.

I have read and understand this plan will remain in effect provided I am in compliance with my EDP. This includes turning in all the necessary documentation and maintaining satisfactory progress and attendance. It will be my responsibility to carry out these steps in order to achieve my goals.

Client Signature: _____ Date: _____ Casemanager: _____ Date: _____

*An updated EDP is due at the end date to continue services with the program. If application is not complete within 30 days, application and all documentation will be discarded.

477 Program Education & Training Agreement

1. My purpose for attending _____ is to successfully complete a vocational course or training to receive a certificate that will help me obtain my goal of employment.
2. While under the 477 Program I will follow all rules and regulations of the college or institute that I am attending. I will respect the rights of fellow students, staff and property.
3. While attending class or training, I will maintain satisfactory progress and attendance as stated on my EDP (Employability Development Plan). Failure to do so, will result in withholding of my funding, be it transportation allowance or subsistence. This will also include future funding if not in compliance with my EDP. A 2.0 GPA (Grade Point Average) is considered satisfactory.
4. I understand that by signing the Release of Information Form, information from my file can be requested and/or released from other agencies. This information will be kept strictly confidential between the 477 Program and other educational/training institutes.
5. If I make false statements in order to receive allowances I am not entitled to receive, I may have committed an offense for which there is a penalty. This amount must be paid back or will be deducted from future payments or services I may apply for at a later date.
6. If for some reason I must drop out of college or training, I will inform the college and go through the proper procedures and also inform 477 Program of the reason for my withdrawing from class. **The 477 Program is not responsible for my tuition, book and fees if these proper steps are not taken.**
7. Any disputes that may arise between myself and the training institution or the 477 Program will be attempted to be resolved at an informal meeting. If the dispute cannot be settled, you will have the opportunity to have a hearing in order to resolve the dispute.

I have read the above agreement and by signing, I approve of the terms and conditions set by the 477 Program.

Clients Signature: _____ Date: _____



Employment Training Department
477 Program
P.O. Box 597, New Town, North Dakota 58763

**477 Program
Authorization for Release of Information**

Client Name: _____ Date of Birth: _____

Social Security Number: _____

Address: _____ City: _____

State: _____ Zip Code: _____

I hereby authorize the 477 Program of New Town, North Dakota to release or request any information that may pertain to my case and file. I understand that this is necessary because the 477 Program is a referral and funding agency. This information will remain confidential and will be used to determine if I am eligible for services.

This authorization is voluntary and remains in effect as long as I am receiving services from the 477 Program. A copy of this release will remain in my file to be used as needed.

Clients Signature: _____ Date: _____

*****OFFICE USE ONLY*****

The following information was requested/released: _____ Date: _____
(Circle One)

Agency: _____

- | | |
|----------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Awards Letter/Budget | <input type="checkbox"/> Income Verification |
| <input type="checkbox"/> Grades/Attendance & Progress Report | <input type="checkbox"/> Verbal (Case Notes) |
| <input type="checkbox"/> EDP (Education/Employment Development Plan) | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Testing Scores | <input type="checkbox"/> Other Agency Funding/Plan |
| <input type="checkbox"/> Social Service (TANF & GA) | |

Casemanager Signature: _____ Date: _____

