



477 Program

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

477 PROGRAM G.E.D APPLICATION

Required Documents needed with a complete application:

- Tribal Enrollment Verification (Copy of Identification or CDIB)
- Selective Service Number (Males born after 1960) www.sss.gov

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

 Signature of 477 Staff

 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		Contacts/Comments
Program Activity	Plan of Action: Services & Activities	
Education/GED		Advisor: Telephone:
Financial Aid/Loans		
Employment/Work Ex.		Caseworker: Telephone:
G.A./TANF		
Residency/Relocation		
Transportation		
Child Care		Provider: Telephone:
Other		
CJT/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 undated 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 GED AGREEMENT

I understand eligibility is based upon a complete and signed application and will retain a copy of my complete application for my records. Submitting an application does not guarantee that I will receive services, but is based upon availability of 477 Program funds. By signing, I agree to all stipulation set forth.

1. I understand that the transportation allowance is based of **75%** of time and attendance.
2. I agree to utilize the sign-in sheet established by the Adult Basic Education Program, and will not ask my instructor for verification of time.
3. I will not sign-in and leave, as I understand these hours will not be accepted.
4. I understand the 477 Program will reimburse me up to 2 testing fees per subject.
5. I understand that I am eligible for an incentive for attaining my GED diploma when I provide the proper documentation to the 477 Program. (GED test scores and Diploma)

T.A.B.E. Test Date: _____ GED Class begins on: _____

I have met with the GED Instructor: _____ Date: _____
(GED Instructor Signature)

TANF Clients: (Please check box)

[] I agree to abide by all stipulations set forth, and understand that if I do not attend classes on a regular basis, I will be referred back to the County Social Services.

All clients must check box (if in agreement)

[] I have met with the 477 Program GED Case manager and understand that if I do not attend GED classes and maintain satisfactory progress as agreed on my EDP (Education Development Plan), I will exempt myself from receiving a transportation allowance.

GED Participants Signature Date 477 Program GED Case manager Date

