



Support Service Application

(For Employment)

Application Process

- *Application must be complete. (*Signatures, household income, etc.*)
- ***Must have a copy of tribal enrollment documents or identification with application.**
(Must be enrolled with a Federally Recognized Tribe).
- *Employer Form needs to be filled out by employer ONLY.
- ***ALL MALE Applicants: Must have a selective service number.**
- ***Must fill out a W-9 Form.**

Application Process takes 5-7 days.

Eligibility

- *Must be full-time employment (*30 hours or more*).
- *Employment starts within 30 days of applying for services.
- *Employment must be long term (*more than 30 days*).
- *Must be new employment, not existing employment such as teaching, firefighting, or seasonal work. This includes transferring employment.

Support Services is limited to (1) one per year (12 months).
(According to the date of the application.)

Services

Support Service amount is \$350.00.

Incomplete applications will be discarded after 30 days.

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.)

- | | | |
|--|--|---|
| <p>1. Employment Services</p> <p><input type="checkbox"/> Job Readiness</p> <p><input type="checkbox"/> Resume Writing</p> <p><input type="checkbox"/> Employment Counseling</p> <p><input type="checkbox"/> Evaluation/Skills Testing</p> <p><input type="checkbox"/> Job Search Activities</p> <p><input type="checkbox"/> Supported Work Services</p> <p><input type="checkbox"/> Job Retention</p> <p><input type="checkbox"/> Drivers Ed Training</p> | <p>2. Education/Training</p> <p><input type="checkbox"/> Basic Ed/GED</p> <p><input type="checkbox"/> Short-Term Training</p> <p><input type="checkbox"/> 2 Year Vocational Training</p> <p><input type="checkbox"/> 4 Year Higher Education</p> <p><input type="checkbox"/> Tutorial Services</p> <p><input type="checkbox"/> Career Counseling</p> <p><input type="checkbox"/> JTPA/CT</p> | <p>3. Supportive Services</p> <p><input type="checkbox"/> Child Care Assistance</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Social Services</p> <p><input type="checkbox"/> Clothing/Uniform</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> |
|--|--|---|

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: _____ End Date of EDP: ____/____/____

(Subject)

(Location)

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

OFFICE USE ONLY	
Program Activity	Plan of Action: Services & Activities
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 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
P.O. Box 597
NEW TOWN, ND 58763
PHONE: (701) 627-4455 FAX: (701) 627-2520

Certification of Employment

This is to certify that _____ will be employed as a

_____.

Employment will begin on _____ . Starting salary of

\$_____ per hour. Please Circle: Weekly Biweekly Monthly

First payday is scheduled for _____.

Employee will be _____ Full Time _____ Part Time Number of hours a week _____.

Anticipation duration on the job is _____.

Authorized Signature of Employer

Title

Company Name

Company Address

Telephone Number

Job Site Location

The above named employee has requested financial assistance from the Three Affiliated Tribes 477 Program. The above is needed to determine assistance and for statistical reports. Your company or the employers name will not be included in these reports.