



Three Affiliated Tribes
477 Program
307 5th Avenue
P.O. Box 597
New Town, North Dakota 58763
Phone: (701) 627-4455
Fax: (701) 627-2520

477 Program Application

Services you are requesting: (Check ALL that apply to your immediate needs.)

Employment Education Employment Services Child Care Youth Services

Applicants must provide:

Tribal Enrollment Card or CDIB (Certified Degree of Indian Blood)
Selective Service Number (Male applicants only ages 18-26)

If applying for EMPLOYMENT EDUCATION SERVICES, please provide the following with application:

Basic Education/GED

GED Agreement

Post Secondary Education/College

Acceptance Letter Class Schedule Financial Awards/Budget Letter from College

Copy of Transcripts/Diploma

If applying for EMPLOYMENT SERVICES, please provide the following with application:

Employment Letter or Employment Verification Form

If applying for CHILD CARE ASSISTANCE, please provide the following with application:

Tribal Enrollment Card or CDIB for Child(ren) receiving assistance Provider Form for Day Care

Work/Class Schedule Last Income/Wage Stub

If applying for YOUTH SERVICES, please provide the following with application:

Youth School Services

School Supply receipts Athletic Shoe Receipts Youth Camps Dual Credit Program Other

Other Youth Services

Copy of Household Income, such as Wages, TANF (Temporary Assistance for Needy Families, GA (General Assistance), Social Security, etc



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Office Use Only <i>Date Received</i> <hr style="border: 0; border-top: 1px solid black;"/>

Section I Employment Training Application Identification

First Name: _____ Last Name: _____ MI: _____ SSN: _____ - _____ - _____

Physical Residence Address: _____
 (Street) (City) (State) (Zip Code)

Mailing Address: _____
 (If different than Physical Address) (P.O. Box) (City) (State) (Zip Code)

Temporary Mailing Address: _____
 (For College Students/Sober Living Clients) (P.O. Box) (City) (State) (Zip Code)

Phone Number(s): Home #: _____ Cell #: _____ Other #: _____

Email Address: _____

Age: _____ Date of Birth: ____/____/____ Female: ____ Male: ____ (If a male over 17, have you registered for the Selective Service) Yes ____ No ____ Selective Service Number: _____

Tribal Affiliation: _____ Tribal Enrollment Number: _____

Veteran/Military Service: ____ Yes ____ No Disability: ____ Yes ____ No Justice Involvement: ____ Yes ____ No
 (Active, Inactive, or Reserve)

Martital Status: ____ Single ____ Married

Family Status: ____ Parent in one-parent family ____ Parent in two-parent family

Number of dependents under 18 _____ Total number in Household _____

Household Members Living with You

Name	Date of Birth	Age	Relationship	Tribe Enrolled In
1.				
2.				
3.				
4.				
5.				
6.				

Family Income

List all sources of income that you have received during the last 30 days. You must provide copies of pay stub(s) for the last 30 days as verification of income.

Source of Income	Amount	Comments
Applicants' Wages (Salary)		
Spouse's Wages (Salary)		
Social Security		
Veterans Benefits		
Unemployment		
TANF (Temporary Assistance for Needy Families)		
General Assistance (GA)		
Other Income		
Total Income for last 30 days		

Section II Education & Training

Highest Grade Completed: _____ Name of Public School: _____
 Drop Out _____ Student (Pre-K to 12th) _____ GED _____ H.S. Diploma _____ Post H.S. College _____
 Are you currently attending school/college: __Yes__ No Did you receive a degree: __Yes__ No If yes, list degree received and year graduated: _____

Employment Education

Name of Training Program (ie: automotive technology, business technology, computer technology, etc.)			
Name of School/College			
Mailing Address			
City	State	Zip Code	Phone Number
Length of Training Program	Start Date	Ending Date	Degree Program ___Certificate ___2-Year Associates ___Other

Section III Employment Services

Are you currently employed: ___Yes___ No If yes, Full-time ___ Part-time ___
 If working, hours per week: _____ Hourly Wage: _____

If unemployed, last date of employment: _____

Do you have a current Drivers License: _____ Yes _____ No

_____ **Check here if you have never been employed**

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

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

Do you receive cash assistance: _____ TANF _____ GA _____ SNAP _____ None

If you receive cash assistance, what county: _____ Date started: _____

Address of county office: _____ Phone Number: _____

Section VI Child Care Assistance

Please List Children Needing Child Care

1.	4.
2.	5.
3.	6.

CONFIDENTIALITY: Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all Employment & Training staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

RELEASE OF INFORMATION: I certify the information given in this application is correct and true to the best of my knowledge and subject to verification. I hereby authorize E&T staff to obtain and release information included in the application for services sought on my behalf from other programs

By signing below, I am in agreement to abide by the policies and procedures set forth and release of information as necessary to verify my information, provided and/or obtain services on my behalf.

Signature

Date

Parent or Legal Guardian (If applicant is under the age of 18 Years Old)

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:
 (Circle One)

Date: _____

Agency: _____

- Awards Letter/Budget
- Grades/Attendance & Progress Report
- EDP (Education/Employment Development Plan)
- Testing Scores
- Social Service (TANF & GA)

- Income Verification
- Verbal (Case Notes)
- Referral
- Other Agency Funding/Plan

Casemanager Signature: _____

Date: _____



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477 Program Education & Training Agreement

1. My purpose for attending _____ is to successfully complete a vocational course or training to help me obtain my goal for 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. 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.

Applicants Signature: _____

Date: _____