**Lummi Nation - 477 Grant Application**

**Employment & Training Center**

**2665 Kwina Road #N1300**

**Bellingham, WA 98226**

**Phone: 360-312-2072**

**Fax: 360-380-6973**

**Identification Requirements:**

* Picture Identification (WSDL or WSID)
* Tribal Enrollment (ID card or Certificate of Degree of Indian Blood)
* Social Security card

**Income Verification:**

* Paycheck stubs, employer statement, award letter, etc., OR
* 30 days (General Assistance), OR
* 6 months (WIOA/New)

**Residency Status / Family Size:**

* Landlord statement, OR
* Postmarked letter addressed to you

**Selective Service Documentation (Males born after 1960):**

* DD-214 (if you have military history)
* Disability documentation (if applicable)

**Marital Status (please check)**

o Single

o Married

o Living together as a couple

o Divorced

o Married but separated (court verified / divorce decree if applicable)

o Widowed

o Full time student (verification of enrollment)

***All forms in the application must be completed and signed***

***You must provide all the information requested above to schedule an intake appointment. Intake appointments last one hour.***

**Applicant Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name (First, Middle, Last) | | | DOB | | | Tribal Enrollment # | | | Driver’s License # | |
|  | | |  | | |  | | |  | |
| Ethnicity | | | Gender | | | SSN# | | | | |
|  | | | o M or o F | | |  | | | | |
| Physical Address | | | | | | City, State | | | | Zip |
|  | | | | | |  | | | |  |
| Mailing Address | | | | | | City, State | | | | Zip |
|  | | | | | |  | | | |  |
| Telephone # | Message # | | | | | | Number in household | | | |
|  |  | | | | | |  | | | |
| Marital Status  o Single  o Separated  o In a registered Domestic  Partnership | o Married  o Divorced  o Widowed | | | | | Non-Custodial Parent?  o Yes o No  Are you paying for child support payments?  o Yes o No  Are you a foster child?  o Yes o No | | | | |
| Are you a veteran? o Yes o No  Veteran Status  o Recently Separated  o Disabled  o Discharge Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Are you a Selective Service registrant?  o Yes - #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o No  o Not applicable  o Exempt | | | | | |
| Education Level Completed  o 9th o 10th o 11th o 12th  oGED oCollege o Tech/Vocational School o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Are you currently employed? o Yes o No o N/A  Date became unemployed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you sought employment in the last 28 days?  o Yes o No o N/A  Are you eligible to work in the U.S.?  o Yes o No o N/A | | | | | o Recipient of layoff notice?  o Seasonal Employment?  Fishing income/industry?  o Yes - timeframe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o No o N/A | | | | | |
| Barriers to Employment | | | | | | | | | | |
| o Limited English proficiency  o Basic skill deficient  o Runaway  o Youth additional assistance  o Offender  o Single Head of Household  w/ dependents under 18 | | o Individual w/ disability  o Poor work history  o Homeless  o Displaced homemaker  o Substance abuse  o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | o Pregnant/parenting teen  o School dropout  o Learning disability  o Welfare recipient  o Legal | | | |
| Lummi ETC programs client is applying for | | | | | | | | | | |
| o 477 Cash Assistance  o 477 Classroom Training  o 477 SYS (Supplemental Youth Services Program) | | | | o 477 OJT  o 477 Direct Placement Services | | | | o 477 WEX  o 477 CORE (Job Preparedness) | | |

**Income Information**

Please check the types of income you or any member of your household are receiving. Include a monthly amount next to each (if applicable). Copies of paystubs, etc. for the past 3 months are needed for the file.

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| --- | --- | --- |
| o Employment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Unemployment $\_\_\_\_\_\_\_\_\_\_\_\_  o Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_\_  o SSI $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o VA/military benefits $\_\_\_\_\_\_\_\_\_  o Per capita $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | o Retirement $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Workers comp L&I $\_\_\_\_\_\_\_\_\_\_  o Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Child support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o GA-U (DSHS) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o GA/BIA $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | o TANF $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Childcare assistance $\_\_\_\_\_\_\_\_\_  o Housing subsidy $\_\_\_\_\_\_\_\_\_\_\_\_  o LIHEAP $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Commodities o Yes o No  o Medical Assistance o Yes o No |

**Employment Information**

Please list the current employer, if applicable, for yourself or your parent/guardian, if applicable, from the past year (1).

**Applicant (head of household)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name and address** | **Title** | **Dates of Employment**  **To / From** | **Wage/Salary** |
|  |  |  |  |
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I understand that the Lummi Employment & Training Center (ETC) will gather information necessary to document my eligibility to receive services from sources including, but not limited to: DSHS, Employment Security Department, Northwest Indian College and the Lummi Indian Business Council programs. My signature below indicates that I have been informed of and understand the information contained in this form. I certify under the penalty of perjury that all the above information is true and complete to the best of my abilities. I agree that any information I have supplied is subject to verification. I understand that falsification of information of any item is grounds for termination from the ETC and may result in action to recover any monies paid to me while participating in the program.

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|  |  |  |  |  |  |  |
| Client Signature |  | Date |  | Parent/Guardian of minor client |  | Date |

**Income:**

Earned income includes wages, salary, commissions, or profits, from activities by an employer or self-employed individual. (Self-employment is gross sales receipts, less expenses incurred in producing goods or services)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Earned:** | Weekly | $ |  | X 4.30 | $ |  |
|  | Bi-Weekly | $ |  | X 2.15 | $ |  |
|  | Monthly |  |  |  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deductions:** | Federal, state, local taxes | $ |  |
|  | FICA | $ |  |
|  | Health insurance | $ |  |
|  | Work related expenses | $ |  |
|  | Special work clothes, tools, equipment | $ |  |
|  | Savings (up to $2,000) | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unearned:** | Income from oil, gas, mineral interests, gaming per capita, rental property | $ |  |
|  | Federal and state tax refunds, GAU, GAX | $ |  |
|  | Per capita payments not excluded by federal government-land lease | $ |  |
|  | Income from sale of trust land and real or personal property | $ |  |

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| --- | --- | --- | --- |
| **Prorated Income:** | Income received on a contractual basis over the term of contract:  *Total contract amount divided by # of months* | $ |  |

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| --- | --- | --- |
| **Total monthly income, countable income** | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Income - Last 6 months** | | $ |  |
| **Total monthly income, countable income** | x 2 $ | |  |

**Drug and Alcohol Policy**

5.710 What if an individual does not voluntarily agree to drug and alcohol assessment and/or testing when requested?

If an individual refuses voluntary assessment and/or testing, the individual will not be eligible to receive General Assistance benefits for a period of 60-days as stated in 6.400 through 6.500

5.720 What if an alcohol or drug assessment recommends a treatment plan and the individual refuses to participate?

If an individual refuses treatment, the individual will not be eligible to receive General Assistance for a period of 60-days as stated in 6.400 through 6.500

5.730 What are the requirements for an individual who received a 60-day ineligibility for drug and alcohol use, when the 60-days has expired, and the individual reapplies for General Assistance?

The individual will be required to pass a drug and alcohol test, complete an alcohol and drug assessment, and if determined to need treatment, enroll in a treatment program prior to determination of eligibility. The individual must participate in the treatment program to remain eligible.

6.400 How will the 60-day ineligibility period be implemented?

(a) The 60-day ineligibility period will continue until the applicant/participant complies with the requirements of the program.

(b) An individual whose eligibility was suspended for 60-days will have the suspension period reduced by 30-days when he/she provides evidence that they have met the requirements of the program; and

(c) When the household includes children the assistance grant will be reduced only by fifty percent (50%) during the 60-day suspension. Any time during the 60-day suspension period that the individual meets the requirements the suspension shall be lifted.

6.500 What are the re-determination requirements for an individual previously made in eligible (60-day suspension)?

During the re-determination of eligibility, the individual must comply completely with the requirements previously not met, or the individual is not eligible. Individuals made ineligible because of drug and alcohol use must meet the requirements stated in 5.730

The LIBC Drug Free Workplace Policy will be applied where applicable when any issue is not specifically addressed in the 477 Cash Assistance Policy.

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| Signed |  | Date |

**Lummi 477 Cash Assistance Program**

**Rights & Responsibilities**

The 477 Cash Assistance Program is designed to assist individuals to become self-sufficient providing needed employment related activities and support services to avoid long term welfare dependence.

**As a 477 participant, I will adhere to the following, with regards to:**

**Participant Requirements:**

* Complete job skills workshop, assessment, and develop jointly with their Caseworker an agreed upon Individual Responsibility Plan (IRP);
* Provide documentation of progress toward goals of IRP as requested by Caseworker;
* Volunteer for drug and alcohol assessment and/or testing, when requested, and complete drug or alcohol abuse treatment when referred by an authorized provider or court ordered; and
* Attend full time high school/GED completion, vocational training, or higher education pursuant to 5.500 through 5.560; or
* Seek employment and accept available employment, pursuant to 5.200 through 5.280; and complete at least 20 hours per week of participation including job prep, Education, work experience or on the job training under the work preparation activities pursuant to 5.600 through 5.690.

**Participation Responsibilities:**

477 Cash Participants must cooperate with the tribal staff in the development and follow through on an IRP directed towards self-sufficiency and the goal of employment. As a participant I understand that I am subject to the Lummi Indian Business Council Drug and Alcohol testing policy.

**Failure to Participate:**

Cooperation with 477 Cash Assistance Program is required. If the participant is determined to be non-cooperative, the non-cooperative individual will be suspended for 60 days. If the non-cooperative individual is head of the 477 Cash Assistance unit, the 477 Cash Assistance payment will not be issued.

**Reconciliation and Appeal Procedures:**

The 477 Cash Assistance Program and its participants will follow the procedures that have been established by the Lummi Indian Business Council. The 477 Cash Assistance Manager will notify the administrative staff as a result of any reconciliation and/or grievances filed by the participant in writing. Services and/or benefits cannot be terminated during the process, with exception to termination because of drugs and/or alcohol. Every effort made to assist applicants in resolving issues, Employment & Training Center Caseworker will make.

I also understand my rights and responsibility as explained to me I agree to the requirements necessary for eligibility participation in the 477 Cash Assistance Program and to inform my Caseworker should these conditions change.

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| --- | --- | --- |
|  |  |  |
| Participant Signature |  | Date |

**Consent**

NOTICE TO CLIENTS: The Lummi Employment & Training Center (ETC) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for the ETC and the agencies and individuals listed below to use and share confidential information about you. If you have questions about how the ETC shares confidential client information or your privacy rights, please ask the person giving you this form.

|  |  |
| --- | --- |
| Participant Name | Date of Birth |
| Address | |

**Consent**

I consent and direct any federal, state, or local agency, organization, business, and/or individuals to release to the ETC any information or material needed to complete and verify my application for participation in any/all ETC programs.

The ETC programs plan to use confidential information about me to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to ETC and the listed agencies, providers, or persons to use my confidential information and disclose it to each person for these purposes. Information may be shared verbally or by computer data transfer, mail or hand delivery.

|  |  |
| --- | --- |
| **Release Information from:** | **Return Information to:** |
|  | Lummi Employment & Training Center |
|  | Attn: ETC Caseworker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 2665 Kwina Road #N1300 |
|  | Bellingham, WA 98226 |

I authorize and consent to sharing the following records and information (check all that apply):

|  |  |  |
| --- | --- | --- |
| o All my client records | o School, education, training | o Health care information |
| o Treatment plans | o Mental health | o Chemical dependency services |
| o Employment records | o Criminal justice information |  |

Specific information:

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|  |

**NOTICE: If these records contain information about HIV, STDs or AIDS, you may not disclose that information without the client’s specific permission.**

|  |  |  |
| --- | --- | --- |
| I have read and understand this authorization | | |
| Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_  Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_ |
| If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority) | | |
| o Parent | o Legal guardian | |
| o Personal representative | o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |