

**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)**

- ☐ Single
- ☐ Married
- ☐ Living together as a couple
- ☐ Divorced
- ☐ Married but separated (court verified / divorce decree if applicable)
- ☐ Widowed
- ☐ 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 <input type="checkbox"/> M or <input type="checkbox"/> F	SSN#	
Physical Address			City, State	Zip
Mailing Address			City, State	Zip
Telephone #	Message #		Number in household	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> In a registered Domestic Partnership <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Non-Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you paying for child support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran Status <input type="checkbox"/> Recently Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Discharge Date _____			Are you a Selective Service registrant? <input type="checkbox"/> Yes - # _____ Date _____ <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Exempt	
Education Level Completed <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Tech/Vocational School <input type="checkbox"/> Other _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date became unemployed _____ Have you sought employment in the last 28 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Recipient of layoff notice? <input type="checkbox"/> Seasonal Employment?  Fishing income/industry? <input type="checkbox"/> Yes - timeframe _____ <input type="checkbox"/> No <input type="checkbox"/> N/A	
Barriers to Employment <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Basic skill deficient <input type="checkbox"/> Runaway <input type="checkbox"/> Youth additional assistance <input type="checkbox"/> Offender <input type="checkbox"/> Single Head of Household w/ dependents under 18 <input type="checkbox"/> Individual w/ disability <input type="checkbox"/> Poor work history <input type="checkbox"/> Homeless <input type="checkbox"/> Displaced homemaker <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other _____ <input type="checkbox"/> Pregnant/parenting teen <input type="checkbox"/> School dropout <input type="checkbox"/> Learning disability <input type="checkbox"/> Welfare recipient <input type="checkbox"/> Legal				
Lummi ETC programs client is applying for <input type="checkbox"/> 477 Cash Assistance <input type="checkbox"/> 477 Classroom Training <input type="checkbox"/> 477 SYS (Supplemental Youth Services Program) <input type="checkbox"/> 477 OJT <input type="checkbox"/> 477 Direct Placement Services <input type="checkbox"/> 477 WEX <input type="checkbox"/> 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.

<input type="checkbox"/> Employment \$ _____	<input type="checkbox"/> Retirement \$ _____	<input type="checkbox"/> TANF \$ _____
<input type="checkbox"/> Unemployment \$ _____	<input type="checkbox"/> Workers comp L&I \$ _____	<input type="checkbox"/> Childcare assistance \$ _____
<input type="checkbox"/> Social Security \$ _____	<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> Housing subsidy \$ _____
<input type="checkbox"/> SSI \$ _____	<input type="checkbox"/> Child support \$ _____	<input type="checkbox"/> LIHEAP \$ _____
<input type="checkbox"/> VA/military benefits \$ _____	<input type="checkbox"/> GA-U (DSHS) \$ _____	<input type="checkbox"/> Commodities <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Per capita \$ _____	<input type="checkbox"/> GA/BIA \$ _____	<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Yes <input type="checkbox"/> 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

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.

\_\_\_\_\_  
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)

<b>Earned:</b>	Weekly	\$ _____	X 4.30	\$ _____
	Bi-Weekly	\$ _____	X 2.15	\$ _____
	Monthly			\$ _____
<b>Deductions:</b>	Federal, state, local taxes			\$ _____
	FICA			\$ _____
	Health insurance			\$ _____
	Work related expenses			\$ _____
	Special work clothes, tools, equipment			\$ _____
	Savings (up to \$2,000)			\$ _____
<b>Unearned:</b>	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			\$ _____
<b>Prorated Income:</b>	Income received on a contractual basis over the term of contract:			
	<i>Total contract amount divided by # of months</i>			\$ _____
<b>Total monthly income, countable income</b>				\$ _____
<b>Family Income - Last 6 months</b>				\$ _____
<b>Total monthly income, countable income</b>				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

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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.

\_\_\_\_\_  
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.

<b>Release Information from:</b>	<b>Return Information to:</b>
	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):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> All my client records | <input type="checkbox"/> School, education, training  | <input type="checkbox"/> Health care information      |
| <input type="checkbox"/> Treatment plans       | <input type="checkbox"/> Mental health                | <input type="checkbox"/> Chemical dependency services |
| <input type="checkbox"/> Employment records    | <input type="checkbox"/> Criminal justice information |   |

Specific information:


**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: _____	Date Signed: _____
Signature of Parent/Legal Guardian: _____	Date Signed: _____
If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)	
<input type="checkbox"/> Parent	<input type="checkbox"/> Legal guardian
<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other _____