



## **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.***



**Employment Information**

Please list the current employer, if applicable, for yourself and your spouse/partner, if applicable. Also list the employers you and your spouse/partner have had within the past 3 years.

**Applicant (head of household)**

Employer Name and address	Title	Dates of Employment To / From	Wage/Salary

**Consent**

I understand the Employment & Training Center will gather information to document my eligibility to receive services from sources including, but not limited to: DSHS, Employment Security Dept., Northwest Indian College and the Lummi Indian Business Council programs.

Client Certification: My (client's) signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Lummi Employment & Training Center and may result in action to recover any monies paid to me while participating in the program.

Signature of Client: _____	Date Signed: _____
Signature of Parent/Legal Guardian: _____	Date Signed: _____

**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 \$ \_\_\_\_\_

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

**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

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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.

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Participant Signature

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Date

**Consent to Release Information**

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: _____

## Participant Screening Form QUEST 477 Program

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Please complete this form to help us better understand your current situation and connect you to the right services. Your answer will help your case manager determine the best path for your goals.

### Participant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Tell Us About Your Situation

**1. Are you currently working (employed or self-employed)?**

Yes  No

**2. If yes, are you looking for help with things like:**

Gas, money or transportation

Work clothes, tools or supplies

Car repair to get to work

Other job-related support: \_\_\_\_\_

**3. Are you currently attending a college, trade school or long-term training program (3+ months)?**

Yes  No

If yes, what program or school are you attending? \_\_\_\_\_

When did you start? \_\_\_\_\_ When do you expect to finish? \_\_\_\_\_

**4. If you are not working or in school, are you looking for help with any of the following?**

Finding a job

Resume or interview help

Career exploration or job training

GED or high school completion

Other: \_\_\_\_\_

**Other Information (Optional)**

Do you have any urgent needs right now (housing, childcare, mental health, etc.)?

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Is there anything else you want us to know?

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**Signature**

I certify that the information provided above is true to the best of my knowledge.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_