



Lummi Nation
Employment & Training Center
2665 Kwina Road #N1300
Bellingham, WA 98226
Phone: 360-312-2072
Fax: 360-380-6973

2026 Summer Youth Program

Application deadline – 05/22/26

LATE APPLICATIONS WILL NOT BE ACCEPTED

All information and signatures in the application must be completed and requested documents attached before we can accept the application

Program Requirements:

- Enrolled in a federally recognized tribe
- Between the ages of 14-24
- Residence of Whatcom County

Documentation Requirements:

- Family income for the last six (6) months
- Social Security card
- Photo ID (state or tribal)
- Proof of tribal enrollment
- Proof of Whatcom County residence
- 18 and over males must show proof of Selective Service - <https://www.sss.gov/>

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

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

© 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.

Client Signature

Date

EMERGENCY INFORMATION
Release for Emergency Medical Treatment

Youth's Name		SSN#	
Date of Birth	Telephone #		Message #
Physical Address		City, State	Zip
Primary Care Provider (PCP)		PCP's Phone #	
Do you have any allergies or chronic diseases? If yes, please list them:			
Date of last tetanus immunization			

- If there is a work-related accident or injury, the person named above should be taken to a doctor or hospital emergency room for immediate medical attention
- This person is covered by Labor and Industries Industrial Insurance
- The EMPLOYER should be listed as the Lummi Indian Business Council
- You must contact the Lummi WIA Program within twenty-four (24) hours of the injury
- If the injured person is under the age of 18, present this form to the attending physician

IN CASE OF EMERGENCY PLEASE CONTACT:

#1 - Name	Relationship to Youth
Phone #	Message #

#2 - Name	Relationship to Youth
Phone #	Message #