



**Lummi Nation - TANF Child Only  
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) – for the caretaker/relative
- Tribal Enrollment (ID card or Certificate of Degree of Indian Blood) – for the child
- Social Security card – for the child(ren) and caretaker/relative
- Birth certificates – for the child(ren)

**Residency Status / Family Size:**

- Landlord statement (copy of rental agreement or mortgage) – for the caretaker/relative,  
OR
- Postmarked letter addressed to the caretaker/relative

**Other Documents:**

- Current immunization records for all child(ren) age 12 and under
- Proof of guardianship, court or notarized document signed by the parent(s)
- Proof of school enrollment and grades

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

***You must provide all the information requested above to schedule an intake appointment***

**Head of Household 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	Telephone #
Mailing Address	City, State	Zip	Message #
How are you related to the child(ren)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker, guardian or relative			

**Child Information**

**Please write the names of all child(ren) only receiving TANF benefits in the household**

Name (First, Middle, Last)	DOB	Tribal Enrollment #	SSN#
Ethnicity	Gender <input type="checkbox"/> M or <input type="checkbox"/> F	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, please provide documentation of status	
Please list any special needs: medical, educational or otherwise)		Name of school	
		Current grade	

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Please list any special needs: medical, educational or otherwise)		Name of school	
		Current grade	

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Please list any special needs: medical, educational or otherwise)		Name of school	
		Current grade	

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Please list any special needs: medical, educational or otherwise)		Name of school	
		Current grade	

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.

\_\_\_\_\_  
Applicant Signature (Head of household)

\_\_\_\_\_  
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):

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

## Rights & Responsibilities

### YOU HAVE THE RIGHT TO:

- Be served efficiently, courteously and with respect as an applicant or client of the Lummi Nation TANF program by all staff members.
- An interpreter if one is needed.
- Discuss any action taken on your application or case with your caseworker or the ETC Manager, if you do not agree with decisions made regarding your services.
- **Ten (10) day** notice of any action taken by the Lummi Nation TANF program that affects any changes to your service.
- Complete and total confidentiality of any and all information provided to the Lummi Nation TANF program for determining initial and ongoing eligibility.

### Responsibilities

- Clients are responsible for providing complete, accurate and truthful information to the Lummi Nation TANF program staff. All information given for the purpose of determining eligibility for any and all Lummi Nation TANF programs will be subject to verification.
- For new applications, the required information and verification must be returned to the Lummi Nation TANF program within **ten (10) days** of receipt of the application package or it will be deemed ineligible and the applicant will have to submit a new application for services.
- Changes in circumstances are required to be reported within **ten (10) days** of any change that occurs in the household including, but not limited to, household members, income, expenses, etc.
- If you receive assistance from any other sources (i.e. food stamps, SSI, Child Support, VA Benefits, Unemployment Benefits, etc.), the amounts must be reported within **ten (10) days** of the date of change.
- Clients are responsible for completing mandatory the Monthly Eligibility Report (MER) and returning them by the **10<sup>th</sup> day** of each month in order to avoid a delay in benefits for the following month.
- Clients are required to cooperate fully in pursuing child support by filling an application to collect child support from any non-custodial parent of child(ren) living in the TANF household.

### GRIEVANCE AND FAIR HEARING PROCESS

An opportunity for a fair hearing is available to any applicant/client of the Lummi Nation TANF program who is dissatisfied with action taken by program staff, provided it is requested within **ten (10) days** of receiving a Letter of Notification (LON). The ETC Manager shall attempt to resolve disputes or issues informally. If such resolution is not practical, the ETC Manager shall issue a decision on the matter within **twenty (20) days** if it's presented to them in writing and supplied such to the appellant.

*Within **twenty (20) days** after issuance of a decision of any affected person may file a written appeal to the Lummi Nation Court, who shall review and hear the matter, and if no appeal to the Lummi Nation Court is made within the time allowed, the decision of the TANF Manager shall be final and shall not be subject to appeal.*

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Applicant Signature (Head of household)

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Date