



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

Internal use only

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Initial App TANF Family | <input type="checkbox"/> Annual Re-Certification | <input type="checkbox"/> Diversion |
| <input type="checkbox"/> Pregnancy grant (3 rd trimester) | | |

Identification Requirements:

- Picture Identification (WSDL or WSID)
- Tribal Enrollment (ID card or Certificate of Degree of Indian Blood) – for all household members on the grant
- Social Security card – for all household members on the grant
- Birth certificates – for all household members on the grant

Income Verification:

- Proof of income - paycheck stubs, employer statement, award letter, etc.
- Other sources of income – all unearned income such as SS, SSI, VA, child support, per capita
- Unemployment benefits, etc., must be verified by receipts or award letter
- Assets (checking, savings, stocks, bonds, etc.)

Residency Status / Family Size:

- Landlord statement (copy of rental agreement or mortgage), OR
- Postmarked letter addressed to you

Other Documents:

- Vehicle registration
- Marriage license and/or divorce decree (if applicable)
- Court custody papers
- Student/child(ren) on TANF must be attending school – registration or report card required
- Complete an agreement to cooperate with the child support agency (if applicable)
- Current immunization records for all child(ren) requesting assistance age 12 and under

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 #
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> In a registered Domestic Partnership <input type="checkbox"/> Widowed		Have you been on TANF before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ Months on TANF _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, please provide documentation of status		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of these situations apply to you or your family (check all that apply) <input type="checkbox"/> Pregnancy, due date _____ <input type="checkbox"/> Medical emergency <input type="checkbox"/> Medical emergency <input type="checkbox"/> Disability: list type _____ <input type="checkbox"/> Eviction notice <input type="checkbox"/> Utility shut off notice			
Education Level Completed <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Tech/Vocational School <input type="checkbox"/> Other _____			

Applicant Information (Spouse/Partner)

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 #
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> In a registered Domestic Partnership		Have you been on TANF before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ Months on TANF _____	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, please provide documentation of status		Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of these situations apply to you or your family (check all that apply) <input type="checkbox"/> Pregnancy, due date _____ <input type="checkbox"/> Medical emergency <input type="checkbox"/> Medical emergency <input type="checkbox"/> Disability: list type _____ <input type="checkbox"/> Eviction notice <input type="checkbox"/> Utility shut off notice			
Education Level Completed			

<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Tech/Vocational School <input type="checkbox"/> Other

Child Information

Please write the names of children 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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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	
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		Current grade	

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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

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

Assets / Resources

Please list the vehicles, boats, trailers, etc. that you own, lease or are financing (statements needed if a loan or lease). Include a copy of the registration and insurance.

Make and model	Year	Approx. value (Check Blue Book)

Please list other types of resources you or any member of your household may have, including cash, property, etc. (attach a copy of bank statements, etc., for documentation of eligibility).

Type of Resource	Who Owns It?	Where is it located?	Balance/Value
Checking Account			
Savings Account			
Other Account			
Per Capita			
Property			
Life Insurance			
Stocks / Bonds			

Trusts			
Other Fund			

TANF Household Information

<p>List how much your family pays each month for:</p> <p><input type="checkbox"/> Rent \$ _____ <input type="checkbox"/> Mortgage \$ _____ <input type="checkbox"/> Utilities \$ _____</p>
<p>Do you pay for your home heating costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you a HUD Housing Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is it: <input type="checkbox"/> Lummi Housing or <input type="checkbox"/> Bellingham Housing</p>
<p>Do you live on the reservation or trust lands? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how long? _____</p>
<p>Does anyone in your household pay for childcare or dependent childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for whom? _____ Amount \$ _____</p>
<p>Are you requesting assistance for anyone in your household who is pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for whom? _____ When is baby due? _____</p>
<p>Has or is anyone in your household received or is currently receiving public assistance (temporary assistance, cash food stamps, Medicaid) in Washington state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for whom? _____ When? _____</p> <p>Where? _____</p>
<p>Is anyone in your household fleeing from prosecution, custody, or confinement for a felony or Class A misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who? _____</p>
<p>Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who? _____</p>
<p>Does anyone in your household have medical problems or medical costs due to an accident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, date of the accident? _____</p>

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

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

Applicant (spouse/partner)

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

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):

- 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 **10th 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.*

Applicant Signature (Head of household)

Date

Applicant Signature (Spouse/partner)

Date