



**Lummi Nation**  
**TRIBAL EMPLOYMENT RIGHTS OFFICE**  
**2665 Kwina Road Bellingham WA 98226**  
**PH: 360.312.2287**

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## Supportive Services

Supportive Services are available only to recently employed, enrolled Lummi Tribal members as funding is available and subject to eligibility, and program approval. Assistance is NOT guaranteed. Duplicate services from different programs will not be funded.

## Eligibility:

1. Must be an **Enrolled** Lummi Tribal Member
2. Must be **18** years of age.
3. Must be an **active participant** in the Lummi Nation TERO Referral Skills Bank.
4. Must complete and sign a **Referral Application yearly, no exceptions.**
5. Must reside within the Lummi Nation TERO coverage area (most counties in Washington are included.)
6. Must bring in a denial letter from other programs for services. (ETC, Voc Rehab, Dislocated Fishers)

**Maximum Services:** Two services per year max, not to be duplicated in a two-year time frame (excluding one (1) time only Relicense Assistance Program).

**All Services:** All services must follow Client Service Policy. Checks or Purchase Orders will be made out to the vendor only. NO Reimbursement is allowed.

**Services and Limits:** Work gear cannot be provided once an applicant has worked more than 6 weeks.

## CRITERIA:

- Must have been out of work and/or have a change in trade, i.e. Food service to construction, office work to uniform work. We do not provide Office Work clothes; we focus on construction safety gear.
- Must complete an application and bring a letter to show proof of work, hire date, duration of the job, and be signed by the employer, or verification of employment by TERO staff.
- If uniforms or tools are provided or job does not call for new clothing or tools, a max of up to \$100 for shoes and other work clothing related items and/or tools will be granted.

### 1. **Tools** - **Once Per Lifetime - Maximum amount up to \$500.00**

- Assistance to obtain the necessary tools or equipment required to perform duties
- At least 2 quotes must accompany the request.

### 2. **Work/Footwear:** - **Once Per Year - Maximum amount up to \$300.00**

- Steel toe, non-slip safety shoe/boots or another footwear required by your employer.
- Safety Clothing must be required for the job. A letter or similar document must be provided by the employer noting the requirement to have any special gear for the position.  
AND
- Employer must not allow a payroll deduction which would allow the employee to obtain the necessary equipment and pay back the employer over time.

**\*\* If your job will last less than 2 weeks or you have been working for more than 6 weeks you are not eligible.**

**Note:** Work clothes will not be available for high turnover positions or work less than 20 hrs per week.

**Funds must be used for intended purposes only. Exclusion from further services may result. Jewelry is not considered a work necessity.**

### 3. **Training Assistance:** **Once per program year up to \$500.00.** (If funding is available)

- Assistance may be provided to obtain training or classes necessary to obtain or retain a position.
- Must complete necessary courses and obtain a certificate of completion or all funds must be repaid to the program.
- This includes coverage of testing fees and course materials.



# TERO Client Service Application

|                        |                                    |
|------------------------|------------------------------------|
| <b>DATE:</b>           | <b>Name (Last, First, Middle):</b> |
| <b>Street Address:</b> | <b>City, State &amp; Zip:</b>      |

Telephone: \_\_\_\_\_ Message: \_\_\_\_\_ DOB: \_\_\_\_\_

Services Needed:  Tools  Work Clothes  Union Dues  TWIC  Other: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Must be completed by current employer if requesting work clothes/tools/union dues:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I verify that the above-named person will be working for (weekly hours): \_\_\_\_\_

Employers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tools/Clothes Required:**

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*I agree the information I have provided is correct and understand that TERO will verify with all parties. If we find any information is incorrect, I understand I will not be eligible for services through the TERO office of a period of one (1) year. I give TERO permission to receive information from other departments within Lummi Indian Business Council.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office use only:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved  Denied Work Order #: \_\_\_\_\_ PO # \_\_\_\_\_ Date client received: \_\_\_\_\_