

APPLICATION FOR 477 PROGRAM SERVICES

PO Box 306
 Fort Hall, ID 83203

Telephone Number:
(208) 478-3845 or 3898

FAX Number:
(208) 478-3852

Email address
eet@shoshonebannocktribes.com

INSTRUCTIONS:

A Complete this application to the best of your ability. If you need help, feel free to contact an Intake Technician for assistance.

B Checklist - each applicant must submit documents with their appli-

cation. Turn in the documents listed below:



- 1 Personal Identification
- 2 Tribal ID Card
- 3 Proof of Residency
- 4 Social Security Card
- 5 Sign Employment Verification Form
- 6 Selective Service Registration if this applies to you
- 7 Veterans turn in your DD214

C Schedule an Appointment

Ask an Intake Technician to make you an appointment to meet with a case manager to make a plan of service, and to verify if your request for assistance is approved.

Social Security No.		Applicant Name (Last, First, Middle Initial)		
Request for Services - In this area, please explain the type of education, training or employment services you seek:				
Residency - explain where you reside, list the road you live on and nearest crossroads:				
Mailing Address			County:	
			If you live on the Fort Hall Indian Reservation, what district do you live in:	
Home Phone Number	Message Number	Date of Birth	Age	Sex
Native American Status or Tribal Membership (Tribe & Agency)			Enrollment Number	
Selective Service Registration -- This requirement applies to MALE applicants born on or after January 1, 1960. Please check the item that applies to your registration status: <input type="checkbox"/> I am a VETERAN of the US Armed forces and this requirement does not apply to me <input type="checkbox"/> I am a female applicant and this requirement does not apply to me <input type="checkbox"/> I registered with the selective service and my registration number is: _____ <input type="checkbox"/> I am required to register and did not register with the Selective Service System. If you did not register and you are 18-26 years of age, you can register on-line at the EET/TANF Office or at a local US Postal Office; if you are over 26 years of age, write a statement on the back of this form explaining why you did not register and sign it.				
Employment Information - List the information requested for all jobs held in the past six (6) months				
Your Job Title	Employer & Address	Rate of Pay	Dates of Employment	
Education Status <input type="radio"/> School Dropout <input type="radio"/> Current Student <input type="radio"/> HS Grad/GED <input type="radio"/> Post High Attendee	Are you a Veteran? <div style="display: flex; justify-content: space-around;"> YES NO </div>		Branch of Service and Dates of Service	
	During the past six (6) months, did you or any of your family members receive TANF Cash Assistance or State TAFI services?		YES	NO
	During the past six (6), did you receive General Assistance (GA) from the Bureau of Indian Affairs (BIA) or Social Services?		YES	NO

CERTIFICATION - I certify that the information provided on this application is true to the best of my knowledge. I am aware that the information provided on this application is subject to review and verification, and that I am required to provide documents to support this application. I am also aware that services are subject to

Applicant Signature and Date Signed

Parent/Guardian Signature and Date (for applicants under 18 years of age)

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		During the past six (6) months, did you or any of your family members receive TANF Cash Assistance or State TAFI services?		
		YES NO		
		During the past six (6), did you receive General Assistance (GA) from the Bureau of Indian Affairs (BIA) or Social Services?		
		YES NO		

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TANF APPLICATION CHECKLIST

Shoshone-Bannock 477 Program
 PO Box 306, Fort Hall, ID 83203
 Telephone (208) 478-3845 / FAX (208) 478-3852

Applicant Name _____

in Household _____ # 16 years and older: _____

Inquiry Date: _____

Family TANF Services -- Complete the application to the best of your ability and **submit the documents listed below for yourself and each member of your family.** After your application and documents are submitted, you will be scheduled an appointment with a Self-Reliance Specialist (SRS) who will determine if you are eligible for TANF assistance.

Caretaker Relative -- Complete the application to the best of your ability and **submit the documents listed below for you and the child/children you are seeking assistance for.** After your application and documents are submitted, you will be scheduled an appointment with a Self-Reliance Specialist (SRS) who will determine if you are eligible for TANF assistance.

*****If you need help or have any questions, please contact an Intake Technician at 478-3845 or the TANF MIS Officer at 478-3708.**

Please submit these documents:	Adult(s):	Child:	Child:	Child:	Child:
1 Birth Certificates					
2 Social Security Cards					
3 Tribal ID or BIA Certificate of Indian Blood					
4 Driver's License					
5 Proof of Residency (Utility bill, third party verification)					
6 Income and/or Family Resources (for the past 30 days)					
a. Wage/Earnings statements					
b. Self-Employment records					
c. Lease income (IIM)					
d. Social Security benefits					
e. Child Support Payments					
f. Other Income or Resources					
7 Supplemental TANF Forms (attached)					
a. Self-Assessment					
b. Goal Statement					
c. Education/Training/Employment History					
d. Release of Information					
8 Immunization Records	Not Required				
9 Guardianship/Custody Documents for child	Not Required				
10 Marriage/Divorce Documents		Not Applicable	Not Applicable	Not Applicable	Not Applicable
11 Other documents:					

Certification -- I, certify that I made an inquiry with the 477 Program on the INQUIRY DATE listed above. I understand that after I complete the application and submit documents to support my application, I will be schedule an appointment to meet with a Self-Reliance Specialist (SRS) to determine if I am eligible for TANF assistance. Further, I may need to follow-up with my SRS to answer questions and to confirm my eligibility status.

I understand that TANF is a temporary assistance program and is provided with the intent to assist applicants secure employment and self-sufficiency. If I have any questions or concerns regarding my application or services, I shall direct them to the 477 Program.

Applicant Signature

Date Signed

APPOINTMENT REMINDER

Date: _____

Time: _____ A.M. / P.M.

With Self-Reliance Specialist:

SRS Telephone # 478 - _____

To reschedule or cancel this appointment, please contact the SRS at the number listed above.

Your cooperation is appreciated -- Thank you.

SHOSHONE-BANNOCK TRIBES – 477 PROGRAM
PO BOX 306
FORT HALL, ID 83203
TELEPHONE NO. (208) 478-3845 FAX NUMBER (208) 478-3852

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby give my consent for the Shoshone-Bannock Tribes 477 (Education, Employment and Training, TANF, and Youth Services) Program, to disclose information to and/or obtain information from agencies provided to me or on my behalf for the purposes of TANF eligibility determination and participation. This release of information, authorizes verification of services from such agencies listed, but is not limited to, the following: Idaho Department of Employment, Vocational Rehabilitation programs, Idaho Job Service/Idaho Works or Department of Labor, local schools/colleges, Social Service programs, Education, Employment and Training programs and agencies, Tribal Chemical Dependency Programs, state and local Courts, and other human service programs.

Authorization is granted to and may be addressed to:

Shoshone-Bannock Tribes 477 Program
Attention: TANF Eligibility
PO Box 306
Fort Hall, ID 83203

This authorization will expire on: _____.

Authorized Signature:

Applicant/Participant Signature

Date Signed

TANF Self-Reliance Specialist

Date Signed

SHOSHONE-BANNOCK TRIBES – 477 PROGRAM
PO BOX 306
FORT HALL, ID 83203
TELEPHONE NO. (208) 478-3845 FAX NUMBER (208) 478-3852

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Authorization is granted to and may be addressed to:

Shoshone-Bannock Tribes 477 Program
Attention: TANF Eligibility
PO Box 306
Fort Hall, ID 83203

This authorization will expire on: _____.

Authorized Signature:

Applicant/Participant Signature

Date Signed

TANF Self-Reliance Specialist

Date Signed

SELF-ASSESSMENT

Answer the questions as completely as possible

1. Name: _____ 2. Age: _____

3. Last grade completed: _____
 If you did not complete high school. Why? _____

4. Do you have transportation: Yes No
 If yes, specify what kind (Do you have your own car, does a relative drive you, etc.)

5. Do you have a valid driver's license: Yes No

6. Do you have a physical or mental disability? Yes No
 If yes, describe disability: _____

7. Does your disability make it hard to work or prevent you from working? Yes No
 If yes, Explain: _____

8. Do you receive any money from your child/children's other parent? Yes No
 If no, give reason: _____

9. Do you have any type of criminal history? Yes No
 If yes, what were you charged with? When and where were you convicted:

10. What type of support do you receive from your family? (example: are they willing to watch your children while you work? Will they transport you?):

1. Are you, or anyone living with you, involved with any of the following programs? Do you need assistance with any of these programs?

Program	Who is Family	Type of Assistance
Drug and/or Alcohol	_____	_____
Child Protection	_____	_____
Mental Health	_____	_____
Probation and Parole	_____	_____
Day Treatment Programs	_____	_____
Juvenile Court Systems	_____	_____

TANF Self-Assessment Form

Programs	Who in Family	Type of Assistance
Family Violence		
Education/Training Programs		
School Programs (children)		
(Programs children are involved in for academic learning or disciplinary reasons)		

Who do you work with in the program(s) indicated:

12. Why do you think you are unemployed?

13. Have you completed any type of job training program? Yes No
If yes, What type of training? When and Where?

14. Is it difficult for you to learn a given task and or assignment? Yes No
If yes, What causes you difficulty? (Example: reading, writing, understanding verbal instructions, understanding written instructions, math)

15. Are you currently, or have you in the past seen a doctor for medical reasons? Yes No
If yes, for what?

16. Have you ever been in the military? Yes No
If yes, what branch, when, where and what were your job duties?

17. It is important that we know what issues your child or children may be having in school. Are any of your children in special programs that require you to attend his/her school frequently? Yes No
If yes, what are the issues and identify special programs:

18. Do you have any hobbies? Yes No
If yes, what are they?

19. What do you do in your spare time?

I AM

- _____ Happy
- _____ Friendly
- _____ Shy
- _____ Talkative
- _____ Quiet
- _____ Neat
- _____ Messy
- _____ Early Riser

- _____ Late Riser
- _____ High Energy
- _____ Low Energy
- _____ Always on Time
- _____ Usually on Time
- _____ Always Late
- _____ Usually Late

I PREFER TO:

- _____ Be With People
- _____ Be Alone
- _____ Work Inside
- _____ Work Outside
- _____ Work with Tools

- _____ Work with Machines
- _____ Work with People
- _____ Work with Paper/Books
- _____ Work Where Things are Neat/Tidy
- _____ Work Where I can be Messy & Dirty

I DO BETTER WHEN:

- _____ You give me a job to perform and then go away and let me do it.
- _____ You give me a job to perform but stay close by in case I need help.

10. List five words that describe you best:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

11. List your five best job skills:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

12. List five jobs that you would like to have:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

13. List five jobs that you think you could do right now:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

To be completed by the applicant -- BARRIERS TO EMPLOYMENT -- Please check the items that are of concern to you in your attempts to seek and secure employment or to return to school and complete your education or training.

- | | | |
|---|--|--|
| <input type="checkbox"/> Being a Single Parent Head of Household | <input type="checkbox"/> School Dropout | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Reading, Writing or Math Skills below 8th grade | <input type="checkbox"/> Low Income Family | <input type="checkbox"/> Housing |
| <input type="checkbox"/> No previous employment -- needs work experience | <input type="checkbox"/> Long-term unemployed | <input type="checkbox"/> Language |
| <input type="checkbox"/> Needs Job Search Skills | <input type="checkbox"/> Lacking Marketable Skills | <input type="checkbox"/> Unskilled |
| <input type="checkbox"/> Needs Child Care Assistance | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Personal Problems |
| <input type="checkbox"/> Pending case with the courts | <input type="checkbox"/> Parenting Youth | <input type="checkbox"/> High Risk Driver |
| <input type="checkbox"/> On Probation/Parole | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Arrests/Convictions | <input type="checkbox"/> Welfare Recipient | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Age (too young/old) | <input type="checkbox"/> Disabled--specify: _____ | |
| <input type="checkbox"/> Employed part-time and in need of full-time work | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Recently Divorce/Separation | <input type="checkbox"/> Other: _____ | |

EMPLOYMENT HISTORY -- For the past 5 years. Begin with your last employment first.

1) Job Title _____	Dates of Employment -- Start _____	End _____
Employer _____	Supervisor _____	
Address _____	Phone No. () _____	
Rate of Pay _____	Hours per week _____	Status: Part-time Full-time Permanent Temporary
Duties: _____	Reason for leaving: _____	
2) Job Title _____	Dates of Employment -- Start _____	End _____
Employer _____	Supervisor _____	
Address _____	Phone No. () _____	
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Rate of Pay _____	Hours per week _____	Status: Part-time Full-time Permanent Temporary
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EMINDER -- To complete your goal statement on the attached form.

Verify that I completed and provided this information to the Shoshone-Bannock Education, Employment and Training and the TANF -- Temporary Assistance for Needy Families Program.

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Answer the questions as completely as possible

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Address _____	Phone No. () _____	
Rate of Pay _____	Hours per week _____	Status: Part-time Full-time Permanent Temporary
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