

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		Are you a Veteran?		Branch of Service and Dates of Service
<input type="radio"/> School Dropout <input type="radio"/> Current Student <input type="radio"/> HS Grad/GED <input type="radio"/> Post High Attendee		YES NO		
		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)

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

THIRD PARTY VERIFICATION
(For families with two or more members)

INFORMATION AND INSTRUCTIONS: This form is may be used to obtain third party verification of residency, number in family, and zero income status for TANF service applicants. When using this form, please keep in mind that the program may only accept it, if it is filled out and signed by an individual who is at least 18 years of age, and who is not a member of the applicant's household. The person providing verification may only verify the items they have knowledge of, and must provide their address or phone number where they can be reached, and sign and date the form. Your attention and cooperation with this instructions is appreciated.

I, _____, hereby verify the following information for _____
TANF Program applicant/participant.

_____ **Number in Family** - to the best of my knowledge, there are _____ family members
in his/her household. The family members are listed as: _____

_____ **Residency** - To be best of my knowledge, I can also verify that the applicant/family
resides at the following address/area: _____

Please name the road, nearest cross roads, street address

_____ or best description you may provide

_____ **Income** - To the best of my knowledge, I can verify that during the past 30 days the
applicant/family income or resources as a means of support included: _____

If there are any questions regarding this verification statement, I may be contacted by telephone
at: _____ or by mail at _____

Verifier's Signature

Date Signed