

## 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](mailto: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.

<b>Social Security No.</b>		<b>Applicant Name</b> (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		
<b>Selective Service Registration</b> -- 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.				
<b>Employment Information</b> - 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	
<b>Education Status</b>		<b>Are you a Veteran?</b>		<b>Branch of Service and Dates of Service</b>
<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? <span style="float: right;">YES      NO</span>		
		During the past six (6), did you receive General Assistance (GA) from the Bureau of Indian Affairs (BIA) or Social Services? <span style="float: right;">YES      NO</span>		

**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)

**NOTICE TO: All Higher Education and Vocational/Technical Students****Scholarships and Funding – Applicant Checklist for reference**

Please READ this notice thoroughly, stamp in documents &amp; make copy for own file

**ALL STUDENTS** who seek funding for higher education or other educational assistance from the Tribe to pursue a baccalaureate degree, associate degree, or certificate at a college or university are subject to these procedures: Your attention to the deadlines is very important! Applications are reviewed twice a year –once in July for FALL funding and November for SPRING/WINTER funding. Application is accepted by mail, FAX and in person. Failure to adhere to deadline will result in no funding. NO EXCEPTIONS! Our business hours are Monday through Friday from 8 am to 5 pm.

**STEP 1: 477 Application.** Complete the application form and submit the documents listed below to determine your eligibility for services under the 477 Program.

\_\_\_\_\_ **Personal Identification-** Social Security Card and (One of the following): birth certificate, state ID card,  
*Date* driver's license, military card, or other legal identification (passport, school ID card, other).

\_\_\_\_\_ **Proof of Residency** – in your name a rent or housing receipt, landlord or housing authority statement, utility  
*Date* bill listing the applicant's physical address; vehicle registration, third party verification if you live with parents or others.

\_\_\_\_\_ **American Indian Status** – Tribal enrollment certificate, tribal identification card or certificate of Indian Blood.  
*Date*

**STEP 2: School Documents.** Each student is required to submit each of the following documents by the DEADLINE of June 16<sup>th</sup>, for the Fall Quarter/Semester or November 15<sup>th</sup>, 2008 for Spring Quarter/ Semester @ 5 pm.

\_\_\_\_\_ **\*Needs Analysis** (Form attached) – Must be completed by your school's financial aid officer and FAXED or  
*Date* mailed into the program by the deadline date.

\_\_\_\_\_ **School Acceptance** – An acceptance letter from admission office at the school you will attend and pre-  
*Date* registration class schedule is required.

\_\_\_\_\_ **College and/or High School/GED Transcripts** –Required of all students, for freshman students request your  
*Date* high school transcripts, transfer students (give permission to the school to access your records at all the schools attended) it will document class level.

\_\_\_\_\_ **Release of Information** (form attached) – sign and submit by the deadline.  
*Date*

\_\_\_\_\_ **Barriers and Goal Statement** (form attached) – complete both sides of this form.  
*Date*

\_\_\_\_\_ **Proof of Application for 3 'Outside' Scholarship** – first page or confirmation statement this does not include  
*Date* application for FAFSA

Colleges/University determines financial aid package from Financial Aid Application (FAFSA). As a student this is required every school year so it is important to complete as soon as possible.

any questions please call:

Nadine Auck, EET Case Manager

Telephone: (208) 478-3978

Email: [nauck@shoshonebannocktribes.com](mailto:nauck@shoshonebannocktribes.com)



# Shoshone-Bannock Tribes

## EET/TANF Program

Education, Employment & Training/Temporary Assistance to Needy Families Program

### RELEASE OF INFORMATION

AUTHORIZATION GIVEN TO: \_\_\_\_\_

School or Agency Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Postal Code

The above named agency is hereby authorized to release my grades, test scores, transcripts, and financial aid awards and status to the Shoshone-Bannock EET/TANF Program. The purpose of this release is to verify my eligibility for campus based financial aid available to me, so that the Tribe may consider my request for education assistance. My records at the school are listed under the following name(s):

Student Name	Student Billing Number or SSN	Birthdate

**Please release the information requested to:**

Shoshone-Bannock Tribe  
EET/TANF PROGRAM  
PO Box 306  
Fort Hall, ID 83203  
FAX Number: (208) 478-3852

I understand that this is a reciprocal agreement of release. Therefore, I also authorize the Shoshone-Bannock EET/TANF Program to release information regarding any educational awards made to me or on my behalf and/or employment status through the date that this authorization expires.



This authorization expires on: \_\_\_\_\_

**June 30, 2010**

Signed this \_\_\_\_\_

Day

day of \_\_\_\_\_

Month

Year

\_\_\_\_\_  
Applicant/Student Signature

Name \_\_\_\_\_

Date: \_\_\_\_\_

Barriers Statement: All request to the EET/TANF Program must education, training or employment related. Please Check all items that apply and are a concern to you as it relates to your attempts to seek and secure employment or return to school to complete your education or training.

### Profile

- Being a Single Parent / Head of Household
- Welfare Recipient
- Low Income Family
- Recently divorced or separated
- Veteran
- Teen Parent
- Teen Pregnancy
- Age (too young or too old)
- Disabled - Specify: \_\_\_\_\_

### Deficiency

- Reading, Writing or Math Skills below 8th grade level
- Language
- Lacking Marketable Skills
- Unskilled
- School Dropout
- No Drivers' License

### Basic Need

- Housing
- Transportation
- Need Child Care

### Employment Barriers

- No Previous Employment
- Part-time and in Need of Full-time Employment
- Need Work Experience
- Need Job Search Work Assistance
- Need Job Search Skills
- Long-Term Unemployment

### Self-Management

- Arrest or Conviction
- Pending case(s) with the courts
- On Probation or Parole
- Substance Abuse
- High Risk Driver
- Personal Problems

Other: \_\_\_\_\_

Other: \_\_\_\_\_