

Shoshone-Bannock Tribes

HUMAN SERVICES DEPARTMENT

Consumer Services Program
Energy Assistance & Weatherization

Education, Employment & Training Services

Temporary Assistance to Needy Families (TANF)

CONTACT

INFORMATION

TELEPHONE NUMBER:
(208) 478-3898/3975

TOLL FREE NUMBER
1 (888) 297-1378

FAX NUMBER
(208) 478-3845

INSTRUCTIONS:

Complete this application to the best of your ability. If you need help, please ask the front desk for assistance.

When you finish this application, you will need to submit the documents listed below for you and each person in the household.

- _____ Personal Identification
- _____ Tribal ID Card
- _____ Social Security Card

Also, for the household, provide verification of:

- _____ Residency
- _____ Number in Family
- _____ Income

Male Applicants at least 18 years of age -- this DOES NOT apply to US Veterans

- _____ Selective Service Registration is REQUIRED

PLEASE READ THE INSTRUCTIONS BELOW:

Your application or request cannot be processed if all documents are not attached to the application OR already on file. Thank you.

APPLICATION FOR SERVICES

| | |
|--|----------------------------|
| APPLICANT NAME | DATE OF APPLICATION |
| | HOME PHONE# |
| | CELLULAR # |
| | MESSAGE # |
| RESIDENCY - Explain where you live, list the road you live on and the nearest crossroads: | |
| MAILING ADDRESS _____ | |
| CITY _____ | STATE _____ ZIP CODE _____ |

| | |
|------------------------------------|------------------------------|
| SERVICES YOU ARE REQUESTING | Are you currently in crisis? |
| | YES NO |
| | Please Explain: |
| | 1) _____ |
| | 2) _____ |
| 3) _____ | |
| 4) _____ | |

| | | | |
|--|------|---------------------|------------|
| SOCIAL SECURITY NUMBER | | MARITAL STATUS | |
| DATE OF BIRTH: | AGE: | SINGLE | WIDOWED |
| GENDER: MALE FEMALE | | MARRIED | SEPARATED |
| | | DIVORCED | COMMON LAW |
| INDIAN AND NATIVE AMERICAN STATUS | | | |
| TRIBE _____ | | ENROLLMENT #: _____ | |

| | | | |
|-----------------------------|----------------------------------|--|--|
| EDUCATION STATUS | | | |
| _____ School Dropout | _____ Currently Attending School | | |
| _____ High School Grad/ GED | _____ Post High School Attendee | | |

| | | | |
|---|---|-----|----|
| EMPLOYMENT STATUS - Did you work in the past six (6) months? | | YES | NO |
| _____ Unemployed | _____ Employed but received notice of termination | | |
| _____ Employed Part-time | _____ Recently separated from the Military | | |
| _____ Employed Full-time | _____ Retired | | |

If you worked in the past six months, please provide the following information

| Job Title | Employer | Dates of Employment | | Rate of Pay |
|-----------|----------|---------------------|-----|-------------|
| | | Start | End | |
| | | | | |
| | | | | |

| | | | |
|---|--------|-------------------|-------------------|
| VETERAN? | YES NO | Branch of Service | Dates of Service: |
| REGISTERED WITH SELECTIVE SERVICE: | | YES - Number: | NO |
| DISABLED? | YES NO | Explain: | |

Family/Household Information

| Family Member Name | Age | Relationship to Applicant | Social Security Number | Tribe & Enrollment Number |
|--------------------|-----|---------------------------|------------------------|---------------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| 4) | | | | |
| 5) | | | | |
| 6) | | | | |
| 7) | | | | |
| 8) | | | | |

Number in Family: _____

Number of children under 6 years of age: _____

Income and Resources - Does anyone listed above receive any of the following types of income, benefits or resources listed below. Please explain who receives it and how much per month.

| List who receives these benefits: | Amount per Month | List who receives these benefits: | Amount per Month |
|---|------------------|-----------------------------------|------------------|
| Wages | | Social Security | |
| Unemployment Benefits | | Retirement, Pensions | |
| Workman's Compensation | | Per Capita, Lease, IIM | |
| Tribal TANF or State TAFI | | Food Stamps or Commodities | |
| Other income or resources -- please explain: | | | |

CERTIFICATION STATEMENT - I certify that the information provided on this application is true and correct to the best of my knowledge. I understand the information on the application will be used to determine my eligibility for services and I will have to provide documents to support this application and request. Further, I understand that:

- a) *This application is property of the Shoshone-Bannock Tribes. As signatory authority for the federal, state and Tribal funds, the Fort Hall Business Council (FHBC) and its individual members are privileged to Tribal documents and may at any time request to review documents held by this office. In line with their duties, the FHBC may delegate to the Tribal staff duties to verify information with the 477 Department verbally or in writing. Under this authority, we are required to comply with the inquiries of the FHBC, and the release of information includes but is not limited to the application, your request(s), bills, or to verify the status of pending action, approval, or denial, and the disbursement of funds to you or paid to another party (vendor/utility company/other) on your behalf.*
- b) The information on this application stored in the department's data collection system. For reporting purposes, information will be shared with the Fort Hall Business Council, US Department of Interior/Bureau of Indian Affairs, the US Department of Health and Human Services, the US Department of Labor, Eaglesun Systems, and other state/federal funding agencies. I also understand that this information is protected by the Privacy Act.
- c) Anyone found to make false statements or misrepresent items listed on the application, may result in a denial of services; and may include legal action or collection to recover funds paid to me or paid on my behalf to another party (vendor/utility company/other). If I am determined ineligible after I have started in an education, training, employment or related activity, I understand that funding will cease (stop); and in the event that this occurs, if I choose to continue the activity, I will be responsible for all costs incurred. The Tribe will not be held liable for costs you incur beyond the last day of your enrollment in an education, employment or training activity.
- d) Eligibility is not a guarantee of services. The 477 HSD is only able to assist you, if funds are available in the budget for services in which you may have been determined eligible for.

Release of Information. I hereby AUTHORIZE THE RELEASE OF INFORMATION by and between the departments of the Shoshone-Bannock Tribes, the Fort Hall Business Council, its individual members; the personnel departments of the Shoshone-Bannock Tribal Enterprises and Shoshone-Bannock Gaming, Employer(s) and other agencies listed on this application to verify wages/income, benefits, resources or services or resources regarding me and family listed above.

| | | |
|----------------------------|--|---|
| Applicant Signature & Date | Spouse/Co-Applicant's Signature & Date | YOUTH UNDER 18 YEARS OF AGE -- Parent/Guardian's Signature is REQUIRED |
|----------------------------|--|---|

CONSUMER SERVICE REQUEST

Applicant Name: _____

Telephone Number: _____

What is your major source of heating? _____

| | |
|---------------------------------------|--|
| Assistance you are requesting: | For each item you are requesting assistance with, please explain the barrier(s) or circumstance(s) that make it hard or prevents you from doing this for yourself or your family or household: |
| 1) | |
| 2) | |
| 3) | |

Monthly Expense Worksheet -- What is your household monthly income: \$ _____

| DESCRIPTION OF MY BILLS | AMOUNT DUE | WHAT I PLAN TO PAY THIS MONTH | | |
|--|------------|-------------------------------|-------|-------|
| | | Date: | Date: | Date: |
| Rent / House Payment / Mortgage | | | | |
| Home/Renters Insurance | | | | |
| Food Do you get Food Stamps? YES NO | | | | |
| Utilities Electricity | | | | |
| Home Phone | | | | |
| Cellular Phone | | | | |
| Water / Sewer / Garbage | | | | |
| Childcare Expenses | | | | |
| Medical / Dental | | | | |
| Clothing | | | | |
| Car Payment | | | | |
| Auto Insurance | | | | |
| Gas / Oil / Maintenance | | | | |
| Meals Out | | | | |
| School Expenses | | | | |
| Life Insurance | | | | |
| Credit Card(s) | | | | |
| Tribal Debt | | | | |
| Other: | | | | |
| | | | | |
| TOTALS: | | | | |

Applicant Signature: _____

Date: _____

THIRD PARTY VERIFICATION

Your help is needed to verify where the applicant lives and how many people reside in the household. The person verifying this information for the applicant or family listed must be at least 18 years of age, must be resident of the same state as the applicant, but may not be a member of the applicant's household. Your assistance is appreciated.

I, _____, hereby certify that: _____
Name of person who can verify this information Applicant Name

resides at: _____
Physical address or explain name of the road, nearest cross roads, street address or best physical description you may provide

I can also verify that there are _____ people living in their household. The names of the household or family members that live at the residence are listed below.

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |

If you have any questions or if you need further verification of the information of this statement, please feel free to contact me by phone at: _____ or my mailing address is:

Signed,

Shoshone-Bannock Tribe
Human Resource Management Program

PO Box 306 – Fort Hall, ID 83203
Telephone: (208) 478-3898 / FAX Number: (208) 478-3845
2014 Update

RELEASE OF INFORMATION

Applicant Name _____
Spouse / Co-Applicant _____

THE PRIVACY ACT

General. All documents submitted to any program or department of the Shoshone-Bannock Tribes shall remain the property of the Shoshone-Bannock Tribes. Access to records maintained in this office is limited to authorized personnel. All employees handling records will at all times protect the integrity, security, and confidentiality of these records.

Disclosure. In accordance with the Shoshone-Bannock Tribes Privacy Act and Records Management policies and procedures, requests for copies of documents require the written permission from the Fort Hall Business Council.

Alternation of Records. No employee may alter or destroy records unless authorized by the Fort Hall Business Council. The removal and disposal of records occurs periodically in accordance with Records Management policies and procedures.

Responsibility. A criminal penalty may be imposed for knowing and willfully disclosing, altering, or destroying records without proper authorization; and includes a \$500 fine and/or a six month jail sentence, or both. Each disclosure of records, alteration or destruction, shall constitute a separate offense. (*Chapter V., Section 75, Code of Offenses, Law and Order Code of the Shoshone-Bannock Tribes*).

STATE OF IDAHO

If you are applying for State services or received State services in the past year, authorization to verify information with the State of Idaho is required. This information will be used to determine eligibility and/or to coordinate benefits for federal and/or state services available through the Shoshone-Bannock Tribe. *Authorization for this release is subject to the Privacy Act of 1974, U.S.C. 552 AE3, Sections 416 and 4761, Energy Conservation and Protection Act, Public Law 94-385.*

RELEASE OF INFORMATION

I, _____, attest that I have submitted an application for assistance from the Shoshone- Bannock Tribes. My signature authorizes the Release of Information to verify information provided on my application and request. This Release of Information also holds harmless, the agency and their employees as I agree for the Tribe and your agency to in writing or by oral discussion, share information needed to determine my eligibility for services.

This release authorizes verification of services for agencies listed on my application and/or documents provided to support my application and/or request. This release is authorized to, but is not limited to: all State Department of Health and Welfare, Child Support, Department of Labor, Community Action Agency/Programs and similar programs provided by States or Tribes; schools, colleges/ universities; Tribal and BIA Social Service Agencies, State and Tribal Chemical Dependency Programs; Federal, State and local Courts; applicable Housing Agencies, Property Managers and/or Landlord(s) or Owners; the applicable Utility company(ies); childcare providers, transportation providers, vendors, and others.

Further, as an applicant/recipient, I understand, and agree that this is a reciprocal agreement. Therefore, I authorize the Shoshone-Bannock Tribe to release information regarding my participation on the program(s) and services authorized to me or on my behalf. I understand this release will remain in effect through the Authorized Expiration Date, unless I revoke this authorization in writing.

★ **Authorization Expiration Date:** _____ **December 31, 2014** _____

Applicant Signature _____ Date Signed _____
Co-Applicant/Spouse's Signature _____ Date Signed _____