

**Shoshone-Bannock
Tribes**

**HUMAN SERVICES
DEPARTMENT**

Community Access Services
Energy Assistance &
Weatherization

Education, Employment &
Training Services

Temporary Assistance to
Needy Families (TANF)

**CONTACT
INFORMATION**

TELEPHONE NUMBER:
(208) 478-3845

TOLL FREE NUMBER
1 (888) 297-1378

FAX NUMBER
(208) 478-3852

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 INSTRUCTION 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	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?
1) _____	YES NO
2) _____	Please Explain:
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 or military separation

_____ Employed Part-time _____ Retired

_____ Employed Full-time

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) Lloyd George				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
Number in Family	Number of Children under 2 years of Age:		Total Number of children under 6 years of age:	

Income and Resources

Does anyone in the family receive the following benefits, services, resources or income:			Who Receives:	Amount	How Often?
Wages	YES	NO			
	YES	NO			
Unemployment Benefits	YES	NO			
Workman's Compensation	YES	NO			
Tribal TANF or State TAFI	YES	NO			
Social Security	YES	NO			
	YES	NO			
Retirement, Pensions	YES	NO			
Per Capita, Lease, IIM	YES	NO			
Food Stamps or Commodities	YES	NO			
Other -- specify:	YES	NO			

CERTIFICATION STATEMENT - I certify that the information provided on this application is true and correct to the best of my knowledge and that there is no intent to commit fraud. I understand the information on the application will be used to determine my eligibility for program services, and that I will have to provide documents to support my application and request. Further, I understand that:

- a) The information on this application stored in the department's data collection system. For reporting purposes, all or part of the 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 applicable funding agencies. I also understand that this information is protected by the Privacy Act.
- b) Anyone found to make false statements or a misrepresentation of the facts on the application may cause the program to deny your request for assistance and may include legal action or collection to recover funds paid to me or paid on behalf to another party (vendor/utility company/other).
- c) I understand that eligibility is not a guarantee of program services. As it applies to my application and request, I understand, efforts shall be made to assist you to the extent that funding is available in the current applicable program budget. I understand that if I am determined ineligible for services 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 to support the activity. The Tribe will not be held liable for costs you incur beyond the last day of your enrollment in the activity.

For the purposes of continued eligibility for services, I hereby AUTHORIZE THE RELEASE OF INFORMATION by and between the departments of the Shoshone-Bannock Tribe and the Fort Hall Business Council and its individual members; the personnel departments of the Shoshone-Bannock Tribal Enterprises and Shoshone-Bannock Gaming and other agencies listed on this application as it applies to income, benefits, services or resources that affect program eligibility.

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