

WHITE EARTH NATION HUMAN SERVICES
EMPLOYMENT AND TRAINING DEPARTMENT
477 PROGRAM

Eligibility Requirements:

In order to be eligible, you must:

- Be an enrolled member or a descendent (parents or grandparent's enrolled) of a Native American tribe
- Resident of the MN counties of Becker, Mahnomen, Clearwater, Norman, or Polk; located on or near the White Earth Reservation for 30 days or more.
- Be economically disadvantaged (must meet the Federal HHS Poverty Guidelines – 70% of the lower living income level by family size or verify receipt of public assistance)
- Be one or more of the following:
 - Unemployed at least 7 consecutive days in the month prior to application
 - Long-term unemployed
 - Underemployed (which may include but is not limited to employed PT when needing FT, employed at a low wage job at a lower skill level than one possesses, his/her current job does not qualify as allowing self-sufficiency as determined by case manager and temporary employment)
 - At risk youth (as determined by the case manager who verifies from a list of qualified barriers that qualify)

IMPORTANT !

VERIFICATION / DOCUMENTS REQUIRED:

In order for your application to be complete, you must provide verification of:

- 1) Your address
- 2) Your tribal enrollment
- 3) Selective services registration, if male between 18 and 35 years old
- 4) Identity – which must include two forms of identification using the I-9 form required documents
- 5) Proof of legal guardianship or foster care verification for youth who do not live within a birth parents household
- 6) All income sources for each member of the household (which may include only those who are required to be listed in your household)

Other verification may be required once you have been approved for the program, but the case manager may need additional information to determine what activity will benefit you, or you are in need of supportive services.

This may include but is not limited to:

- Employment verification
- Income verification
- Other household verification
- Vehicle title information

YOU ARE REQUIRED TO COMPLETE AN INTAKE APPLICATION, ASSESSMENT (INITIAL AND EXTENSIVE), A TEST OF READING AND MATH SKILLS, AND AN INDIVIDUAL EMPLOYMENT PLAN AND PARTICIPATE IN ACTIVITIES AGREED UPON BY YOU AND YOUR CASE MANAGER IN ORDER TO RECEIVE SUPPORTIVE SERVICES OR OTHER SERVICES.

WHITE EARTH HUMAN SERVICES
EMPLOYMENT & TRAINING INTAKE APPLICATION

Part I – Participant Background

Section I – Personal Data (All items must be answered)

Name: _____		SSN: _____	
(Please print, Last Name, First Name, M.I)			
Mailing Address: _____		City: _____	State: ____ Zip: _____
Home Phone: () _____		Msg Phone/Contact: () _____	
Birthdate: _____	Age: _____	Gender: Male Female	
County of Residence: _____	Tribally enrolled:	Yes No	
			(Please circle one)

Household Information

Name	Relationship to Applicant	Date of Birth
	Self	

Section II – Employment & Education History

EMPLOYMENT HISTORY

Currently Employed ____ Currently Unemployed ____

Complete Work History as Applicable – Please list current employment first

From	To	Job Title	Hourly Wage	Duties / Skills (Be as specific as possible)
	Present			

(Please use additional page if necessary)

EDUCATION HISTORY

High School / GED Information

Currently in High School: Yes No

If Yes, Grade Level: _____

If No, Highest Grade Completed: _____ Received GED? If so, please list date: _____

If Yes, School Name: _____

Address: _____

Higher Education

Diploma Obtained: Yes No

Post-Secondary School / Trade School: _____

Address: _____

Area of concentration: _____

Degrees, Licenses, Certifications Earned (List each one by type and name of school):

Barriers to Employment: (Please check all that apply)

<input type="checkbox"/>	Lack significant work history	<input type="checkbox"/>	Transportation issues
<input type="checkbox"/>	Limited English proficiency	<input type="checkbox"/>	High school dropout / No GED
<input type="checkbox"/>	Criminal history	<input type="checkbox"/>	Single parent
<input type="checkbox"/>	Lack of child care	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Not at age appropriate reading or math level	<input type="checkbox"/>	Homelessness
<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>	At risk youth
<input type="checkbox"/>	No driver's license	<input type="checkbox"/>	Medical / Mental health issues
<input type="checkbox"/>	Child support issues	<input type="checkbox"/>	Other (Please list)
<input type="checkbox"/>	Substance abuse issue	<input type="checkbox"/>	
<input type="checkbox"/>	Mental health issue	<input type="checkbox"/>	

INCOME

(Please check all that apply to you or other members of household in the past 6 months)

All Applicant and household members who are and were a recipient of the following:

	Income Type	Amount \$	List Family Member Receiving currently or last 6 months
	Wages in the last 6 months		
	Self-employment income		
	Food stamps		
	Commodities		
	Social Security		
	General Assistance		
	MFIP		
	Educational grants or stipends		
	Worker's Compensation		
	Unemployment Benefits		
	Retirement		
	Foster Care		
	Veterans Assistance		
	DHS Medical Benefits		
	Low income subsidized housing or rental asst.		
	Other (Explain):		

Verification of these amounts may be required. Please submit your proof of income listed. This may include official, recent documents from the employers or agencies, check stubs, award letters, etc.

Name of Participant: _____

How well are your family's needs met on a consistent basis, month in and month out?

Description	Adequate (Needs always met)	Inadequate (Needs not always met)	Urgent Need (Need immediate help)	Not Applicable (Doesn't apply)
Food				
Housing				
Clothing				
Heat/elec, water, plumbing or utilities				
Medical care for you and family				
Transportation				
Friend/family support				
Telephone or access to phone				
Child care for children				
Dental care				
Toys/activities for children				
Community group access				
Safety in your home				
Safety in your community				
Mental Health services				
Educational / training needs				
GED / HS Diploma				
Income				
Legal assistance				
Parenting issues / skills				
Reading/writing needs				
Job search/employment				
Substance/alcohol abuse awareness				
Spiritual needs				
Child support				
Cultural or language needs				

INDIVIDUAL EMPLOYMENT PLAN
CLIENT CERTIFICATION AND SIGNATURE

By my signature below, I agree to participate in the required components of the P.L. 102-477 Program (Assessment, Individualized Employment Plan (IEP), Test of Reading and Math Levels)

I understand that some of the information my case manager may go over with me may be extremely personal in nature, but is necessary to provide the best possible service to me in meeting my education, employment, and training needs.

I agree to work with staff to revise and update my IEP as appropriate and will keep in contact at least monthly with my case manager.

I understand that the IEP represents only a general plan of services and training intended to result in meeting my own goals, and does not represent entitlement to such services nor a contract between the program and me. I understand that not all services will be financial in nature.

I indicate my agreement to the above statements, and certify that the information given in this application and my separate IEP is correct and true to the best of my knowledge. I understand that certain items may be subject to verification. Falsification of facts is grounds for immediate termination of services and could result in prosecution under law.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

Date

(Required if client is under 18 years of age)

***** TO BE COMPLETED BY STAFF ONLY *****

Applicant Name: _____

Verification Document Record	Yes	No	N/A	Comments
1. Birth Certificate/Driver's License				
2. Residence – Bill/letter				
3. Selective Service Registration				
4. Tribal Enrollment				
5. Social Security Card				
6. Income Verification for last 6 months				
7. Employment Verification				
8. Assessment (Initial)				
9. Assessment (Extensive)				

Income Calculation:

Six month period _____ to _____

Total number in household: _____ Excluded Income: _____

Included Income Only:

Applicant	Source	Amount for 6 months

Other Household Members	Source	Amount for 6 months

Federal Poverty Guideline Limit: _____ Total 6 month income X 2 (12 Months): _____

Economically Disadvantaged: ___ Yes ___ No

Eligible: ___ Yes ___ No

***** TO BE COMPLETED BY STAFF ONLY *****

Only one document is REQUIRED from identification/age, verification as Native American, Alaska Native, or Native Hawaiian, and economically disadvantaged to be determined eligible – must check at least one.

Identification/Age (Must check one)

- Birth Certificate
- Drivers License
- School or State ID
- Tribal ID
- Other ID

Proof of Residence (Optional)

- Utility Bill
- Rent Receipt
- Voters Registration
- Other Proof

Verification of Native American, Alaska Native, or Native Hawaiian (Must check one)

- Tribal Enrollment Card
- CDIB Card or Letter
- Birth Certificate
- Tribal Documents
- Other (Self-attestation Form)

Selective Service (required for males age 18-25)

- Registration Card
- Not Registered
- Letter from Sel. Service
- Phone Confirmation
- Online Registration
- Other Proof

Low Income or Unemployed or Underemployed (Must check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Pay stubs | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Underemployed |
| <input type="checkbox"/> Public Assist. | <input type="checkbox"/> Letter from State UC office | <input type="checkbox"/> Work less than full time |
| <input type="checkbox"/> Other document | <input type="checkbox"/> Rec'd layoff notice/dislocate | <input type="checkbox"/> No advancement potential with current employer |
| <input type="checkbox"/> Social Service | | |
| <input type="checkbox"/> Homeless | | |
| <input type="checkbox"/> Individual w/disability | | |
| <input type="checkbox"/> 70% LLSIL | | |

