



Fort Belknap Indian Community

477 Employment & Training Program

656 Agency Main Street
Fort Belknap Agency
Harlem, MT 59526
Phone: 406-353-8376
Fax: 406-353-4567

P O Box 101
Hays/Lodgepole
Hays, Mt 59527
Phone: 406-673-3535
Fax: 406-673-3143

Dear Participant:

You have received an application for the 477 Employment & Training Program. you are required to submit the following documents within (30) days of received application. failure to provide documentation will result in delayed processing of application.

- 1) Birth Certificate(s) for all household member(s)
- 2) Social Security Card(s) for all household member(s)
- 3) Certified Degree of Indian Blood for all household member(s)
- 4) Photo ID for head of household and spouse
- 5) Documentation of High school diploma/GED/College degree/Certificates
- 6) Verification of any household income i.e (Lease Income, Social Security, SSI, Child Support
- 7) Last pay stub if you were previously employed for any/all household member(s)
- 8) Current rent receipt and/or electricity bill or utility bill in applicant's name
- 9) Award letters i.e. (Food stamps, Commodities, Medical, LIEHAP, Scholarships, etc.)
- 10) Selective Service Registration for all males over 18 years of age
- 11) TANF ONLY Verification of compliance with Child Support Program (if applicable)

Your application must be filled out completely, please do not leave any questions blank, if a question does not pertain to your household, please enter N/A.

PLEASE SIGN AND DATE APPLICATION

APPOINTMENT DATE: _____/_____/_____ TIME _____ AM/PM

CASE MANAGER: _____

APPOINTMENT MADE BY: _____

Employment & Training Application for Services

The information that I/WE have provided is subject to verification by federal, state, and tribal officials. If any information is incorrect, or I fraudulently provide incorrect information, my application will be denied and I understand that I will be subject to criminal penalties for knowingly providing false information. I certify under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including citizenship or alien status of each household member. Fill out all pages completely and to the best of your knowledge.

What kind of assistance are you requesting?

Check the programs or services that you need

- TANF-Cash Assistance to eligible families with Children
- General Assistance- Cash Assistance to eligible individuals
- Employment & Training
- Youth Services

APPLICANT(S) INFORMATION:

Name(First, Middle, Last)		Citizenship <input type="radio"/> U.S. Citizen <input type="radio"/> Other: _____	
Home Address (Physical)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Prior Physical Address (if you've moved in the last year)	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	
Emergency Contact Name	Relationship	Message Phone	
Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	Race/Ethnic Group <input type="radio"/> American Indian <input type="radio"/> Alaskan Native <input type="radio"/> Other: _____	Federally Recognized Tribe Affiliation:	

Household Members	Relationship to Head of Household	Date of Birth	Social Security Number	Tribal Enrollment #
	Self			

SERVICES REQUESTING (CHECK ALL THAT APPLY)

Employment Services

- Job Readiness
- Resume Writing
- Employment Counseling
- Job Search Activities
- Evaluation/Skill-testing
- Support Work Service
- Job Retention
- Other

Education/Training Services

- Basic Education
- Short term training
- Vocational training
- Higher Education
- Tutorial Services
- Career Counseling
- Money Management
- Motivational Training
- Test Fees

Supportive Services

- Child Care Assist.
- Transportation
- Social Service
- Clothing/Uniform
- Driver's License
- Time Management
- TABE Testing
- Other

HOUSEHOLD INCOME STATUS

List ALL PERSONS living in the household and their **EARNED or UNEARNED INCOME** for the current month

Name	Relationship	Date of Birth	Race	Income Type	Amount
	Self				
				Total Income	

Place an X in the box next to the types of financial support/services that you and members in your household are receiving

- | | | |
|--|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Social Security | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> G.A. Benefits | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Temporary Disability Insurance | <input type="checkbox"/> Lease Income | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Lump Sum Payments | <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Livestock |
| <input type="checkbox"/> Unemployed Insurance | <input type="checkbox"/> In Kind Income | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Dividends/Interest | <input type="checkbox"/> Contributions/Gifts | <input type="checkbox"/> Military Allotment |
| <input type="checkbox"/> Assistance/Payments from another tribe or state | <input type="checkbox"/> Medicaid | <input type="checkbox"/> HUD Low Rent Housing |
| <input type="checkbox"/> Tribal Commodities | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Voc Rehab | <input type="checkbox"/> IHS Health Coverage | <input type="checkbox"/> WIC |
| | <input type="checkbox"/> Child Care | <input type="checkbox"/> LIEAP |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None |

Property/Account	Yes	No	Owner(s)/Joint Owner(s)	Financial Institution	Amount
Cash					
Checking Account					
Savings Account					
Certificate of Deposit					

IIM Account(s)					
Retirement Accounts					
Stocks/Bonds					
Trust Fund(s)					
Burial Trust/Contract					
Farm/Business Equipment					
Home you Live In					
Life Estate					
Livestock					
Mineral Rights					
Other Houses, Land or Buildings					
Tools/Equipment for work					
Other (specify):					

EMPLOYMENT STATUS

What is your current employment status?

- Unemployed
- Employed Full-Time
- Subsidized Employment
- Employed Part-Time
- Self Employed
- Other: _____

If you are Currently unemployed check all items below that apply to You:

- Seeking work
- Student/Trainee
- Dislocated worker
- Seek Training
- Disabled
- Other: _____

EMPLOYMENT INFORMATION

Household Member who works	Employer	Fulltime. Part time, or seasonal	Number of Hours per Week	Hourly wage or monthly salary	Amount Paid this month	How often paid

PREVIOUS WORK HISTORY

Please give specific details about the work you have done in the past as well as the duties you have performed. The information you have provided will be used to help you create a resume. List your most recent job first.

Job Title	Date of Employment From _____ to _____	Company
Supervisor	Full Time/Part Time (circle one)	Wages \$ _____ Hour

Paid ___ Weekly ___ Biweekly ___ Monthly	Address	City	State	Zip Code
Phone Number	May we contact your supervisor? ___ Yes ___ No			
Duties and Responsibilities:				
Type of Equipment Used/Operated:				
Reason for Leaving:				
Job Title	Date of employment From _____ to _____	Company		
Supervisor	Full Time/Part Time (circle one)	Wages \$ _____ Hour		
Paid ___ Weekly ___ Biweekly ___ Monthly	Address	City	State	Zip code
Phone Number	May we contact your supervisor? ___ Yes ___ No			
Duties and Responsibilities:				
Type of Equipment Used:				
Reason for Leaving:				
Job title	Date of Employment From _____ to _____	Company		
Supervisor	Full Time/Part Time (circle one)	Wages \$ _____ Hour		
Paid ___ Weekly ___ Biweekly ___ Monthly	Address	City	State	Zip code
Phone number	May we contact your supervisor?			
Duties and Responsibilities:				
Type of Equipment Used/Operated:				
Reason for Leaving:				
EDUCATION				

Highest Grade Completed (circle one)	6	7	8	9	10	11	12	13	14	15	16	+17
High School <input type="radio"/> High School Graduate <input type="radio"/> GED			College <input type="radio"/> Enrolled in College <input type="radio"/> College Graduate				Vocational Training <input type="radio"/> Enrolled in Vocational Training <input type="radio"/> Vocational Training Graduate					
School Name			School Name				School Name					
Type of Degree			Type of Degree				Type of Degree					
Date Completed	GPA		Date Completed	GPA		Date Completed	GPA					

TRAINING

If you've received any training in the past, check all the items below that apply to you:

	Where	When	Type of Training
<input type="radio"/> Driver's License	_____	_____	_____
<input type="radio"/> First Aid/CPR	_____	_____	_____
<input type="radio"/> PCA	_____	_____	_____
<input type="radio"/> Child Care License	_____	_____	_____
<input type="radio"/> CDL's	_____	_____	_____
<input type="radio"/> Flagger Training	_____	_____	_____
<input type="radio"/> Foster Care License	_____	_____	_____
<input type="radio"/> Voc Rehab	_____	_____	_____
<input type="radio"/> Other _____	_____	_____	_____

SKILLS & ABILITIES

Are you a member of a union?	If yes, Which Union?
List and Volunteer Experience you have done or are currently doing.	
List any tools, machinery, equipment, or computer software you can operate/repair	

Yes	No	QUESTIONS: Check Yes or No and answer the questions below.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received GA or TANF? If so, when and from what office? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received GA or TANF in the last month? If yes, how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	Has your GA or TANF been reduced due to penalties? Reason: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been terminated from GA or TANF? Date of termination? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied GA/TANF? Reason: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible to reapply for GA/TANF? Date able to reapply: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Driver's License? If yes, License Number: _____ Expiration _____
<input type="checkbox"/>	<input type="checkbox"/>	Do have your own reliable transportation? If yes list year, make, and model: _____

<input type="checkbox"/>	<input type="checkbox"/>	If you are male between ages 18-25, have you registered with selective service? If yes, Registration Number _____ Date Verified _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran of the Armed Services? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have physical or mental disability? If yes, explain: _____ Is it a service-related disability? If yes, VA disability rating: _____
<input type="checkbox"/>	<input type="checkbox"/>	Is it hard for you to read, write, or speak English? If yes explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting assistance for anyone in your household who is pregnant? If yes, Who? _____ When is the baby due? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household fleeing from prosecution, custody, or confinement for a Felony or Class A Misdemeanor? If yes, who? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a DWI or DUI? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation or parole? If yes, Name of officer? _____ Phone Number _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under treatment for alcohol/substance abuse? If yes, when and where? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household eligible for personal or employer-provided health insurance, public health services, Indian Health services, or VA benefits? If ye, please complete the following:
Name of Insured Persons		Insurance company name, address& phone
		Policy & Group Number
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household eligible for Medicare? If yes please complete the following:
Name of persons insured		Medicare Claim number
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have any unpaid medical bills from the last three (3) months? If yes, complete the following:
Who		What Months
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have medical problems or medical costs due to an accident? If yes, please complete the following:
Who		Date of Accident

BARRIERS TO EMPLOYMENT (Multiple Barriers- Must check 3 or more)

Please Check any barriers that may apply to you. This information will help us to better serve ou in the areas you need assistance with.

- Single head of household
- Limited English Proficiency
- Disabled individual
- Homeless
- High School Dropout/No GED
- Public Assistance (Food stamps, etc.)
- TANF/GA Recipient
- Unemployed Less than 15 weeks
- Unemployed More than 15 weeks
- Currently Employed/Low Income

- Lacks Significant Work History
- Substance Abuse Issues
- Pregnant/Parenting Teen
- No Child Care Provider
- No Driver's License
- Transportation
- Poor Time Management
- Poor Budgeting/Money Management
- Social Issues; Low Self Esteem/Shame
- Health and/or Physical Restrictions

Social Security Administration Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

How to Complete This Form

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PRIVACY ACT NOTICE: The Privacy Act Notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

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EMPLOYMENT & TRAINING OFFICE AUTHORIZATION FOR RELEASE OF INFORMATION

I/We _____ authorize the release of information requested by the Employment & Training Department and all programs therein, to share, exchange, give, and receive any information required about my application and the contents therein, in an effort to serve myself and my family (as declared on my application). In addition, I/We authorize the following programs/agencies to release information to the 477 Employment & Training Department. Those programs are but not limited to:

The Dept of Commerce, Department of Law, Department of Public Safety, Department of Fish and Game, Department of Labor, Department of Military & Veterans Affairs, Department of Revenue, the Bureau of Citizenship & Immigration Services, Fort Belknap Housing Authority, Tribal Personnel, Child Support Program, Child Care Program Short Term Loan Program, Tribal Finance, Commodities, Head Start, Tribal Health, Vocational and Technical Institutions, Adult Basic Education, Bureau of Indian Affairs, Social Security Administration, Local Governments, Public Assistance Programs, Financial Institutions, Landlords, Any and all Employers, School Authorities, Clerk & Recorder and County Treasurer.

I/We understand any/all information by the above named programs/agencies will remain confidential and be used for professional purpose only. I/We understand that any/all information will not be released without prior knowledge. I/We understand that I/We may cancel this consent in writing at any time.

Information Requested: Verification of:
 Section 8 Housing Assistance – Citizenship – Enrollment – Earned/Unearned Income – Resources – Checking/Savings Accounts

Information Provided (attach documentation)

Case Manager Signature

Date

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Your Signature(Head of Household)	Signature of Other Adult Household Member
Printed name(Head of Household)	Printed Name of Other Adult Household Member
Social Security Number	Social Security Number
Address	Address
Phone Number	Phone Number
Date	Date

Please take this form to the BIA Office and sign it there. You will then be given a printed statement to verify whether or not you have an IIM Account.

Although you may not have an IIM Account you MUST complete this form and return it to the Fort Belknap 477 Employment & Training Office.

AUTHORIZATION TO RELEASE IIM ACCOUNT INFORMATION

I _____, request that all information regarding my IIM Account be released to:

_____, on my behalf.

I am authorizing this release to be in effect for a period of (1) year from the date of my signature.

Account holders signature: _____

IIM Account #: _____

Witness By: _____

(DOI or OST Employee)

Title: _____ Date: _____

Signature must be witnessed by a DOI or OST representative or must be NOTARIZED to be valid.



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VERIFICATION OF RESIDENCE

This is to verify that _____

Resides at (PHYSICAL ADDRESS) _____

Mailing Address _____

Located on or near the Fort Belknap Indian Reservation.

I AM THE:

Landlord/Fort Belknap Housing _____
Signature Date

Post Master _____
Signature Date

Food Stamp/Commodities _____
Signature Date

I have personal knowledge that the person listed on or near the Fort Belknap Indian Reservation DOES reside at the above Physical and mailing address. (Designated near-reservation areas are: Harlem and Dodson, MT.)

I/We certify that the information stated above is true to the best of our knowledge. I/We understand that this information may be confirmed.

Applicants Signature Date

Co-Applicants Signature Date

Higher Education Scholarships/Adult Vocational Training*Johnson O'Malley*Temporary Assistance to Needy Families*General Assistance
*On the Job Training*Work Experience*Summer Youth Employment