

**E&T Application Checklist:**

SL E&T Program services are made possible thru federal grants and documentation is required. You will need to provide AT LEAST the following verifications or documentation\*.

ITEMS 1-7: Provide ONE document from each. ITEM 8: Provide ANY and ALL verification for past 6 months income.

<p><b>1. Identification</b>    <input type="checkbox"/> Birth Certificate    <input type="checkbox"/> Driver's License    <input type="checkbox"/> State Picture ID    <input type="checkbox"/> Tribal Picture ID</p>
<p><b>2. Proof of Residence (must include your name, address and dated within last 30 days)</b>  <input type="checkbox"/> Utility Bill    <input type="checkbox"/> Postmarked envelope    <input type="checkbox"/> Rent Receipt    <input type="checkbox"/> Indian Housing Document  <input type="checkbox"/> Notarized Statement signed by person who owns the house where you are currently living</p>
<p><b>3. Native American Indian Blood and/or Tribal Enrollment</b>  <input type="checkbox"/> Tribal Enrollment Card    <input type="checkbox"/> BIA Letter    <input type="checkbox"/> CDIB (Certified Degree of Indian Blood)</p>
<p><b>4. Social Security Card.</b> OR Lost card receipt from Social Security Office filing for a replacement card.</p>
<p><b>5. Registration with Selective Service (only for male applicants 18-26 years old).</b>  <input type="checkbox"/> Selective Service Letter    <input type="checkbox"/> Wallet-size Registration    <input type="checkbox"/> Computer website printout</p>
<p><b>6. ALL applicants must provide ONE of the following:</b>   <input type="checkbox"/> Employed: Proof of employment (letter from employer or completed proof of employment form).  <input type="checkbox"/> Seeking Education Assistance: Proof of enrollment in Educational Facility  <input type="checkbox"/> Seeking Employment &amp; all OTHERS 18 or older applicants: Proof of registration from Job Service ND.</p>
<p><b>7. Assessment Test OR</b> provide test result from test taken within the last year.  <input type="checkbox"/> TABE    <input type="checkbox"/> ACT/SAT    <input type="checkbox"/> CAPS/COPS/COPEs    <input type="checkbox"/> CAREER ASSESSMENT</p>
<p><b>8. ALL INCOME SOURCES FOR THE LAST 6 MONTHS MUST BE PROVIDED FOR <u>EVERYONE</u> in your household. Examples of this type of documentation include:</b>   <input type="checkbox"/> Pay stubs or letter from employer    <input type="checkbox"/> Any Tribal Assistance    <input type="checkbox"/> Social Security Benefit  <input type="checkbox"/> Retirement Benefit Letter    <input type="checkbox"/> DHS Food Stamps or TANF printout    <input type="checkbox"/> Child Support document  <input type="checkbox"/> Gas/Oil/Land Lease papers    <input type="checkbox"/> Unemployment Benefit Letter    <input type="checkbox"/> Alimony papers  <input type="checkbox"/> Federal Financial Aid/Grant papers (PELL and/or Tribal)</p>
<p><b>9. Letter of request: If requesting car repairs or glasses, you must submit an estimate</b></p>

Your household is defined as anyone who was included on the same income tax document as you were. If claiming ZERO income from any source, you must explain how you have provided for yourself (home, utilities, food, etc.)

**\*Additional documents may be requested depending on your particular household situation. Review and approval process may take as long as 7 to 10 business days. You can expedite the process by providing complete information and documentation. The sooner you complete the documentation process and take the assessment test, the sooner determination of eligibility and Case Manager assignment can occur.**

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FAX: 701-766-1236

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**\*THIS PAGE FOR CASE MANAGER E&T ADMISSIONS STAFF USE ONLY\***

NAME: \_\_\_\_\_

Eligibility Verification Record	Yes	No	N/A	Comments
1. Birth Certificate/Driver's License				
2. Residence – Bill/Letter				
3. Draft Registration				
4. Tribal Enrollment or CDIB Card				
5. Social Security Card				
6. Income Verification for Last 6 Months				
7. Employment Office Registration or Proof of Employment or Proof of Enrollment				
8. TABE test				
9. Letter of request				

VERIFIER'S NAME: \_\_\_\_\_ DATE \_\_\_\_\_

Admissions Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eligibility Determination

I certify that this individual has met the application requirements and based on all information receive through the Intake Interview Process, this person is eligible for Employment, Training, Education and Related Services.

The Determination was based on the Employment Barriers and the following criteria:

Native American \_\_\_\_\_ Economically Disadvantaged \_\_\_\_\_ TANF Recipient \_\_\_\_\_  
Unemployed \_\_\_\_\_ Underemployed \_\_\_\_\_

This individual is determined ineligible for the following reason(s):

Missing Documentation \_\_\_\_\_ Over Income \_\_\_\_\_ Other \_\_\_\_\_

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Date Entered In Database \_\_\_\_\_ Record Locator # \_\_\_\_\_ Entering Staff Initials \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Social Security # \_\_\_\_\_ GENDER  Male  Female Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden \_\_\_\_\_ District \_\_\_\_\_

PHYSICAL Residence ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS if different than Physical \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Give directions to your place of residence.  
\_\_\_\_\_

**Phone Number (s)**

Home: \_\_\_\_\_ Alternate#: \_\_\_\_\_ Other #: \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Separated  Widowed  Other

**Tribal Membership or Affiliation (Identification required)**

Federally recognized tribe (s): \_\_\_\_\_

**US Citizen?**  Yes  No

**Veteran/Military Service:**  
(Include Active, Inactive or Reserves)

Yes  No

**Selective Service Required if born after 1959  
or between the ages of 18-26 years of age**

Yes  No  N/A

**Nepotism**

Does any member of your immediate family work for Spirit Lake Employment & Training?

- No       Yes – Indicate Name & Relationship: \_\_\_\_\_  
SLN Dept that Relation Works In (if known): \_\_\_\_\_

**Educational Level**      School Name: \_\_\_\_\_      Last Grade Level: \_\_\_\_\_

- Drop Out       Student (Pre-K to 12<sup>th</sup>)       GED       H.S. Diploma       Post H.S. (College)

Circle # Years Add'l Education 1 2 3 4 5+       Certificate       Vo-Tech       Assoc.       BA/BS  
 Masters       Other

**BARRIERS: Checkmark indicates: YES this applies to your situation.**

- Lacks Transportation     No Driver's License       Lacks Child Care       Homeless
- Basic Skills Deficiency       Lack Significant Work History     School Dropout       Low Income
- Pregnant&/or Parenting Youth     Single Head       Limited English       Disability
- Substance Abuse       Domestic Violence       Offender       Current Legal Issues/Warrants     Have fines
- Felony Offense – Specify: \_\_\_\_\_       Low Math Skill Level
- Low Reading Skill Level       Single Head of Household w/dependents under 18
- Medical Problems – Specify: \_\_\_\_\_       Below Grade Level
- OTHER – Specify: \_\_\_\_\_
- Displaced Homemaker – Specify: \_\_\_\_\_

RECIPIENT OF:	DATE Rec'd & Amount	DATE Rec'd & Amount
<b><u>NON-TAXABLE INCOME</u></b>		
<input type="checkbox"/> BIA Assistance	_____	<input type="checkbox"/> Worker's Comp _____
<input type="checkbox"/> Commodities	_____	<input type="checkbox"/> Unemployment _____
<input type="checkbox"/> Child Care	_____	<input type="checkbox"/> Veteran's Benefits _____
<input type="checkbox"/> Child Support	_____	<input type="checkbox"/> WIA-CT _____
<input type="checkbox"/> Food Stamps	_____	<input type="checkbox"/> WIA-SY _____
<input type="checkbox"/> Foster Child Payments	_____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Loans	_____	<b><u>TAXABLE INCOME</u></b>
<input type="checkbox"/> PELL Grants	_____	<input type="checkbox"/> Alimony _____
<input type="checkbox"/> School Grants	_____	<input type="checkbox"/> Retirement or Pension _____
<input type="checkbox"/> Social Security	_____	<input type="checkbox"/> Salary/Wages _____
<input type="checkbox"/> Social Security Disability	_____	<input type="checkbox"/> Salary/Wages _____
<input type="checkbox"/> Supplemental Security	_____	<input type="checkbox"/> Other _____
<input type="checkbox"/> TANF Caseworker Name	_____	<input type="checkbox"/> Other _____

**HOUSEHOLD INCOME:** Begin by listing yourself and then list all people you provide financial support for or receive support from, usually consisting of you spouse and your children. All income must be submitted, including cash payment, gifts of support, etc. (IF you file income tax together, that is usually what is meant by 'your household'.)

Please check the boxes that apply to you:

Single Individual       Single Parent Family     Two Parent Family

Non-Custodial Parent (Must provide legal documents)

Number of dependents under age 18 \_\_\_\_\_

**E&T Applicant Name Here**

**Age/Relationship**

**Income Source**

**TRIBE**

\_\_\_\_\_

SELF

\_\_\_\_\_

\_\_\_\_\_

**Now list other household members below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Total # in Household (including yourself)

\$ \_\_\_\_\_

Total Household income for past 6 months

**I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:**

**Checkmark indicates ALL IMMEDIATE NEEDS THAT APPLY:**

EMPLOYMENT

EDUCATION

SOCIAL SERVICES

SUPPORTIVE SERVICES

YOUTH SERVICES

OTHER

**PLEASE WRITE A SHORT NOTE REGARDING WHAT ASSISTANCE YOU ARE SEEKING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

**Check HERE if NEVER WORKED**

List Current or Most Recent Job First. Include Verifiable Volunteer Work.				
1. Employer	Address	City	State	ZIP
Phone #	Supervisor	Position/Job Title		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal	
Start Date/Month/Yr	End Date/Month/Yr	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING _____				
2. Employer	Address	City	State	ZIP
Phone #	Supervisor	Position/Job Title		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal	
Start Date/Month/Yr	End Date/Month/Yr	Rate of Pay	Average # Hours Per Week	
Duties/Responsibilities				
REASON FOR LEAVING _____				

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3. Employer		Address	City	State	ZIP
Phone #	Supervisor		Position/Job Title		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal		
Start Date/Month/Yr	End Date/Month/Yr	Rate of Pay	Average # Hours Per Week		
Duties/Responsibilities					
REASON FOR LEAVING _____					
4. Employer		Address	City	State	ZIP
Phone #	Supervisor		Position/Job Title		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Temporary or Seasonal		
Start Date/Month/Yr	End Date/Month/Yr	Rate of Pay	Average # Hours Per Week		
Duties/Responsibilities					
REASON FOR LEAVING _____					



Print Name \_\_\_\_\_ SS# \_\_\_\_\_ Date: \_\_\_\_\_

**UNIFORM GRIEVANCE & APPEALS PROCEDURE:** The Tribe has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within the 477 program engaged in any type of activity included under the 477 Plan and Employment & Training Program. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final level of appeal is to a committee including the Department Director and two other senior level tribal administrative staff. Appeals to final level must be in writing and submitted within ten business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). The levels are as follows:

- Step 1: Informal/Verbal Complaint-Resolve informally at staff level.
- Step 2: Written Complaint: Time and Date received noted, staff relays to Director. Participant is contacted directly. Director investigates/review complaint. Once determination is made the participant is advised.
- Step 3: Final Formal Complaint: If unable to resolve or participant is not satisfied with Director's determination, a written request for Final review may be made by the participant. Department Director will relay all pertinent written documentation to senior level tribal administrative staff that includes one or more of the following as applicable: Human Resource Director, Deputy Administrator, Vice-Chairman or Tribal Chairman.
- Step 4: Only when the grievance specifically involves an elected official, will Step 4 apply. All written grievances will be reviewed in accordance with the Tribe's by-laws.

**ALCOHOL/DRUG FREE WORKPLACE/NO FIREARMS ALLOWED:** The Spirit Lake Nation maintains a safe and secure drug free workplace and does not allow illegal substances, drug paraphernalia, or firearms upon its property. This policy applies to employees and guests. Anyone found in violation of this policy and/or breaking the law will be subject to appropriate actions including removal from the building or grounds, termination or suspension of services and appropriate legal procedures.

**CONFIDENTIALITY:** Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all Employment & Training staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

**RELEASE OF INFORMATION:** I certify the information given in this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination and may result in prosecution under law. I also hereby authorize E&T staff to obtain or release information included in this application and my participant file as it pertains to my eligibility for services, assistance sought on my behalf from other social services programs, for verification of information that I have provided and/or for reporting purposes.

**INDIVIDUALIZED PLAN OF SERVICE:** I further understand that a **DETERMINATION OF ELIGIBILITY** does not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal **ASSESSMENT TEST** to finalize the application process. I agree to work together with my assigned Case Manager to develop and prepare an **EMPLOYABILITY DEVELOPMENT PLAN** which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services. By my signature below, I indicate my agreement to abide by the policies and procedures set forth and release of information as necessary to verify my information, provide and/or obtain services on my behalf.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent or Legal Guardian Signature IF Applicant is Under 18 Date

**\*THIS PAGE FOR SL E&T ADMISSIONS STAFF USE ONLY\***

**INCOME CALCULATION**                      Six (6) Month Period \_\_\_\_\_ TO \_\_\_\_\_

Total Number in Household: \_\_\_\_\_ Excluded Income Source: \_\_\_\_\_

Counted Income ONLY:

Applicant \_\_\_\_\_ Source \_\_\_\_\_ Amount \_\_\_\_\_

Other Household Member(s) \_\_\_\_\_ Source \_\_\_\_\_ Amount \_\_\_\_\_

Federal Poverty Guideline Limit: \_\_\_\_\_ Total Six Months Income: \_\_\_\_\_

Economically Disadvantaged:     YES Below Federal Guideline     NO Exceeds Poverty Guidelines

**ELIGIBILITY/QUALIFICATIONS FOR SERVICES**

<b>Adults &amp; Youth</b>	<b>Youth Only</b>
<input type="checkbox"/> Working Less Than Full Time	<input type="checkbox"/> Leadership Development
<input type="checkbox"/> Under-employed	<input type="checkbox"/> Lacks Employability Skills
<input type="checkbox"/> Unemployed over 7 consecutive days	<input type="checkbox"/> At-risk Youth
<input type="checkbox"/> Employed – requires Skill Enhancement	<input type="checkbox"/> Re-certified
<input type="checkbox"/> Individual with Disability	<input type="checkbox"/> Foster Child
<input type="checkbox"/> Homeless <input type="checkbox"/> Household within a Household	<input type="checkbox"/> At-Risk Letter (Over Income 10%)
<input type="checkbox"/> Social Services/Emergency/Disaster	

**CHECK ADDITIONAL PAGES REQUIRED**

- Employment Verification
- Financial Needs Summary
- Support Service Checklist
- Medical Release If Under 18
- AVT/HE Checklist
- Childcare Parent Checklist

**REFERRALS**

- Voc-Rehab
- DHS/Food Stamps/TANF
- Victims Assistance
- ICW/Family Preservation
- Behavioral Health/Substance Abuse
- Early Head Start/Head Start
- Public/Tribal Housing
- Other: \_\_\_\_\_

Supportive Services Employment Development Plan  
 477 Program/Spirit Lake Tribe

Name: \_\_\_\_\_ / \_\_\_\_\_  
Print Signature

SS #: \_\_\_\_\_ 477Casemanager: \_\_\_\_\_

SHORT TERM GOAL(Where you see yourself in 1 year)	LONG TERM GOAL(Where you see yourself in 5 years)

Program activity	Plan of action: describe specific Services and activities	Start Date	End Date	Comments
<input type="checkbox"/> Clothing work school				
<input type="checkbox"/> Relocate/Residency				
<input type="checkbox"/> Education/College				
<input type="checkbox"/> Financial Aid				
<input type="checkbox"/> Transportation				
<input type="checkbox"/> Childcare				
<input type="checkbox"/> Other				

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Socio-Economic Factors (anything preventing you from reaching your goals):

Work-Related Experience:

Interests:

Leisure Time Activities:

Physical and/or Mental Limitations:

What is your plan of action?