



APPLICATION FOR 477 PROGRAM SERVICES

- Employment Services
- Vocational Training Tuition Assistance
- Higher Education Scholarship Application
- General Assistance
- Child Care Assistance
- Native Employment Works

Spirit Lake Employment & Training
PO Box 344
Fort Totten, ND 58335
701-766-1200 Office
701-766-1236 Fax

477 Program

The Spirit Lake PL 102-477 Education & Training, Employment, General Assistance, and Child Care services are components of the Public Law 102-477 Program. These programs are available for eligible Native Americans living within the Spirit Lake service area.

Eligibility Requirements for PL 102-477 Services:

In order to be eligible, you must

- Be an enrolled member of a Federally Recognized Tribe and living within the Spirit Lake Tribe's service area. (Higher Education does not have a residency requirement.)
- Submit a copy of your BIA Certificate of Indian Blood or Tribal enrollment card.
- Meet ALL eligibility requirements for the program(s) to which you are applying.

Application Instructions:

1. Everyone must complete pages 3, 4, 5, 14, 25 & 26 of this application.
2. Complete the application section for the service(s) you are requesting (see sections and page numbers below)

<u>Application Section</u>	<u>Page</u>
• A Support Services/ Waiver Fee.....	6-7
• B Vocational Training Tuition Assistance.....	8
• C Higher Education Scholarship Application.....	10-11
• D General Assistance.....	12-16
• E Child Care Assistance.....	Parent: 18-20, 24 Provider: 21-23

3. All applicants must complete page 14: The Individual Self-Sufficiency Plan (ISP)
4. Fill in all blanks of the application. If a question does not apply to you, please write "NA".
5. Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed.**
 - Tribal enrollment card of Certificate of Indian Blood for everyone in your household.
 - Birth Certificate of child(ren) (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal Identification.
 - Copy of Social Security card or number.
 - Copy of Selective Services registration, for all males between the ages of 18 and 25 years old.
 - Letter of Request (Supportive Services only)
 - Proof of Residence (Utility bill or mail postmarked within the last 30 days)
6. Make sure you've signed and dated your application.

Please Note: Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by the Spirit Lake Employment & Training Office.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For employment services, scholarships, general assistance, child care assistance, and vocational training tuition assistance, please contact:

Spirit Lake Employment & Training
PO Box 344
Fort Totten, ND 58335
701-766-1200 Office
701-766-1236 Fax

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				
10. H.S Diploma or GED				

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 _____

Application for Services

Carefully read Application Instructions on Page 1 BEFORE completing this application.

Date _____

Application Information: Please print clearly

Last Name	First Name	M.I.	Maiden Name
<input type="checkbox"/> I am a new applicant	<input type="checkbox"/> I have applied to Employment & Training for services previously.		Date last applied
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	If a male over 18, have you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Social Security No.

Tribal Membership or Affiliation (ID Required):
 Federally Recognized Tribe _____ Enrollment Number _____

Marital Status:
 Single Single living with significant other Married Separated Divorced

Family Status:
 Single Individual Number of dependents under 18 _____
 Parent in one-parent family Total number in household _____
 Parent in two-parent family

Education Status:
 High School Year Graduated _____ College/Vocational School Year Graduated _____
 GED Year received _____ Degree _____ Major _____
 Certificate of Achievement Year Graduated _____ Currently enrolled/attending school Dropout

Contact Information:

Mailing Address	Town/Zip		
Home or Message Phone	Work Phone	Cell Phone	Email Address

Services you are requesting: (Check ALL that apply to your immediate needs.)

<input type="checkbox"/> Education & Training	<input type="checkbox"/> Employment	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Child Care	<input type="checkbox"/> Supportive Services
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Household Members Living with You

Name	DOB & Age	Relationship	Tribe Enrolled In

Family Income & Available Funds

Family Income & Available Funds - List ALL sources of income that you have received during the last 30 days and current available funds. *You must provide copies of pay stub(s) for the last 30 days as verification of income.*

Source of Income	Amount	Comments
Applicant's net salary (attach pay stub)		
Spouse's net salary (attach pay stub)		
Tips or gratuities		
TANF		
General Assistance		
Housing Assistance		
Child Support & Alimony		
Foster Care Payments		
Child Care Assistance		
Social Security (SSA)		
Supplemental Security Income (SSI)		
Disability Income		
Cash-out of retirement or pension plan		
Veteran's Benefits		
Unemployment Insurance Benefits		
Worker's Compensation		
Food Stamps		
Medicare/Medicaid		
Checking Account (current balance)		
Savings Account (current balance)		
Student loans/grants/scholarships		
Bingo or pull tab winnings		
USDA Commodities		
Other income (specify)		
Total income for last 30 days		

**Total Household Income
for the Past Six (6) Months**

I (We) certify that all information I (we) have provided on all sections of this application are true and correct to the best of my (our) ability and knowledge. I (We) understand that if I (we) knowingly or willfully provide false or fraudulent information in any part of this application, then I (we) are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

Applicant Signature

Date

Applicant Signature

Date

Employment History

List most recent job first

Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address		Phone Number
Immediate Supervisor	Reason for Leaving		
Duties & Responsibilities			
Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address		Phone Number
Immediate Supervisor	Reason for Leaving		
Duties & Responsibilities			
Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address		Phone Number
Immediate Supervisor	Reason for Leaving		
Duties & Responsibilities			
Job Title	Start Date	End Date	Hourly Wage
Employer/Company Name	Employer/Company Address		Phone Number
Immediate Supervisor	Reason for Leaving		
Duties & Responsibilities			

Section B

Application for Vocational Training Tuition Assistance

Vocational Training Tuition Assistance is offered to eligible Native Americans with demonstrated financial need residing within the Spirit Lake Service Area. Applicants must be unemployed or underemployed and in need of supplemental tuition assistance for vocational training in order to obtain long-term employment. *Please submit a copy of your Certificate of Indian Blood or Tribal Enrollment Card with this application.*

Vocational Training Plan - please submit a copy of the training program description & courses included from the school.

Name of Training Program (ie: automotive technology, office occupations, computer technology, etc.)			
Name of School			
Mailing Address			
City	State	Zip Code	Phone Number
Length of Training Program	Start Date	Ending Date	Degree Program <input type="checkbox"/> Certificate <input type="checkbox"/> 2-year Associates

Previous Education - Attach copies of education or training certificates, if applicable.

If you have not completed high school or obtained a GED, why did you leave school?	
If you attended college, for how many years?	Major/subject area
Did you receive a degree?	If yes, degree received & year graduated
Are you currently a student?	If yes, where, & what are you studying?

Vocational Training School Budget - please attach sample budget provided by school.

Tuition	\$	Off-campus rent	\$
Student Fees	\$	Off-campus meals/food	\$
Books & required supplies	\$	Childcare	\$
On-Site housing	\$	Other (specify)	\$
On-Site meal plan	\$	Total School Budget	\$

Personal Funds Available & Financial Aid

Personal Funds available for School & Financial Aid you have received or applied for	Amount Applied for or Funds Available
Student Loan	\$
Vocational Scholarship or Grant	\$
Tuition Waiver	\$
Tribal Assistance	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment	\$
TANF	\$
Other (specify)	\$
Total Personal Funds Available & Financial Aid Applied for	\$

Personal Statement - On a separate piece of paper, please answer the following questions. Be specific in your answers.

1. What are you immediate and long term career and employment goals, and what steps are you planning to take to meet those goals?

2. How will this training contribute toward those goals?

Section C

Higher Education Scholarship Application

Spirit Lake Employment & Training Program awards Higher Education Scholarships to eligible full time undergraduate and graduate students who are enrolled members of a Spirit Lake Tribe. These Higher Education Scholarships provide supplemental funds for college or university education for students with demonstrated financial need. *Scholarships are distributed twice per year.*

Applicant Information

Last Name		First Name		M.I.	
Mailing Address			City		State
Social Security Number		D.O.B.	Tribe		Student ID#
Home Ph.	Work Ph.	Email		If a male over 18, have you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School Year Educational Plan - You must submit proof of application for admission or proof of acceptance into your college.

Name of Degree Program		Degree <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate			
College or University you plan to attend					
Mailing Address		City		State	Zip Code
Academic Status for upcoming semester <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate			# of Credits Planned		Student Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Date Semester Begins	Date Semester Ends		Expected year of graduation		

Previous Education - Transcripts must be submitted for last school attended. Transcripts may be unofficial.

Last school attended		Circle highest grade completed or certificate or GED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Cert. GED				
If you have attended college previously, for how many years?		Major/subject area				
Did you receive a degree?		If yes, what degree and year graduated?				
Are you currently a student?		If yes, where, and what are you studying?				

Estimated School Year Expenses - please attach sample budget provided by college or university.

Tuition	\$	Off-campus rent (per month x 9 months)	\$
Student Fees	\$	Off-campus meals/food (per month x 9 months)	\$
Books & required supplies	\$	Childcare (per month x 9 months)	\$
On-Site housing (per semester x 2 semesters)	\$	Other (specify)	\$
On-Site meal plan (per semester x 2 semesters)	\$	Total School Year Expenses	\$

Personal Funds Available & Financial Aid

Student Loans	\$
Tuition Waiver	\$
Tribal Assistance	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment	\$
TANF	\$
FAFSA and Pell Grant (must provide proof of application)	\$
Other (specify)	\$
Total Personal Funds Available & Financial Aid	\$
Estimated Financial Need (Total personal resources & financial aid - total school year expenses)	\$

Personal Statement - 500 words in length, typed, double spaced, signed & dated**First-time Scholarship Applicants:**

On a separate piece of paper, please describe:

- Your personal & educational history
- Your accomplishments
- Your educational & career goals
- How the degree program you are planning to attend fits in with your educational & career goals.

Previous Scholarship Recipients:

On a separate piece of paper, please describe the progress you've made toward meeting your educational and career goals. Explain any changes in educational and/or career goals, and reasons for those changes.

Application Checklist

- I have completed and signed the application form
- I have submitted my letter of admission from the college I will be attending
- I have enclosed a sample expense budget from my college
- I have enclosed a copy of my Student Aid Report from FAFSA
- I have enclosed my personal statement.
- I have enclosed a copy of my Tribal Enrollment or Certificate of Indian Blood
- I have enclosed a copy of my identification
- If male, I have enclosed a copy of my Selective Service Registration
- I have enclosed a copy of my transcripts for the last school I attended or documentation of my Certificate of Attendance or GED
- Class Schedule

I do hereby attest that the information provided and included in this application is true, correct and complete

 Name of Applicant (printed)

 Applicant Signature

 Date

Section D

Application for General Assistance

PLEASE READ THE FOLLOWING CAREFULLY!

General Assistance (GA) is temporary funding offered by Employment & Training to provide financial assistance for the following essential needs only: **food, shelter, and basic necessary utilities**. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. General Assistance is **not** an emergency assistance fund. Usual timeline for **processing applications is 2-4 weeks**.

Applicants with dependent children: All applicants with dependent children are **required** to apply for Temporary Assistance for Needy Families (TANF) and provide verification of application **before applying** for GA. you must also apply for other state assistance including food stamps and unemployment insurance benefits if you had prior employment.

Employment Services: General Assistance recipients are required to apply for employment services by filling out **Section A - Application for Employment Services**. Unemployed applicants must be actively seeking employment in order to receive financial assistance through the General Assistance program.

Individual Self-Sufficiency Plan: Individuals who are approved for General Assistance are required to complete an Individual Self-Sufficiency Plan with the assistance of Employment & Training staff. The plan outlines the specific steps the applicant will take to increase independence by meeting the goal of employment. The applicant is required to participate in work and/or other activities and referrals, as outlined in the Self-Sufficiency Plan, which will promote self-sufficiency. Failure to do so may constitute suspension from the General Assistance Program.

General Assistance Checklist

Read & initial each item. Failure to provide all required documents with the application will result in a delay in processing your application.

- _____ I live within the Spirit Lake Tribe's Service Area.
- _____ (For families with children) I have applied for TANF and have provided my case number before applying for General Assistance
- _____ I **have not** received cash assistance from TANF or Social Security Income **within the last 60 days**.
- _____ I have attached proof of eligibility - Certificate of Indian Blood or a Tribal enrollment card for everyone in my household.
- _____ I have attached proof of all earned and unearned income for the month of application (pay stubs, unemployment insurance checks, corporation dividends, etc) and/or a statement from my employer as to my income for the month of application.
- _____ I have attached proof of monthly shelter costs - rent, utility bills, and any other monthly bills listed under Monthly Shelter Costs.
- _____ I have attached proof of insufficient resources to meet essential needs - copies of current bank statements, financial records, and bills.
- _____ I have attached verification that I have applied for other resources. (For example: TANF case number if you have dependent children or food stamps or unemployment insurance benefits if you have recently left a job.)
- _____ I will complete an Individual Self-Sufficiency Plan with Employment & Training staff and will review it if I am approved for General Assistance.
- _____ I have completed a Work Search/Work Related Activity Sheet, if needed.

Section D - Application for General Assistance - continued

Why are you applying for General Assistance? Explain

1. How have you been supporting yourself for the past three months? 2. What has changed in your situation to cause you to apply for assistance? Be sure to include all other information you feel would help us better assist you. Please be as specific as possible.

TANF Status - please circle correct answer & explain if needed.

Have you applied for TANF in the last month?	Yes	No	What is the status of your application? <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	Case #
Have you received TANF benefits in the last month?	Yes	No	If yes, how much: \$	
Have you been determined ineligible for TANF	Yes	No	If yes, reason:	
Are you eligible to reapply for TANF?	Yes	No	Date able to reapply:	

Household Members Living with You

Name	DOB & Age	SSN	Relationship	Enrollment #	Tribe Enrolled In

Monthly Shelter Costs - You must provide verification of all expenses for the current month. **Do not include bills for cable, satellite TV or internet services. Do not include Past Due Bills as we cannot pay those.** If renting, the Landlord/Shelter Statement must be completed & attached to this form.

Expense	Cost	Expense	Cost
Rent	\$	Water	\$
Space Rent	\$	Sewage	\$
Mortgage Payment	\$	Household Oil/Fuel/Wood	\$
Electricity	\$	Other (specify)	\$
Heating	\$	Other (specify)	\$
		Total Monthly Shelter Costs	\$

Please read the following paragraph **before** signing:

I (We) apply for financial assistance for the listed members of my (our) household who are in need. I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. The Employment & Training staff is authorized to obtain information necessary to establish eligibility for assistance. I (We) have read, or had explained to me (us), the provision under the Paperwork Reduction Act & the Privacy Act

Applicant Signature

Date

Applicant Signature

Date

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name of Applicant _____ Date of Plan _____

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days but not more than 90 days.

Are you currently employed? Yes No If yes, where? _____ How long? _____

Highest grade level completed (please circle) 1 2 3 4 5 6 7 8 9 10 11 12 GED CERT College/Vocational

Date Graduated _____ Date of GED or Cert _____ Date last attended school _____

What are your short-term employment goal(s) to get off General Assistance? _____

What are your long-term employment goal(s) to get off General Assistance? _____

Steps Needed to Achieve Self-Sufficiency

Work Activities	Education/Training	Other Activities
<input type="checkbox"/> Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Instruction
<input type="checkbox"/> Job Search	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> Certificate of Achievement	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> Job Sampling or Job Shadow	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Support
<input type="checkbox"/> On-the-job Training	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Substance Abuse Assessment
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Substance Abuse Treatment
	<input type="checkbox"/> ESL (English as 2nd language)	<input type="checkbox"/> Other: _____

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

Start Date	Goal #1	Who will do it?	Date to be Achieved

ACTION STEPS TO ACHIEVE GOAL

1.	
2.	
3.	

Start Date	Goal #2	Who will do it?	Date to be Achieved

ACTION STEPS TO ACHIEVE GOAL

1.	
2.	
3.	

Start Date	Goal #3	Who will do it?	Date to be Achieved

ACTION STEPS TO ACHIEVE GOAL

1.	
2.	
3.	

Applicant Signature _____ Date _____

Case Worker Signature _____ Date _____

Landlord / Shelter Agreement

This form certifies that (applicant name) _____
resides (lives at the home or hotel full time) at the following
physical address (do not enter a post office box)

Address _____

and pays \$ _____ per month for rent.

Utilities are _____ included in rental amount above
not included in rental amount, and must share costs:
(if there is a charge for items below, an invoice must be attached)

\$ _____ *Electricity*
\$ _____ *Heat/Oil/Fuel*
\$ _____ *Water/Sewer*

***I certify that the above information is correct & true to the best of my
knowledge under penalty of perjury or un-sworn falsification.***

Signature of landlord/hotel manager or primary tenant
(if renting a room or living with family members/friends)

Date

Printed Name

Telephone Number

Physical address & mailing address of Landlord/hotel manager or primary tenant

Section E

Application for Child Care Assistance: Parents only

Child Care Assistance is available to income-eligible parents who reside in the service area and who are employed or undergoing training. The program pays a percentage of child care costs incurred when the parent(s) are engaging in employment or school. Parents are urged to apply for employment services and/or vocational training tuition assistance to enable them to obtain reasonable employment and self-sufficiency.

Child Information - attach a copy of each eligible child's birth certificate, Certificate of Indian Blood/Tribal Enrollment & age appropriate immunization records. *The application will not be approved until these documents are received.*

Children eligible for program benefits under age 13		Children NOT eligible for program benefits age 13+	
Name	DOB	Name	DOB

Do both biological parents reside in the household with the child(ren)? Yes No Does the child(ren) live with you full-time? Yes No

If so, are both employed or in a training program?
 Yes No

Child Care Status

Do you presently have a child care provider? Yes No

If no, what plans do you have for child care while you work or go to school?

Income Data - You must provide copies of proof of income for the last 30 days as verification of employment and income. Income sources include: employment pay stubs, Unemployment Benefits, Social Security benefits, General Assistance, Foster Care payments, child support, TANF, settlements and other income received. This information must be updated monthly, see Monthly Continuation Form.

Work Data - The information below concerns your day/hours of employment or training.

Day	Hours of training/employment	Name of employer/school & position held	Comments
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Child Care Program Standards & Requirements

Parent Agreement & Requirements

As a parent applying for the Child Care Assistance Program, you are required to agree to the following.

Parent: Read and Initial each item:

_____ Child care assistance funds are for use only when I am engaged in employment or training. If both parents reside in the household I understand that they must either attend a training program or are employed. If a parent is not working or in a training program, they are responsible for their child care - The Child Care Program will NOT provide assistance when the parent is NOT working or in a training program. I will notify the child care program within 5 days following a change affecting my eligibility. Changes include: employment or training status, days/hours of work or training, number of children in need of childcare, and/or income.

_____ Employment & Training will provide Child Care Assistance for parents who are required to pay for the time their child(ren) are scheduled to be in care, while the parent is working or in a training program.

_____ I will notify the child care case manager and provider within 5 days if I will not work hours specified.

_____ I will give the provider at least 14 days notice of my intent to terminate child care services except in the case of immediate program ineligibility or upon mutual agreement between me & my provider. Program ineligibility includes being fired and laid off, or other reasons as decided upon by my case manager.

_____ I am responsible for paying the provider for my portion of authorized child care costs and any costs above the authorized subsidy amount that the program will pay, or for making other mutually acceptable arrangements with the provider.

_____ I will provide all requested documentation to the Child Care Case Manager.

_____ To be accepted into the child care assistance program, I will provide my child's immunization records, Certificate of Indian Blood or Tribal Enrollment Card & Birth Certificate as well as other requested information.

_____ If I do not comply with these responsibilities, my participation in the Child Care Program may be Terminated.

Parent Certification

I certify that I will adhere to the parent agreement & meet the parent requirements. I have visited the provider's home & insured that the provider is meeting the safety requirements listed above.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Section E - Application for Child Care Assistance - continued

Child Care Provider Agreement & Requirements

As a child care provider for a parent who is applying for the Child Care Assistance Program, you must meet these requirements & provide the documentation requested. Please be advised that child care providers are subject to home visits by the Child Care Compliance Officer.

_____ I have not been refused a child care license or had a child care license revoked within the past 10 years. I have not had a substantiated incident of child abuse or neglect.

_____ I will submitted to the 477 Child Care Criminal Background Check. The background check must be free of crimes involving sexual assault or sexual abuse of a minor, neglect, incest, unlawful exploitation of minor or indecent exposure. This report must show that you have not been convicted of a felony within the past 10 years. Please coordinate with the Child Care Compliance Officer to arrange the criminal background check.

_____ I have had the test for tuberculosis (TB) within the last 12 months & will provide written verification. If I have tested positive for TB, I am receiving treatment for the disease and will provide verification.

_____ I will not care for more than the maximum number of children specified on my Child Care License.

_____ I have no health problems or contagious diseases that might be a risk to children.

_____ I understand that I am not an employee of the Spirit Lake Tribe, I am running my own business.

_____ I understand that the Child Care Compliance Officer will visit my home monthly.

_____ I will display my current child care license on the premises to when it applies.

_____ I understand the Child Care License is non-transferable and is valid only on the premises that is indicated on the license.

Child Care Provider Safety Requirements

Applicant: Please review the following checklist of safety requirements with your child care provider. Parents are required to monitor child care providers and facilities for compliance with Childcare Assistance Safety Standards. Child Care Providers are required to meet these standards

Parent: Read and Initial each item as it is reviewed with your provider

_____ The provider does not leave child alone

_____ The provider has a working smoke alarm, CO monitor & fire extinguisher

_____ The place where the child receives care has 2 separate exits (one may be a window large enough for an adult to exit)

_____ Children are never left alone with a known or convicted sex offender, or a person who has been convicted of a crime of violence.

_____ Children are never left alone with a person or animal known to be dangerous.

_____ The place where children receive care is kept free of hazards, both inside & out.

_____ Guns are unloaded and out of reach of children. Ammunitions are stored separately.

_____ Medicines, cleaners, & dangerous materials are kept out of the reach of children.

_____ The provider will provide a smoke, drug, and alcohol-free environment for the children in their care.

_____ The provider washes hands before & after handling food, changing diapers, and using the bathroom.

_____ There is safe drinking water & proper sewage & garbage disposal.

_____ The provider store, refrigerates & prepares food carefully.

_____ The provider contacts the parent about an injury to the child requiring medical treatment & any serious illness. The provider keeps emergency contact information available. Medicine is only given if the provider has written permission from the parent.

_____ The provider has a first aid kit that is in a convenient location & is accessible to the children.

_____ Children are not physically punished or verbally abused.

_____ The provider allows parent's access to their children at all times.

Section E - Application for Child Care Assistance - continued

Pay Standards

- The Child Care Program pays for 9 hours of child care per day, maximum of 5 days per week & payment is once a month.
- The Child Care Program has 30 days to process payment.
- Once a provider is no longer providing services, the provider will receive the last child care payment approximately two weeks after the final time sheet is received by the child care case manger.
- Monthly both parent and the child care provider must sign the Child Care Assistance Billing Form.

Child Care Provider Certification

I certify that I will meet the safety & child care provider requirements. I also understand and agree to the pay standards.

Child Care Provider's Printed Name _____ SSN _____

Child Care Provider's Signature _____ Date _____

Child Care Provider's Address _____

Section E - Application for Child Care Assistance - continued

Child Care Monthly Continuation Form for Assistance

Parent(s) Name: _____

Single Single living with significant other Married Separated Divorced

Any changes in the household? Yes No

Income: Myself/Spouse _____ Household Size _____

List all children living in your household - required for determination on eligibility of income/household size

Children 0-12 yrs old		Children age 13 - 18	
Name	DOB	Name	DOB

Please Provide: 1. All pay stubs or proof of training/schooling
2. Hours/days worked or training/school

Provider's Name _____

Parent's Signature _____ Date _____

This information is true to the best of my knowledge and I will comply and follow the rules for the Child Care Assistance Program.

Child Care Monthly Reports/Income is due by date stated on letter. Failure to report before due date will be subject to closing your child care application and you will need to re-apply for child care assistance.

** Please note, by your signature on the Child Care Monthly Billing Reports prepared by your child care provider, you are certifying the hours of care billed are true & correct. If an applicant or recipient knowingly or willfully provides false or fraudulent information in any part of this application, then he/she is subject to prosecution which carries a fine of not more then \$10,000 or imprisonment for not more then 5 years, or both.

477 Programs Client Rights & Responsibilities

The client has a right to:

- be treated with respect without regard to creed, national origin, religion, sex, sexual preference or age.
- have all personal information treated in a confidential manner.
- review his or her file with appropriate staff present.
- be fully informed regarding any and all fees associated with service client receives.
- be given clear information regarding participation in all program activities, e.g.: attendance, and completion requirements.

The client has the responsibility to:

- be accurate and complete when providing information.
- carry out program rules & requirements related to the services he or she is applying for.
- actively participate in the creation of a personal employability development plan in order to receive services.
- inform staff of any changes in name, address, or other personal information.
- ask for clarification regarding any instructions, guidelines, or services requirements that the client does not fully understand,

Denial or Discontinuation of Services

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

FRAUD POLICY

APPLICANTS OR RECIPIENTS WHO KNOWINGLY OR WILLFULLY PROVIDE FALSE OR FRAUDULENT INFORMATION ARE SUBJECT TO PROSECUTION UNDER 18 U.S. 1001, WHICH CARRIES A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH.

I/WE HAVE READ THE CLIENTS RIGHTS & RESPONSIBILITIES AND FRAUD POLICY AND STATE THAT I/WE UNDERSTAND MY RIGHTS & RESPONSIBILITIES AND THE FRAUD POLICY.

CLIENT SIGNATURE

DATE

CLIENT SIGNATURE

DATE

CASE MANAGER SIGNATURE

DATE

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

Signature Date

Parent or Legal Guardian Signature IF Applicant is Under 18 Date

