

APPLICATION FOR SERVICES

TELEPHONE: (208) 478-3898
FAX NUMBER (208) 478-3845

Applicant Name _____

Phone Number _____

Message
Number _____

Email Address _____

Co-Applicant Name: _____

Phone Number _____

Message
Number _____

Email Address _____

**COMPLETE ALL QUESTIONS ON
THIS 3-PAGE APPLICATION**

► **RESIDENCY - All applicants MUST list a PHYSICAL ADDRESS AND A MAILING ADDRESS.** If they are the same, write same for Physical Address. If one or both these lines are left blank, we will return the application to you or wait for you to contact us. Answering all questions on each page will help with processing your application quicker. Also, the reason residency is important: Most assistance is covered by federal funds and a majority of applicants live in the local area. For 477 services, low-income energy assistance, TANF or GA cash assistance, job training, and many other services, verification of residency is a mandatory federal requirement for federal program services or funding.

► **Mailing
Address** _____

City _____

State _____

Zip
Code _____

► **Physical Address - Explain where you live** (house number and road/street name, nearest crossroads, or other description):

Do you live on the Fort Hall Reservation? Yes ☐ No ☐ If yes, what District? ☐ Bannock Creek ☐ Fort Hall ☐ Gibson ☐ Lincoln Creek ☐ Ross Fork

If you are you currently on TANF, GA or receiving EET services, who is your case manager?

Below is a list of allowable services. Please explain your request in the chart provided below.

Adult Basic Education	Firewood, Chimney Cleaning	Job Search Assistance	Vocational Training
Disabled Services	Food / Personal Hygiene	Prescription Glasses	Vocational Rehabilitation Services
Elderly Assistance	Funeral Assistance	Rental Assistance	Water Pump Repair (for home)
Employment Assistance	GED Instruction, Testing	Scholarship	Weatherization
Energy Assistance	General Assistance (GA)	TANF Cash Assistance	K-12 Student Services
	Homelessness		Other Youth Education Assistance

Your Request / Explain Below:	Vendor / Utility Company / Other (Attach a current bill, invoice or quote)	Amount

Please do not write in the area below -- Application and Eligibility Notes and Transmittal Information

Note For CSP - Rights & Responsibilities Form Completion

☐ Exempt (Elder 62+ / Disabled) ☐ R & R Form Signed ☐ Needs R&R form

Intake Complete / Scans / Transmittal Notes

Eligibility Complete / Referral Notes to Mgr/Case Manager(s)

Complete ALL questions on this page**Family and Household Information**

1 Applicant Name		Social Security No.	Birthdate	Age
			Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
List Your Tribe, Native Alaskan or Hawaiian	Tribal Enrollment or Census Number		Applicant - List most recent employment:	
Highest level of Education completed? <input type="checkbox"/> School Dropout <input type="checkbox"/> Current Student <input type="checkbox"/> HS Grad or GED <input type="checkbox"/> Post HS Attendee		Job Title _____		
Veteran? Yes No Branch		Employer _____		
Dates of Service		Rate of Pay _____		
Recently discharged Veteran? Yes No Discharge Date:		Start Date _____		
Disabled? Yes No If yes, please explain:		Date Ended: _____		
		Status? _____		
		Reason for Leaving: _____		
		Receiving Unemployment? _____		
		Weekly Benefit Amount: _____		
For Male applicants 18+, did you register with the Selective Service System? _____ Registration # _____				
To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.				

2 Co-Applicant Name		Social Security No.	Birthdate	Age
			Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
List Your Tribe, Native Alaskan or Hawaiian	Tribal Enrollment or Census Number		Co-Applicant - List most recent employment:	
Highest level of Education completed? <input type="checkbox"/> School Dropout <input type="checkbox"/> Current Student <input type="checkbox"/> HS Grad or GED <input type="checkbox"/> Post HS Attendee		Job Title _____		
Veteran? Yes No Branch		Employer _____		
Dates of Service		Rate of Pay _____		
Recently discharged Veteran? Yes No Discharge Date:		Start Date _____		
Disabled? Yes No If yes, please explain:		Date Ended: _____		
		Status? _____		
		Reason for Leaving: _____		
		Receiving Unemployment? _____		
		Weekly Benefit Amount: _____		
For Male applicants 18+, did you register with the Selective Service System? _____ Registration # _____				
To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.				

3 HOUSEHOLD INFORMATION - LIST OTHER PERSONS in the household. If you need more space, attach an additional page
 Information for APPLICANT AND CO-APPLICANT should be provided above (Items 1 & 2)

Name	Age	Relationship to Applicant	Employed?	Birthdate	Social Security Number	Tribe & Enrollment #

Total number of people in the household: _____ What is your marital Status: ☐ Single ☐ Married

Minor Children (Age 0-17): _____ Number of Elders: _____ Number of Disabled: _____

Applicant(s): _____

Applicant Household Income and Resources -**Attach verification of income, benefits or resources received in the past 6 for all persons in the household**

Income/Resources - Who Receives?	Monthly Amount:
A) Gross Wages/Earnings	
B) Unemployment	
C) Workers Comp	
D) TANF	
E) State TAFI	
F) General Assistance (GA)	
G) Social Security	
H) Social Security Disability	
I) SSI Survivors Benefit	
J) Retirement / Pensions	
J) Per Capita - Tribe:	
K) Lease Monies	
L) Food Stamps	
M) Commodities	
M) Child Support / Alimony	
N) Other:	

477 Eligibility - Applicant DO NOT WRITE IN THIS AREA

Residency Verification:							
Tribal ID, SSC, Other							
Selective Service Regis							
Employment Status - for Applicant and Co-Applicant							
<input type="checkbox"/> Pending:							
Excluded Resources verified <input type="checkbox"/> FS / C Verif: <input type="checkbox"/> TANF / TAFI <input type="checkbox"/> GA <input type="checkbox"/> SBT-P <input type="checkbox"/> Adult <input type="checkbox"/> Child(ren) <input type="checkbox"/> ESP Verif <input type="checkbox"/> NAP Verif <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> SH <input type="checkbox"/> Other:	Income <table border="1"> <tr><td>Current Month Income</td><td></td></tr> <tr><td>Past 6 Months</td><td></td></tr> <tr><td>Annualized Income</td><td></td></tr> </table> Barriers: <input type="checkbox"/> Low Income <input type="checkbox"/> Unemployed <input type="checkbox"/> Under Employed <input type="checkbox"/> Other: <input type="checkbox"/> Economically Disadvantaged per LLSIL Guideline	Current Month Income		Past 6 Months		Annualized Income	
Current Month Income							
Past 6 Months							
Annualized Income							
477 Eligibility: <input type="checkbox"/> Eligible for all 477 <input type="checkbox"/> 477 Eligibility limited to: <input type="checkbox"/> NO - Letter out & copy attached <input type="checkbox"/> Pending:	Authorized Signature & Date						

Zero Income Declaration (for households with absolutely no income in the past 3 months). *I hereby, provide an explanation of how my basic living needs (shelter, food and utilities) have been covered for the past three (3) months :*

Shelter,	Food	Utilities
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To claim zero income, you must explain how you cover shelter, food, and utilities. DO NOT LEAVE THE BOXES ABOVE BLANK.

Applicant Signature _____

Date Signed: _____

BEFORE YOU SIGN THE APPLICATION, PLEASE READ THE INFORMATION BELOW

Orientation. All applicants seeking energy assistance, rent, or other individual or household services are required to attend orientation. Orientation is held on Mondays at 5:30 pm or Wednesday at 8:30 am at the Old Casino Building. Please be on-time or you will need to attend another session. Elders 62+ and documented disabled individuals do not need to attend orientation.

Application Review Process. Applications for Elder and documented disabled are reviewed first. Emergencies are evaluated on a case-by-case basis -- contact Dustin Davis at (208) 478-3709 or Raelynn Appenay at (208) 478-3984 if you have questions. For GA/TANF Applications: 477 has up to 30 days to respond to General Assistance (GA) applications; and 45 days for TANF.

Grievance Process. An applicant or program participant has the right to grieve their eligibility determination or a decision on services. All appeals must be in writing and should be completed within five (5) business days from the date you are notified. All written appeals must be addressed to: Lori Pahvitse, 477 Director | Shoshone-Bannock Tribes | P. O. Box 306, Fort Hall, ID 83203. The Director or the delegated authority, will respond to your grievance within 5 days of the date it is received.

Application Certification and Agreement of Understanding. I / We certify to the best of my/our knowledge, the information provided on this application is true and correct for me and/or my household. I / We understand this application and all requests are subject to review and verification. I / We understand the 477 HSD may contact Employers (past and present); Shoshone-Bannock Tribal Departments/ Programs, the Fort Hall Business Council, State/Federal agencies to verify employment or assistance received. This information will be used in line with decisions to approve or deny services. I / We understand falsification of information on this application is grounds for the denial of services or termination of program services (current clients) and/or criminal or civil penalties.

Applicant Signature & Date _____

Co-Applicant Signature & Date _____

Shoshone-Bannock Tribe
477 Human Services Department
PO Box 306 – Fort Hall, ID 83203

Applicant Name _____

Spouse / Co-Applicant / Other Adult(s) on Application _____

RELEASE OF INFORMATION

I, hereby authorize the release of information and exchange of information by and between the Shoshone-Bannock 477 Human Services Department and the programs and agencies listed below. This Release of Information is recognized by the Tribe upon receipt, and is effective as of the date signed (below) or the date stamp received by the Tribe, whichever occurs first.

All Employers (past and present)
Tribal / State Employment Offices; TERO
Social Security Administration
Tribal/State Colleges and Universities
Tribal / State Education Agencies
Tribal / State/Federal Courts
Tribal / State Medical Services
Shoshone-Bannock Departments/Programs
Utility Companies and their affiliates
Idaho Department of Health and Welfare
Contractors used in the commission of services
Other as may be identified on the Application
For Services and supplemental documents
Veterans Administration
Veterans Organizations and Program
Other: _____

Tribal / State Alcohol or Drug Programs/Treatment Facilities
Tribal / State Housing Programs
Tribal / State Vocational Rehabilitation Programs
Tribal / State / Federal Probation Programs/Officers(s)
Tribal / State Child Protection Services
Tribal / State Mental Health Services
Other Tribes and Native American 477 Programs
or Department of Labor - 166 Grantee Programs
Tribal / State / Private Shelters
State Community Action Agencies

Applicant and Co-Applicant's Tribe (where enrolled/affiliated)

1) Applicant's Tribe: _____

2) Co-Applicant's Tribe: _____

K-12 Schools: Idaho Schools known as Pocatello School District #25; Blackfoot School District #55; American Falls School District #381; Snake River School District #52; Shoshone-Bannock Jr./Sr. High School #512; Chief Tahgee Academy; and other K-12 public schools (where children listed on the application attend or attended school); Private, Public, and Government Boarding Schools.

I / We, authorize the Shoshone-Bannock Tribe to obtain and/or exchange information by and between the Tribe and the entities listed above. I / We understand the information obtained will be kept CONFIDENTIAL. Any information obtained will be used to verify application and and/or household eligibility, and/or decision(s) to approve or deny services. I further agree for the Tribe to contact the above entities, utility company(ies), or vendor(s) to confirm billing, invoice or quote in consideration for the purchase of goods or services for as long as I am an applicant requesting assistance and/or program participant or recipient of benefits or services provided by the Shoshone-Bannock Tribes.

This Release of Information authorizes the release and sharing of my utility bill and usage data between utility companies and the Tribe for as long as I am a utility assistance program participant.

ACKNOWLEDGEMENT AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, hereby certify that I have read and understand the reasons and terms for this Release of Information. My signature as Applicant, Co-Applicant, or an Other Adult listed on the application or name on this document authorizes the Release of Information to and by the Shoshone-Bannock Tribes.

Applicant

Signature: _____

Date Signed: _____

Signature and Date Signed by Spouse / Co-Applicant / Other Adult(s)

Spouse/Co-Applicant	Other Adult	Other Adult

For Services to Minor Applicants under 18 years of age - Parent / Guardian must sign the Release of Information for applicants under 18 years of age who are seeking K-12 education services or 477 education, employment and training services.

Signature of Parent or Guardian _____ Date Signed: _____