

Please Read this page before you complete the attached application.

For Energy Assistance, Rent, or Tribal Member Services complete the application. After you are approved for Consumer Services, and later if you need other assistance, just complete a Service Request Form and attach your bill, invoice, rent verification or other document(s)

If you are a current 477 student or trainee or on TANF or GA - You only need to do an application if requesting energy assistance, rent or Tribal Member Services or TANF/GA recertification. Contact your assigned Case Manager if you have questions.

If you are seeking Education, Employment, Training, TANF or GA - Complete the application and paperwork for the specific service you are seeking. For instance, for short-term training complete the short-term training packet, GED complete the GED packet. etc.

Documents to submit with your application

Identifications - submit these three (3) identifications for you and all persons in the household:

- PERSONAL ID**
- TRIBAL ID CARD &**
- SOCIAL SECURITY CARD**

Also submit:

Residency Verification	Submit a recently dated utility bill, other bill/letter that lists your name and physical or mailing address
Income/ Resources / Benefits	Provide verification of all income, resources or benefits received in the past 3 (three) months for all persons in the household.
Selective Service Registration	Required for male applicants 18+ (born on/after January 1, 1960) who are seeking education, employment, training, TANF, GA or related services. Provide your number, letter or card. If you are not registered, you can register online at www.sss.gov or at a local US Post Office.
Your Request	Write your request on Page 1 of the application and attach current bill, invoice, quote, rent verification, school/training information, etc.

Incomplete Applications -- If any part of the application is incomplete or the documents above are not attached to your application or we do not have identifications on file, it will be deemed incomplete. We will attempt to send you an email or a written letter to the mailing address listed on the application. Your application will remain incomplete until you respond.

School Funding Deadlines - If you are seeking a scholarship or funding to attend a college, university or vocational school to obtain a 2-year or 4-year degree, the next available funding is Fall, 2024. The Fall application and school document deadline is **Wednesday, May 1st, 2024**. For Winter 2024 or Spring 2025 quarter/semester/term funding, the deadline is **Tuesday, October 1st, 2024**.

For TANF Family or Caretaker Relative Assistance - In addition to the above, for each child(ren) you are seeking TANF services for, submit their: 1) Birth Certificate; 2) Immunization Record; 3) Verification of School Attendance; and 4) Verification of Custody for child(ren)

GA & TANF Applicants! - Make sure you have a working phone number so we can call you for an intake appointment. If your application is incomplete, you will receive a letter in the mail. The department has 45 days to review TANF applications and 30 days for GA.

Orientation - All applicants are required to attend orientation once a year. Orientation is held on **Mondays at 5:30 pm or Wednesday at 8:30 am at the Old Casino Building in Fort Hall. Please be on-time or you will need to attend another session. Elders 62+ and documented disabled individuals do not need to attend orientation.**

How to submit documents:

By Mail: Shoshone-Bannock Tribes
 477 Human Services Department
 PO Box 306
 Fort Hall, ID 83203

Drop-off Site: at the Office located in the Old Casino (385 Bannock Trail Rd) in Fort Hall OR in the **GREEN DROP BOX** located outside the office doors.

UPS/FedEx/Other Ground Deliveries - send to:
 Shoshone-Bannock Tribes, Attention 477 HSD, Building 82, Fort Hall, ID 83203. Phone No. (208) 478-3700

Email to: wboyer@sbtribes.com

By FAX at (208) 478-3845

TELEPHONE:
(208) 478-3898

FAX (208) 478-3845

ANSWER ALL QUESTIONS ON EACH PAGE OF THIS APPLICATION. SIGN WHERE INDICATED.

Applicant Name _____

Phone Number _____ Message Number _____

Email Address _____

Co-Applicant Name: _____

Phone Number _____ Message Number _____

Email Address _____

► **RESIDENCY - All applicants MUST list a PHYSICAL ADDRESS AND A MAILING ADDRESS.** If your physical and mailing address are the same, write **SAME** for Physical Address below. If one or both these lines are left blank, we will return the application to you if you have a mailing address listed or wait for you to contact us.

► **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?	<input type="checkbox"/> Bannock Creek	<input type="checkbox"/> Fort Hall	<input type="checkbox"/> Gibson	<input type="checkbox"/> Lincoln Creek	<input type="checkbox"/> Ross Fork
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If you are you currently on TANF, GA or a student, apprentice or trainee, 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 |
| Apprenticeship Services | Food / Personal Hygiene | Prescription Glasses | Vocational Rehabilitation Services |
| Disabled Services | Funeral Assistance | Rental Assistance | Water Pump Repair (for home) |
| Elderly Assistance | GED Instruction, Testing | Scholarship | Weatherization |
| Employment Assistance | General Assistance (GA) | TANF Cash Assistance | K-12 Student Services |
| Energy Assistance | 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 or date stamp in the area below

Note For CSP - Rights & Responsibilities Form Completion

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

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

Intake Complete / Scans / Transmittal Notes

Family and Household Information

Complete ALL questions on this page

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: Job Title _____ Employer _____ Rate of Pay _____ Hours per week: _____ Start Date _____ Date Ended: _____ Status? _____ Reason for Leaving: _____			
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							
Veteran? Yes No		Branch	Dates of Service				
Recently discharged Veteran (past 48 mos)? Yes No			Date Discharged:				
Spouse of recently discharged Veteran? Yes No							
Disabled? Yes No		If yes, please explain:					
For Male applicants 18+, did you register with the Selective Service System? <i>To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.</i>						Registration #	

2 Co-Applicant Name		Social Security No.		Birthdate	Age		
		Gender? <input type="checkbox"/> Male <input type="checkbox"/> Female					
List You Tribe, Native Alaskan or Hawaiian		Tribal Enrollment or Census Number		Co-Applicant - List most recent employment: Job Title _____ Employer _____ Rate of Pay _____ Hours per week: _____ Start Date _____ Date Ended: _____ Status? _____ Reason for Leaving: _____			
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							
Veteran? Yes No		Branch	Dates of Service				
Recently discharged Veteran (past 48 mos)? Yes No			Date Discharged:				
Spouse of recently discharged Veteran? Yes No							
Disabled? Yes No		If yes, please explain:					
For Male applicants 18+, did you register with the Selective Service System? <i>To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.</i>						Registration #	

3 HOUSEHOLD INFORMATION - LIST OTHER PERSONS in the household. If you need more space, attach an additional page

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: _____

Income and Resources - Attach verification of income, resources or benefits for the past 3 months

Income, Benefits or Payments	List the amount received per month for:		
	Applicant:	Spouse / Other:	Other Household / Family Members
Gross Wages / Earnings			
Unemployment			
Workers Comp			
TANF, State TAFI, GA			
Social Security			
Retirement / Pensions			
Per Capita, Lease Monies			
Food Stamps			
Commodities	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Other - Child support, alimony, other - explain and attach verification.			

Zero Income Declaration On behalf of me and/or my household, as the applicant or co-applicant, I hereby declare the gross income for my household has been zero for the past three (3) months.

<i>Shelter</i>	<i>Food</i>	<i>Utilities</i>

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 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 -- if you are late, you will need to attend another session. Elders 62+ and documented disabled individuals do not need to attend orientation.

Application Review Process. Applications for Elders and documented disabled individuals are reviewed first. Emergencies are evaluated on a case-by-case basis -- if you have questions, contact Dustin Davis at (208) 478-3709. The department has up to 30 days to respond to applications for (GA); and 45 days to respond to a TANF application.

Fraud and Abuse - The Shoshone-Bannock 477 Human Department is required to prevent fraud and abuse and misuse of funds, goods and services authorized with Tribal, State or Federal funds. Further, fraud or misuse may include: providing false information verbally or in writing in an attempt to receive funds, goods or services; not reporting monthly changes for continued TANF or GA eligibility; selling or trading goods/services; theft or damage of property or person while being assisted by 477; and other serious incidences at the discretion of the 477 Administration. These incidences are grounds for the suspension, termination, and/or denial of future services; criminal and/or civil penalties may apply.

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 submitted within five (5) business days from the date you are notified of a decision. 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, and 477 may contact Employers (past and present); Tribal Departments/ Programs, the Fort Hall Business Council, State/ Federal agencies to verify employment or assistance received. This information will be used for eligibility and decisions to approve or deny services. i/We understand falsification of information to the 477 Human Services Department is grounds for the denial of services or termination of program services (for current clients); and/or civil or criminal penalties.

Applicant
Signature & Date
Signed: _____

Co-Applicant
Signature & Date
Signed: _____

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 the date signed (below) or the date stamped 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 Programs
Tribal / State Alcohol or Drug Programs / Treatment Facilities

Tribal / State Housing Programs
Tribal / State Vocational Rehabilitation Programs
Tribal / State / Federal Probation/Parole Programs/Officer(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 / Community / Private Shelters
State Community Action Agencies
Landlords / Renters / Property Managers

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 the 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, private or charter school(s) where children listed on the application attend or attended school); and US 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 applicant and/or household eligibility, and/or aid with decision(s) to approve or deny services. I/We 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/We hereby certify that I have read and understand the reasons and terms for 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 Tribe.

Applicant Signature: _____

Date Signed: _____

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

Spouse / Co-Applicant	Other Adult	Other Adult
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For Services for Youth / Minor Applicants under 18 years of age - Parent / Guardian authorizes the release of information on behalf of minor applicant to access K-12 education services and/or 477 education, employment and training and related services.

Signature of Parent or Gaurdian: _____

Date Signed: _____