

**We welcome the opportunity to be of assistance to you. These services are only available to:**

- 1) Current 477 Participants (on TANF, GA or a student or trainee) - You do not need to complete the Application for Services, just complete the paperwork attached to this page and talk to your assigned case manager.
- 2) For New Applicants - Complete the Application for Services and the forms attached to this document. Applicant must be a residency of the Tribe's 22 county service area and qualify as low income, underemployed (laid off by employer or received notice of layoff, employer closed business or other verified reasons), or unemployed (meaning due to layoff by employer, business closure or other verified reasons.).

**Employment Services Target Population -- Applicants or 477 participants who...**

- ...were unemployed individuals (previous employment will need to be verified)*
- ...are low income*
- ...are welfare recipients - persons on public assistance meaning state or federal cash assistance programs in an effort to end the cycle of welfare dependency*
- ...families at risk, where the loss of a job would put the family in poverty or qualify them for public assistance*
- ...received a notice of layoff, business closure or a drastic reduction in work hours that put the person or household in poverty or qualifies them for public assistance*

**Employment Services under 477**

Employment Services include financial and non-financial assistance to 477 program participants or eligible applicants who are seeking employment, participating in job readiness activities, or who recently found employment. Below is a description of employment services 477 provides:

**Job Search and Job Readiness** - Includes individual consultations and/or group training on how and where to find employment; job market information, job opportunity postings, how to fill out an application, resume writing, interview techniques, and other information about employment. Individualized consultation will be scheduled depending on the needs of the client, their work history, skills, knowledge and/or abilities.

**Employment Assistance** - Is assistance to help an eligible applicant or participant transition or enter and retain a new job. This may include relocating for work also. This assistance may only be allowed one-time in a three (3) year period, and may not exceed \$1,000 in assistance. This is not a reoccurring service.

**Job Retention Assistance** - This assistance is available to help an eligible applicant or 477 participant who is employed but for the household size, their wages qualify them as low-income per federal income guidelines or to alleviate a real barrier to prevent the loss of a job or income for the household or to avoid getting on welfare.

**Transitional Services** - Is similar to Employment Assistance (above) but is only for eligible TANF cash assistance recipients. This assistance is to help clients move from welfare to employment. This assistance may be available for up to 12 months after an eligible family is off of TANF or State TAFI. How to access this assistance - 1) If you are on TANF or you were on TANF in the past 12 months, complete this packet and talk to your assigned case manager or inquire at the Front Desk; or 2) If you are or were on State TAFI (Family Assistance not Caretaker Relative assistance), you will need to complete the Application for Services and the paperwork attached to this page. You will be asked provide documentation from the State to verify your State TAFI case number the the last month you received assistance.

**Work Experience** - This opportunity is available to program participants who have little or no job experience or who have been out of the workforce for a long period of time. The pay is minimal, but the experience you gain is invaluable!

**How to Apply...**

If you are a new applicant, complete the Application for Services and the forms attached to this sheet; and **take or send the Employment Verification for to your employer to complete.** If you are a current participant (current GA, TANF or student/trainee) you only need to complete the forms attached to this page and submit the request to your case manager.

Documents may be submitted to the 477 Office by email at [wboyer@sbtribes.com](mailto:wboyer@sbtribes.com), FAX to (208) 478-3845 or in person at the office in the Old Casino Building (385 Bannock Trail Road) in Fort Hall or in the green drop box located outside the office doors.

**Employment Assistance Request**

**APPLICANT NAME & WORKING PHONE NUMBER**

**IMPORTANT! Information and Instructions -- PLEASE READ:** The intent of Employment Assistance and Transitional Services (TANF clients) is to help you transition to and/or maintain employment. **This assistance is limited! The maximum allowed is to up to \$1,000 of assistance one-time in a three (3) year period.** **By accepting this assistance, you will not be eligible for Shoshone-Bannock 477 education, employment, training, cash assistance or related services services for three (3) years from the date of receipt of services.**

On your request below, prioritize the items you are most need of. For help with reoccurring monthly bills (utility bills, housing, childcare, insurance, etc.), provide a recent original bill. To purchase equipment or tools, make a list and take it to a vendor or store where you seek to purchase them, and ask for a written quote. Car Maintenance/Minor Repairs do not require a quote but Major Vehicle Repairs in excess of \$500 requires a written quote. Clothing, shoes, medical/ optical, or other items, please identify an amount below and where you want to purchase them. If you have questions about this service, contact your Case Manager at (208) 478-3979, or the Employment Specialist at (208) 478-3982.

**Identify what type of assistance you need below. Provide bills, invoices or quotes as required.**

CHART OF ALLOWABLE SERVICES		AMOUNT	VENDOR / STORE / UTILITY / OTHER
<b>General Employment Services</b>	1) Transportation		
	2) Incidental Expenses or ___ Phone Card	\$ 50 maximum	
	3) Groceries and Household Cleaning Items		
	4) Personal Hygiene / Laundry Products		
<b>Clothing, Shoes/Boots &amp; Protective Clothing</b>	5) Clothing		
	6) Shoes/Workboots		
	7) Protective/Safety Clothing		
<b>Housing and Utilities</b>	8) Residential Assistance		
	9) Electricity and/or Heating		
	10) Other (Telephone, Sewer, Garbage, Water)		
<b>Medical or Optical</b>	11) Prescription Glasses/Contacts		
	12) Medical or for ADD Compliance		
<b>Equipment / Tools</b>	13) Equipment/Tools -- Provide itemized quote		
	14) Safety Gear -- Provide itemized quote		
<b>Work Vehicle Repairs or Maintenance</b>	For items 15), 16), and 17) below - applicant must provide a copy of valid driver's license, vehicle registration, and proof of insurance. Service is only allowed for one primary vehicle for the applicant to go to work.		
	15) Maintenance or Minor Vehicle Repairs		
	16) Car Payment / Insurance -- Turn in the bill(s)		
	17) Major Vehicle Repair - Quote required		
<b>Other - Explain and Attach Bill or Quote</b>			
<b>YOUR TOTAL REQUEST:</b>		\$	

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, Applicant / Participant, hereby certify that I am requesting Employment Assistance Services from the Shoshone-Bannock Tribes. I understand the 477 Human Services Department will verify my employment and contact Tribal Departments or Programs and Fort Hall Business Council to verify if I have the same/similar requests pending or services authorized to me or on my behalf in the past 12 months. I understand this is to make sure there is no duplication in services. **I understand this request will not be considered without my signature below.**

**Applicant / Participant Signature** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please begin with your most recently employment first.

Job Title	Job Title	Job Title
Start Date	Start Date	Start Date
End Date	End Date	End Date
Rate of Pay	Rate of Pay	Rate of Pay
Hours per week	Hours per week	Hours per week
Employer	Employer	Employer
Address	Address	Address
Telephone Number	Telephone Number	Telephone Number
Supervisor	Supervisor	Supervisor
Job Duties	Job Duties	Job Duties
Reason for Leaving	Reason for Leaving	Reason for Leaving

Have you completed any type of job training program?  YES  NO If yes, list your training below:

Type of Training	School and Address	Dates

**Certificates / Degrees / Licenses**

Type	Issuing Agency / State	Expiration Date

**Other Skills and Work Experience**

Explain:

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**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:**

➔ <b>Residency Verification</b>	Submit a recently dated utility bill, other bill/letter that lists your name and physical or mailing address
➔ <b>Income/ Resources / Benefits</b>	Provide verification of all income, resources or benefits received in the past 3 (three) months for all persons in the household.
➔ <b>Selective Service Registration</b>	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 <a href="http://www.sss.gov">www.sss.gov</a> or at a local US Post Office.
➔ <b>Your Request</b>	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

**Email to:** [wboyer@sbtribes.com](mailto:wboyer@sbtribes.com)

**By FAX at** (208) 478-3845

**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

**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):

<b>Do you live on the Fort Hall Reservation?</b> Yes No	<b>If yes, what District?</b>	<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   |

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

***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**

<b>1 Applicant Name</b>		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		<b>Applicant - List most recent employment:</b> 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 <a href="http://www.sss.gov">www.sss.gov</a> or at a local post office.</i>				Registration #	

<b>2 Co-Applicant Name</b>		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		<b>Co-Applicant - List most recent employment:</b> 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 <a href="http://www.sss.gov">www.sss.gov</a> 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: \_\_\_\_\_