

# SHORT-TERM WORKFORCE TRAINING



The Shoshone-Bannock Human Services Department (477 HSD) supports Workforce Training. The intent of Short-Term Workforce Training is to gain job skills to qualify for employment. Short-Term Training is training where the trainee will receive certificate in 12 months or less. It is available to help those in the workforce upgrade their knowledge, skills, or abilities to remain in a current job or to qualify for other employment or to complete pre-requisite training to enter another training program. The training must offer a certificate of completion. The training facility or provider must be State licensed, and the training or instruction must be provided by a certified instructor and/or journeyman authorized to teach in the industry and the school/training facility. The Tribe reserves the right to not fund training with private schools, entities or instructors.

## **An example of the types of training we fund, includes, but is not limited to:**

Farm Business Management	Culinary Arts	Real Estate Classes
Certified Nurses Assistant (C N A)	Electricity	OSHA Safety Courses
Computer Skills (for the workplace)	Electronics	Housekeeping/Janitorial
EMT (Emergency Medical Technician)	Flagging	Customer Service
Small Business Development	Dental Assisting	Building Inspection
CDL (Commercial Drivers License)	Welding	Medical Terminology
Computer Applications	Phlebotomy	Security Training
Hazardous Materials (HAZ-MAT) Training	Bookkeeping	& Others . . .

**The program DOES NOT fund community education courses or courses such as arts and crafts (painting, sculpting, stain glass, ceramics, etc.), martial arts, music, special interests, or non-job related trainings.**

**The program will not fund nail technology, microblading or lash training unless you are in a cosmetology program to pursue a cosmetology license or you already have a cosmetology license, and are seeking these certifications as enhancements directly related to your employment or potential employment.**

**Training Costs - The program will not fund training that costs in excess of the going rate for the same type of training offered at a local State education agency such as ISU College of Technology's Workforce Training or at the College of East Idaho.**

## **HOW TO APPLY FOR FUNDING:**

- 1) Please read through this entire packet and complete the Application for Services and short-term training documents (all forms attached).
- 2) Attach a copy of the training outline, training costs and other related information.

**DEADLINE: Your application must be submitted to the Human Services Department at least four (4) weeks before the course starts. This is extremely important because there are others who are also applying for assistance and it takes us at least 8-14 days to obtain authorization for the program to pay for training. Your cooperation is appreciated!**

<b><i>Shoshone-Bannock Tribe</i></b> <b>HUMAN SERVICES DEPARTMENT</b> PO Box 306 Telephone: (208) 478-3898 Fort Hall, ID 83203 FAX: (208) 478-3845	<b>SHORT-TERM TRAINING / REQUEST FORM</b>
	Applicant Name & Phone Number

**PLEASE READ THESE INSTRUCTIONS.** First, make sure you completed the Application for Services, and then complete this Training Request. Below is a list of allowable costs that may be covered by the Tribe. Identify the items you need help with. For equipment/tools, please provide an itemized quote from a vendor. If you are applying with another Tribal, State, employer or other sponsor, please let us know as we may need to negotiate some cost(s) with them and to verify that services are not duplicated (or already sponsored by another provider). **After you complete this REQUEST, attach your course description, invoice, proof of registration, and itemized costs or quotes for the items you need. Please give this information to your assigned Case Manager or at the front desk.** Your cooperation is appreciated.

## MY TRAINING REQUEST

The Program I am requesting to attend is: \_\_\_\_\_

Type of license or certificate offered: \_\_\_\_\_

\_\_\_\_\_

Date Classes Begin: \_\_\_\_\_

Date Classes End: \_\_\_\_\_

***The Training Costs and the Items I need assistance with are:***

Allowable Training Costs	Cost	Vendor
		Who to pay or where to purchase:
Registration/Training Cost		
Books and Supplies		
Equipment / Tools		
Related Clothing / Footwear		
Safety Related Items		
Testing / License Fees		
Other:		

AGREEMENT. I understand that the intent of Short-Term Training is to assist individuals to obtain certified job skills training. I understand that I will be assigned a case manager and may ask questions at any time for clarification or to get information regarding my participation on the program. I understand the Short-Term Training may not extend beyond the completion date projected by the school/training facility and may not exceed a total of 12 months. I agree to submit a copy of my certificate of completion and/or license to the 477 Program to verify completion of the program. I understand this program has a repayment clause for not completing the course and attaining the applicable certificate and license.

Applicant Signature \_\_\_\_\_

Date Signed: \_\_\_\_\_

# Barriers to Employment Questionnaire

Applicant: \_\_\_\_\_

Services provided under the Shoshone-Bannock 477 Human Services Department or 477 HSD include education, occupational or work-force training, employment, and related services. One of the responsibilities of the 477 HSD is to assist participants gain access to education, training; and/or to seek, secure and/or maintain employment. Part of the process includes identifying barriers or obstacles that hinder ones ability to pursue their goals. This questionnaire will aid in helping you design a plan of service and identify resources that may benefit to you. We urge you to complete this form on your own and to the best of their ability. Please identify any items you feel are barriers or circumstances that hinder your ability to go to school / training, stay in school / training or to enter or maintain employment. Skip the questions that do not apply to you. Your cooperation is appreciated.

- 1) Are you currently attending school? \_\_\_\_\_ Last day attended: \_\_\_\_\_
- 2) My current school status today:  Not in School  In High School  in College  in Training School
- 3) If you dropped out of school, what was the last year you attended school? \_\_\_\_\_ Where? \_\_\_\_\_  
Reason(s) for dropping out: \_\_\_\_\_
- 3) HS Graduation Date: \_\_\_\_\_ GED Completion Date: \_\_\_\_\_  
If you graduated with a high school diploma or GED, where did you get your certificate/diploma? \_\_\_\_\_
- 4) Do you have difficulty with these subjects:  Reading  Writing  Math
- 5) If you had to deal with the justice system in the past six (6) months, please check all that apply to you:  
 I was arrested  I was convicted of a crime  In Drug Court  
 I am currently in jail or a detention facility  Recently graduated Drug Court  
 I am on:  Probation  Parole -- Where? \_\_\_\_\_ Date Ends: \_\_\_\_\_
- 6) Do you have a disability?  Yes  No If yes, please explain: \_\_\_\_\_
- 7) Do you have stable permanent housing?  Yes  No Where do you currently live? \_\_\_\_\_  
Are you safe where you currently live?  Yes  No Other housing issues: \_\_\_\_\_
- 8) Are you currently expecting a baby?  Yes  No What is your due date? \_\_\_\_\_
- 9) Other Barriers or circumstances affecting your education, training, employment or related goals (check all that apply):
- |   |   |  |
|---|---|--|
| <input type="radio"/> In need of Job Training               | <input type="radio"/> Work Related Injury                 | <input type="radio"/> Victim of Domestic Violence                            |
| <input type="radio"/> No Previous Employment                | <input type="radio"/> Serious Family Health Issue         | <input type="radio"/> Welfare Recipient                                      |
| <input type="radio"/> Lacking Marketable Skills             | <input type="radio"/> Childcare                           | <input type="radio"/> In need of basic needs:<br>Food, Shelter, and Clothing |
| <input type="radio"/> Needs Computer Skills                 | <input type="radio"/> Transportation - explain: _____     |  |
| <input type="radio"/> Needs Job Search Assistance           | <input type="radio"/> No Drivers License - Reason: _____  |  |
| <input type="radio"/> Employed part-time, seeking full-time | <input type="radio"/> High Risk Driver - Reason(s): _____ |  |
| <input type="radio"/> Unemployed, looking for work          | <input type="radio"/> Other - explain: _____              |  |

## 10) Questions for applications 18 years of age or younger

- a) Are you a parenting teen?  Yes  No If yes, how many kids? \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_
- b) If you are or were in foster care, please check all that apply:  
 I am currently in Foster Care  I was in foster care before turning 18 and aged out of the system  
 I was in foster care before turning 18 but left for other reasons before turning 18
- c) Did you run away from home in the past 6 months?  Yes  No Have you returned home? \_\_\_\_\_  
Reason for running away: \_\_\_\_\_

**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:

---



---



---



---



---

**Goal Worksheet**

Applicant Name: \_\_\_\_\_

This sheet is provided as guide to help you to organize your immediate, short-term, and long-range goals in a simple format and to aid you when you meet with a case manager to develop your individual service plan.

As you begin to write your goal statements, keep these tips in mind. The dictionary defines a 'goal' as a purpose or an objective. For the purposes of employment, education, or training, a goal is further defined by setting a deadline. There are different types of goals. You can have immediate goals like daily or weekly goals. You can set short-term goals such as getting good grades this semester or turning in a job application by the deadline, paying bills on-time, or other personal goals. Long-term goals require more time, more effort, and resources to map out or plan. This will aid with helping you map out a plan for 477 Services.

<b>Immediate Goals</b>		<b>Short-Term Goals</b>		<b>Long-Term Goals</b>	
<i>Your goals in the next 3 months</i>		<i>Your goals in the next 4-12 months</i>		<i>Your goals in the next 1-4 years</i>	
<b>Education/School:</b>	<b>Deadline:</b>	<b>Education/School:</b>	<b>Deadline:</b>	<b>Education/School:</b>	<b>Deadline:</b>
<b>Employment</b>	<b>Deadline:</b>	<b>Employment</b>	<b>Deadline:</b>	<b>Employment</b>	<b>Deadline:</b>
<b>Personal Achievements</b>	<b>Deadline:</b>	<b>Personal Achievements</b>	<b>Deadline:</b>	<b>Personal Achievements</b>	<b>Deadline:</b>

**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

**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](mailto: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):

<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
---	-------------------------------	--	------------------------------------	---------------------------------	--	------------------------------------

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 www.sss.gov 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 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
-----------------------	-------------	-------------

**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: \_\_\_\_\_