

TANF APPLICATION CHECKLIST

Telephone (208) 478-3979
FAX Application to (208) 478-3845

Applicant Name _____
 Phone No. _____

TANF stands for Temporary Assistance to Needy Families. TANF cash assistance is only available to households or families with eligible children. TANF is federal assistance and is intended to assist eligible parents obtain training and/or secure employment and help the family gain self-sufficiency. For families, TANF has a lifetime limit of 60 months.

To be considered for TANF, you must complete the application and submit the documents listed below to verify your eligibility. Applications expire 45 days from the date it is received. **Please make sure you have a working telephone number or a personal email address.** Application instructions are provided on the next page.

<p><u>For Single Parents and Two-Parent Families :</u> Complete the application and submit with the documents listed below for yourself and each person listed on the application.</p>	<p><u>Instructions for Caretaker Relative Applicants -</u> Complete the application and submit it with the documents listed below for yourself, your spouse, and child(ren) you are seeking assistance for.</p>
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Document Checklist - Provide the following documents for the household:

1	Residency - Provide a recent Utility Bill or Rent/Housing receipt or housing statement, or recently dated document (bill, mail) listing applicant name and physical or mailing address listed on the application.
2	Household Income - For applicant(s) and all persons in the household, provide verification of wages or earnings, child support, per capita payments, Social Security benefits, food stamp verification, commodity verification, checking and Savings account statements, and other household income or resources.

Next, attach the family/household documents listed below for each family member as it applies:

Family Members:		Adult	Adult	Child	Child	Child	Child
Adult or Child's Name:							
3	Birth Certificate						
4	Social Security Card						
5	Tribal ID/BIA Certificate of Indian Blood						
6	School enrollment verification						
7	Guardianship/Custody of child(ren)						
8	Immunization Records - child(ren)						
9	Driver's License						
10	Vehicle Information						
11	Marriage/Divorce document						
12	Supplemental TANF Forms						
	a. Self-Assessment						
	b. Goal Statement						
	c. Barriers Form						
	d. Release of Information						

An application may be deemed complete if the application and items 1-5 are submitted but only for the individual applicant to access certain services. **For TANF services, the application and items 6-12 are required** -- If you do not submit them with the application, you will be asked to submit them before your case is approved.

TANF Intake Appointment - When the application is complete, you will be contacted by the program to schedule an intake appointment with a Case Manager. Please be sure to leave a working phone number or message number where we are able to contact you. The Case Manager will assist you with developing a plan of services to meet your work participation requirements. Caretaker Relatives are exempt from the Work Participation requirements. You will be given an opportunity to ask questions. We look forward to being of assistance to you.

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?						Registration #	
<i>To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.</i>							

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?						Registration #	
<i>To be eligible for 477 services, you must register online at www.sss.gov or at a local post office.</i>							

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: _____

Self-Assessment Form

Applicant Name: _____

Answer all the questions in this packet to the best of your ability.

How can the 477 Human Services Department be of help to you? What are your most pressing needs today?

If applying for GA or TANF, the basis of TANF/GA, is for you to gain self-sufficiency through education, employment, training or related services. What is your preference for work participation while on GA or TANF?

- GED Studies
 Training
 Other Education Services
 Employment
 Other - Explain:

Are you Job Ready? _____ If no, explain what challenges you from getting a job?

Transportation & Driver's License - Explain if you have a valid Idaho Driver's license and how you get around.

Homelessness - If you are now homeless, please explain the cause for your homelessness. What is the solution?

Family Support - Explain how or if your family helps you. (Examples: Housing, they watch your children while at work? Transportation?).

Identify some or your personal traits or things you like to do:

I am Happy	Shy	Early Riser	Help Family	Sewing	Ride Horse
Friendly	Quiet	Late Riser	Help Others	Prep/Tan Hides	Yard Work
Talkative	Calm	High Energy	Exercise, Walk	Crafting	Cooking
Easily Distracted	Loud	Low energy	Go to Church	Fishing	Gardening
Stay Focused	Neat	Self-Starter	Go to Sweat	Hunting	Watch TV
Learn New Things	Messy	Outgoing	Beadwork	Farm/Ranch	Drive Around

Types of work I would prefer or consider (check all that apply):

Work Inside	Drive a Truck	Work Where Things are Neat/Tidy	Healthcare Worker
Work Outside	Drive a Bus	I don't mind messy or dirty work	Work in a Beauty Salon
Work Alone	Heavy Equipment	Work where I can move around	Work in Construction
Work with People	Carpentry	Work in Public Safety	In a factory or assembly line
Work with Kids	Plumber	Office Work	Forestry; Landscaping
Work with Elderly	Electrician	Housekeeping or Janitorial Work	Teachers Aide or Teacher
Work with Animals	Work in a Store	Bookkeeping or Accounting	STEM Occupations
Work with Computers	Prepare Food	Childcare Worker	Be Self-Employed

Criminal History - If you have any criminal history, please answer the questions below.

What charges	City/County & State	Convicted? Yes/No	Time in Jail	Date Released

Place(se) where incarcerated or housed (transitional living or halfway house) **in the past 6 months**

Release Date:

Facility where you were incarcerated:

Work Camp Facility, City & State

Transitional Housing or Halfway House, City & State:

Probation, Parole or Required Testing

Description	YES	NO	City/County & State	How often I report?	Date Ends:
Testing (Alcohol or drug testing)					
Drug Court					
Probation					
Parole					

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:
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.

Immediate Goals		Short-Term Goals		Long-Term Goals	
<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>	
Education/School:	Deadline:	Education/School:	Deadline:	Education/School:	Deadline:
Employment	Deadline:	Employment	Deadline:	Employment	Deadline:
Personal Achievements	Deadline:	Personal Achievements	Deadline:	Personal Achievements	Deadline: