

Shoshone-Bannock Tribes
477 Human Services Department
PO Box 306 – Fort Hall, ID 83203
Location: 385 Bannock Trail Road
(Old Casino Building) in Fort Hall

477 APPLICATION GUIDE

Please read this page before you complete the attached application

KEEP THIS PAGE FOR YOUR INFORMATION OR DISCARD

For Energy Assistance – Rent – or Tribal Member Services – Complete the application and attach the documents below. After you are approved for 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).

Current 477 students, trainees, TANF or GA Clients – consult your case manager for assistance. You only need to re-do an application if you are seeking energy assistance or TANF or GA recertification.

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

Complete the application AND submit these documents 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
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Also submit:

➔	Residency Verification	Submit a recently dated (in the past 6 months) utility bill, other bill, letter or document that lists your name and physical or mailing address
➔	Income, Resources or Monthly Benefits	Provide verification of all income, resources or benefits received in the past three (3) months for all people in the household
➔	Selective Service Registration (if applicable)	Required for male applicants 18+ (born on/after January 1, 1960) who are seeking education, employment, training, TANF, GA or related services. Provide your letter or card. If you are not registered, register online at www.sss.gov or at a local post office
➔	Your Request	Write your request on Page 1 of your application and attach a current bill, invoice, quote, rent verification and W-9, school/training billing or cost, other.

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, your application will be deemed incomplete. We will attempt to send you an email or letter to the mailing address listed on the application. Your application will remain incomplete until you respond.

School Funding Application Deadlines – For scholarships or funding to attend college/university or vocational school to obtain a 2-year or 4-year degree, the deadlines are: For Winter 2025 or Spring 2026 terms the deadline is October 1st, 2025 | For Fall, 2026 the deadline is May 1st, 2026 | For Winter 2026 or Spring 2027 terms the deadline is October 1st, 2026. Due to the high demand for school funding, these deadlines are firm.

For TANF Family or Caretaker Relative Assistance – Complete the application and for each child(ren) you are seeking TANF for, submit their birth certificate, recent immunization records, verification of school attendance, and verification of custody.

TANF and GA Applicants - Make sure you have a working phone number - We need to contact you for an appointment. If your application is incomplete, you will receive a letter in the mail. Applications for TANF expire 45 days from the date of submittal. GA applications will expire in 30 days. If your application expires, you will need to reapply.

Orientation Reminder – All applicants are required to attend orientation once a year. Orientation is held on Monday at 5:30 pm or Wednesday at 8:30 am at the Old Casino Building in Fort Hall. Please be on time (meaning early!) or you will need to attend another session. Elders 62+ or documented disabled individuals do not need to attend orientation.

How to submit documents -We are still recovering from the cyber-attack, so some methods for submitting paperwork is limited. Please submit documents as follows:

By US Mail: Shoshone-Bannock Tribes
477 Human Services Department
P. O. Box 306
Fort Hall, ID 83203

Drop-off Site: At the office located at the Old Casino Building at 385 Bannock Trail Road in Fort Hall or the GREEN DROP BOX located outside the office doors. Business hours are Monday – Friday from 8:00 am to 5:00 pm.

Email to: Wynona.boyer@sbtribes.com

UPS / Fed Ex / Other Ground Deliveries – send to:
Shoshone-Bannock Tribes, Attention 477 HSD, Building 82,
Fort Hall, ID 83203. List phone number for the addressee.

FAX is currently unavailable until further notice

We look forward to being of assistance to you!

Posted Sept 2025

Shoshone-Bannock Tribes
477 Human Services Department (477 HSD)
385 Bannock Trail Road, Fort Hall, ID

PO Box 306, Fort Hall, ID 83203
Phone No. (208) 478-3898
Email: wynona.boyer@sbtribes.com

APPLICATION FOR SERVICES

Complete all questions | Sign where indicated

Orientation and Application Review Process. All applicants must attend orientation on Monday at 5:30 pm or Wednesday at 8:30 am in the Old Casino Building in Fort Hall. Please be on time! If you are late, you will need to attend another session. Documented disabled individuals and Elders 62+ do not need to attend orientation. **Application Reviews** - Applications for Elders and disabled are reviewed first. Emergencies are evaluated on a case-by-case basis. If you have an emergency, contact Raelynn Appenay at (208) 478-3984 or (208) 479-1560. The Department has up to 30 days to review GA applications and 45 days to review TANF applications.

Applicant Name	Spouse / Co-Applicant Name
Phone Number	Phone Number
Email Address	Email Address

RESIDENCY -- Most services are supported by federal funds and requires verification of residency. To avoid a delay in processing your application, be sure to list your PHYSICAL ADDRESS AND MAILING ADDRESS and attach verification of either address. If your physical address and mailing address are same, write in SAME for Physical Address below. If one of both or these lines are left blank, the department will not be able to process it.

Mailing Address	City	State	Zip Code
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Physical Address - Where you live (list house number and road or street name, nearest crossroads, or other description)

Do you live on the Fort Hall Reservation?	Yes	No	If yes, what district?	<input type="radio"/> Bannock Creek	<input type="radio"/> Fort Hall	<input type="radio"/> Gibson	<input type="radio"/> Lincoln Creek	<input type="radio"/> Ross Fork
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If you are 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	Rent/Housing Assistance	Employment Services
Apprenticeship Services	Food / Personal Hygiene	Job Search Assistance	Vocational Training
Disabled Services	Funeral Assistance	Prescription Glasses or Contacts	Scholarships
Elderly Assistance	GED Instruction, Testing	TANF Family Assistance	Home Water Pump Repair
Energy Assistance	General Assistance (GA)	TANF Caretaker Relative Grant	Weatherization
			K-12 Student Services

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

Please Do not write in the area below -- Thank you!!

Intake Completion Notes/Transmittal

<input type="checkbox"/> Exempt (Elder 62+/Disabled)	<input type="checkbox"/> R&\$ Form Signed	<input type="checkbox"/> Needs R&R Form
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Eligibility / Referral Notes

Date Stamp Area

FAMILY AND HOUSEHOLD INFORMATION

Answer all questions on this page!

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1	Applicant First Name		Social Security No.		Birthdate	Age	Gender <input type="radio"/> Male <input type="radio"/> Female
	Tribe, Alaskan Native or Hawaiian Affiliation:		Enrollment Number		List your most recent employment Job Title _____ Employer _____ Rate of Pay _____ Hours p/week: _____ Status: ___ Full-time ___ Part-Time ___ Seasonal Start Date _____ Date Ended _____ Reason for Leaving: _____ Receiving Unemployment Benefits? Yes No		
	Highest level of education completed:						
	<input type="radio"/> School Dropout <input type="radio"/> HS Grad or GED <input type="radio"/> Post High Attendee - Degree Not Attained <input type="radio"/> Post High Attendee - Degree or Certificate Attained						
	Veteran? Yes No Branch of Service _____						
	Dates of Service _____ Recently discharged Veteran? Yes No Spouse of recently discharged Veteran? Yes No						
Disabled? Yes No If yes, please explain: _____							
Selective Service Registration (for male applicants 18-25) -- did you register? Yes No Not Applicable							

2	Co-Applicant First Name		Social Security No.		Birthdate	Age	Gender <input type="radio"/> Male <input type="radio"/> Female
	Tribe, Alaskan Native or Hawaiian Affiliation:		Enrollment Number		List your most recent employment Job Title _____ Employer _____ Rate of Pay _____ Hours p/week: _____ Status: ___ Full-time ___ Part-Time ___ Seasonal Start Date _____ Date Ended _____ Reason for Leaving: _____ Receiving Unemployment Benefits? Yes No		
	Highest level of education completed:						
	<input type="radio"/> School Dropout <input type="radio"/> HS Grad or GED <input type="radio"/> Post High Attendee - Degree Not Attained <input type="radio"/> Post High Attendee - Degree or Certificate Attained						
	Veteran? Yes No Branch of Service _____						
	Dates of Service _____ Recently discharged Veteran? Yes No Spouse of recently discharged Veteran? Yes No						
Disabled? Yes No If yes, please explain: _____							
Selective Service Registration (for male applicants 18-25) -- did you register? Yes No Not Applicable							

3 HOUSEHOLD INFORMATION - List other persons in the household. If you need more space, attach an additional page.

Name	Age	Relationship to Applicant	Employed (Yes/No)	Birthdate	Social Security Number	Tribe & Enrollment No.
Marital Status ___ Single ___ Married		# of Child(ren) age 0-17	# of Kids in School	Number of Elders:		Number of Disabled:

Applicant: _____

INCOME, BENEFITS OR RESOURCES - Attach verification of Income, benefits, or resources for the past three (3) months.

Income, Benefits or Other Resources	List the amount received per month for:		
	You - the Applicant	Spouse / Co-Applicant	Other Household Members
Gross Wages / Earnings / Self-Employment			
Unemployment			
Worker's Compensation			
TANF, State TAFI, or 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 - Explain and attach verification			

Applicant's Zero Income Declaration (*only sign this if you have no income*) - On behalf of me and 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 cover shelter, food, and utilities as follows:

Shelter	Food	Utilities

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 -- READ THE INFORMATION BELOW

Fraud and Abuse. The 477 Human Services Department (477 HSD) is required to prevent fraud, abuse, and misuse of funds, goods or services authorized with Tribal, State, or Federal funds. Fraud/abuse/misuse may include providing false information verbally or in writing in an attempt to receive funds, goods or services; it includes not submitting monthly reports for continued TANF or GA services; selling or trading goods/services, theft or damage of property while being assisted by 477; and other incidences at the discretion of the 477 Administration. These incidences are grounds for suspension, termination, denial of future services; and criminal and/or civil action.

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 | PO Box 306, Fort Hall ID 83203. The director or designated authority will respond to a grievance within five (5) days after the date it is received.

Application Certification and Understanding. I / We certify, the information provided on this application is true and correct to the best of my/our knowledge. I / We understand this application and all requests are subject to review and verification, and in the process, 477 may contact employer(s) past or present, Tribal Departments/ Programs, Fort Hall Business Council, State/Federal or other Tribal agencies to verify information in line with my eligibility or request for services. Information gathered will be used for eligibility and decision to approve or deny services. I / We understand false information provided to the 477 HSD is grounds for denial of services or termination of program services (for current clients, students, or trainees); and/or criminal or civil penalties.

Applicant
Signature & Date
Signed: _____

Co-Applicant
Signature & Date _____

If applicant is a minor, parent/guardian signature is required as a Co-Applicant above

Shoshone-Bannock Tribes

477 Human Services Department

PO Box 306 - Fort Hall, ID 83203

Applicant Name _____

Spouse / Co-Applicant / Other Adults on your Application _____

RELEASE OF INFORMATION

I / We hereby authorize the release of information and exchange of information by and between the Shoshone- Bannock Tribes 477 Human Services Department and the program/agency (listed below) or past or present employers. The Release of Information is recognized by the Tribe as of the date of receipt, and is effective the date signed (below) or the date stamped received by the Tribe, whichever occurs first. Authorization is given to and by the following:

All Employers (past and present)

Tribal / State Employment Offices or TERO

Social Security Administration

Tribal / State / Private Colleges and Universities

Tribal / State Education Agencies

Tribal / State / Federal Courts

Tribal / State / Private Medical Service Providers

Shoshone-Bannock Tribes Department/Programs

Utility Companies and their affiliates

Idaho Department of Health and Welfare

Veterans Administration

Veterans Organization and Programs

Tribal / State / Private Housing Programs

Contractors used in the commission of goods or services

provided to the applicant and/or their household

Tribal / State Vocational Rehabilitation Programs

Tribal / State / Federal Probation/Parole Programs and/or Officer(s)

Tribal / State Child Protection Services

Tribal/State Mental Health Service Providers

Other Tribes; INA 477 Programs or Department of Labor 166

Grantee Programs

Tribal / State / Community / Private Shelters

State Community Action Agencies

Landlords / Renters / Owners / Property Manager(s)

Tribe where applicant, spouse or co-applicant is enrolled

Tribe where child(ren are enrolled

K-12 schools: Idaho schools in Pocatello School District #25; Blackfoot School District #55; American Falls School District #381; Snake River School District #52; Shoshone-Bannock Bannock Jr./Sr. High School District #512; and other K-12 public, private, charter schools, or boarding schools (US government or other) where children listed on the application attend or attended school.

I / We authorize the Shoshone-Bannock Tribes 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 or companies, or vendor(s) to confirm billing, invoice or quote in consideration for the purchase of goods or services for as long as I am a 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 RELEASE OF INFORMATION

I / We hereby certify I have read and understand the terms of the Release of Information. My signature as Applicant, Co-Applicant, or Other Adult listed on the application or name on this document authorizes the release of information to and by and between the Shoshone-Bannock Tribes and the entities listed.

Applicant

Signature _____

Date Signed _____

Signature & Date signed by Spouse, Co-Applicant, or Other Adults in the Household

Spouse / Co-Applicant	Other Adult	Other Adult

For K-12 Services only - Parent/Guardian authorizes the release of information for applicants under 18 years of age who are seeking K-12 or GED services or other education assistance under the Shoshone-Bannock 477 Human Services Department.

Parent or Guardian

Signature _____

Date Signed _____