

SISSETON-WAHPETON OYATE

Employment / Training Program

P.O. Box 509

Agency Village, SD 57262

Phone – (605) 698- 4400

Fax – (605) 698-3708

Please see the intake specialist to get the eligibility requirements for the program that you are applying for:

TANF (Temporary Assistance to Needy Families) Appt. Date: _____

Child Care Assistance

Basic Classroom Training (G.E.D.)

Summer Youth (June-July only) must be 14-21 and still in school

Adult Work Experience

Direct Placement (Employment Assistance)

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

****EVERY APPLICANT MUST SHOW PROOF OF RESIDENCY****
(COPY OF A CURRENT BILL OR LEASE)

CASE NAME: _____ DATE: _____

102-477 STAFF NAME	TITLE	EXTENTION
Dawn Eagle	Program Manager	8400
Chris Heminger	Data / 477 Specialist	8324
Elizabeth Janisch	Caseworker/ Employment Assistance	8304
Denise Kranhold	Adult Ed. Coordinator	8324
Darrell Quinn	Child Care Coordinator	8328
Beverly Rosso	Adult Ed. Tutor	8305
Amy Wright	TANF Specialist	8329
Amber Cadotte	Intake Specialist	8326

Important: Your application must include proof of income (check stubs, statements from employers and other sources, income tax forms, etc.). Without proof of income, your application will be considered incomplete and therefore not eligible for services.

CHECK ALL THAT YOU ARE APPLYING FOR:

TANF Temporary Assistance to Needy Families	CCDF Child Care Services	Summer Youth (June-July) ages 14-21 and still in school
___ Single Parent ___ Caretaker/Relative	___ Single Parent ___ Two-Parent ___ Caretaker/Relative	
BCRT Basic Classroom Training	AWE Adult Work Experience	Direct Employment Employment Assistance
___ GED ___ Basic Computers ___ Job Readiness	___ Must have a signed letter from the workplace that would hire you within 12 weeks	___ Must be Employed Full Time for thirty (30) Days or less.

APPLICANT INFORMATION

FIRST NAME _____ **LAST NAME** _____ **M.I.** _____ **MAIDEN NAME** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING) _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

Gender ___ **Male** ___ **Female** Home phone _____ Cell phone _____

Date of birth _____

District Affiliation _____ **Tribal Affiliation** _____ **Tribal Enrollment #** _____

Marital Status: ___ **Single, Never Married** ___ **Married, Living Together** ___ **Divorced** ___ **Widowed** ___ **Married, separated**

Other racial affiliations: ___ Hispanic ___ Asian ___ Native Hawaiian/Pacific ___ White ___ Black/African American

APPLICANT EDUCATIONAL BACKGROUND

HIGHEST SCHOOL/ GRADE COMPLETED	___ 5 th ___ 6 th ___ 7 th ___ 8 th ___ 9 th ___ 10 th ___ 11 th ___ 12 th /GED/High School ___ AA ___ BA ___ GRADUATES ___ Other Credentials (Please Explain)
COLLEGE/ UNIVERSITY	CIRCLE YEARS COMPLETED 1 2 3 4 5 6 7 8 Name of School _____ Courses of Study: _____ Year You Graduated: _____
VOCATIONAL/ TECHNICAL	CIRCLE YEARS COMPLETED 6 mos. 9 mos. 1 yr. 2 yrs. Name & Address of School _____ Certificates Achieved: _____

OTHER ADULTS LIVING IN THE HOUSEHOLD

First Name	MI	Last Name	GENDER (Male or Female)	Veteran (Yes or No)	DISABLED (Yes or No)	Age
DOB (MM/DD/YYYY)			Social Security #	Relationship to Applicant		
Tribal Affiliation			Marital Status <input type="checkbox"/> Single, never married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, living together <input type="checkbox"/> Widowed <input type="checkbox"/> Married, separated	Other Claimed Racial Affiliations <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian, <input type="checkbox"/> Pacific Islander		
District Affiliation						
First Name	MI	Last Name	GENDER (Male or Female)	Veteran (Yes or No)	DISABLED (Yes or No)	Age
DOB(mm/dd/yy)			Social Security #	Relationship to Applicant		
Tribal Affiliation			Marital Status <input type="checkbox"/> Single, never married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, living together <input type="checkbox"/> Widowed <input type="checkbox"/> Married, separated	Other Claimed Racial Affiliations <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian, <input type="checkbox"/> Pacific Islander		
District Affiliation						
First Name	MI	Last Name	GENDER (Male or Female)	Veteran (Yes or No)	DISABLED (Yes or No)	Age
DOB(mm/dd/yy)			Social Security #	Relationship to Applicant		
Tribal Affiliation			Marital Status <input type="checkbox"/> Single, never married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, living together <input type="checkbox"/> Widowed <input type="checkbox"/> Married, separated	Other Claimed Racial Affiliations <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian, <input type="checkbox"/> Pacific Islander		
District Affiliation						

FILL OUT A SECTION FOR EVERY CHILD LIVING IN THE HOUSEHOLD

First Name	MI	Last Name	DOB	Age	Social Security#	Gender (M or F)
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Relationship to Applicant	Tribal Enrollment #	Tribal Affiliation	District Affiliation	Other Claimed Racial Affiliations
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White Hispanic Asian
 Black, African American
 Native Hawaiian, Pacific Islander

Highest Grade Completed	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th /GED	
Name of School:		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

Father's Name	Father's Status
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In Home Disabled Unemployed Absent from Home Deceased

Mother's Name	Mother's Status
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In Home Disabled Unemployed Absent from Home Deceased

First Name	MI	Last Name	DOB	Age	Social Security#	Gender (M or F)
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Relationship to Applicant	Tribal Enrollment #	Tribal Affiliation	District Affiliation	Other Claimed Racial Affiliations
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White Hispanic Asian
 Black, African American
 Native Hawaiian, Pacific Islander

Highest Grade Completed	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th /GED
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Name of School:	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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Father's Name	Father's Status
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In Home Disabled Unemployed Absent from Home Deceased

Mother's Name	Mother's Status
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In Home Disabled Unemployed Absent from Home Deceased

First Name	MI	Last Name	DOB	Age	Social Security#	Gender (M or F)
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Relationship to Applicant	Tribal Enrollment #	Tribal Affiliation	District Affiliation	Other Claimed Racial Affiliations
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White Hispanic Asian
 Black, African American
 Native Hawaiian, Pacific Islander

Highest Grade Completed	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th /GED
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Name of School:	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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Father's Name	Mother's Name
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in home Disabled Unemployed Absent from home Deceased
 in home Disabled Unemployed Absent

Applicant's Work History (start with the most recent employment first)

Employer's Name			Employer's Address		
Start Date	End Date	Job Title	Supervisor	Hrs per Week	Hourly Wage \$

Job Duties:

Accomplishments:

Reason for Leaving:

Employer's Name			Employer's Address		
Start Date	End Date	Job Title	Supervisor	Hrs per Week	Hourly Wage \$

Job Duties:

Accomplishments:

Reason for Leaving:

Veteran Status:

Are you a veteran? Yes ___ No ___

Disabled? Yes ___ No ___

Selective Service Status:

Are you born between 18 and 26 years of age,
Born on or after January 1, 1960 Yes ___ No ___

If yes, have you registered for Selective Service?

Selective Service Number _____

Certifications

Is any member of your family employed by the Employment/Training Program in an administrative capacity? ___Yes ___ No

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and that I may be prosecuted for fraud and perjury. I also allow release of this information for verification purposes to determine eligibility.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

SISSETON-WAHPETON OYATE

Employment/Training Program
P.O. Box 509 Agency Village, SD 57262
Phone No. (605) 698- 4400

Authorization to Release Information

TO WHOM IT MAY CONCERN:

I authorize disclosure of personal information and communication between my place of employment, job training, educational institution, and/or child support enforcement office with the Employment/Training Program to determine my eligibility to receive benefits.

I further authorize the Sisseton-Wahpeton Oyate's Employment/Training Program to release such information to providers or cooperating State or Federal agencies.

I herewith release any person, agency, or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by the Sisseton-Wahpeton Oyate in the administration of its Employment/Training Program.

Valid for one (1) year only.

Signature of Applicant _____ Date _____

Signature of Caseworker _____ Date _____