



Sac and Fox Nation
Human Services Department

920883 S. Highway 99, Building A, Stroud, OK 74079
Phone: (918) 968-3526, Ext. 2011/2010 • Fax: (918) 968-0142

Direct Employment
Program Guidelines and Document Checklist

This program is funded by the Bureau of Indian Affairs (BIA) and is intended to assist with work related items.

Applicant must be an enrolled tribal member of Federally Recognized Indian Tribe. Be at least 18 years old and reside within the Sac and Fox jurisdictional boundaries.

Applicant must have obtained a **NEW Full-Time permanent position** and **must not have received** their first full paycheck, before requesting assistance.

Applicant's position must be for twelve (12) months or longer (construction contractors will be considered established employers by verification of long term contracts, one year or more, of being bonded to perform construction contracts).

Applicant must meet the United States income poverty guidelines.

Applicants **must not** have applied for Direct Employment within the current fiscal year. Assistance is limited to a one time offer of \$100.

Applicants must provide the following documentation:

Documents Needed:

- _____ Completed Direct Employment Application
- _____ CDIB/Tribal Enrollment Card(s) for applicant and their children (copy of birth certificate for all non-enrolled children)
- _____ Social Security Card(s) for applicant and their children
- _____ Photo Id/Driver's License for applicant and members of the household over the age of 18
- _____ Employment verification & job requirements (please have employer provide list – for example: pants, shoes, equipment, boots, etc.)
- _____ Income verification – submit all income for the last thirty (30) days (if unemployed, summary of wages from SSA or letter of registration from Workforce) for all living in the home and 18 or older.
- _____ Residence verification (lease agreement)
- _____ Release of Information



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DIRECT EMPLOYMENT APPLICATION

Instructions: To consider this a completed application, please answer **ALL** questions in this application to the best of your ability.

Personal Information:

Name: _____
 Last First Middle Initial Maiden

Address: _____
 Street City State Zip Code

Phone Number: (____) _____ Message Number (____) _____

Tribal Affiliation: _____ Roll ID#: _____ SSN: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Marital Status: Single Married Widow Divorced Separated

Family Unit Information: Fill in all spaces below for ALL members of the household

Members of Household	Birthdate	Sex	Relationship to Applicant	Social Security Number	Tribe

Public Assistance:

Are you or anyone in your household currently receiving public assistance? Yes No

Earned Unearned Unemployment Child Support/Alimony BIA Assistance

TANF Workers Comp SSI Retirement Social Security Veterans

Food Stamps Food Commodities Other: _____

Total Monthly Net Income: _____

Work History: Starting with the most recent position that you held, work backwards

Employer Name Start Date End Date

Job Title Supervisor's Name

Job Duties

Reason for Leaving

Employer Name Start Date End Date

Job Title Supervisor's Name

Job Duties

Reason for Leaving

Employer Name Start Date End Date

Job Title Supervisor's Name

Job Duties

Reason for Leaving

Signature of Applicant

Date



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DIRECT EMPLOYMENT AGREEMENT FORM

THIS AGREEMENT, entered on _____, between the Sac and Fox
(Date)

Nation Direct Employment Program and _____:
(Client Name)

WITNESSED THAT:

The participant will begin employment on _____, and receive their first full paycheck on _____. This agreement will cease any responsibility for funding, if eligibility is not determined before first check is received. *(NOTE: It is the responsibility of the applicant to turn in completed application and all documents needed for processing, well in advance to insure adequate time for office procedures.)*

The participant agrees to be at their site of employment each day, as their job requires. It is also agreed; **the participant will not quit their employment**, for three months unless terminated by the employer. Should the participant miss work or quit their job, **they will be required to reimburse** the Direct Employment program for funds appropriated to them.

The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position and responsibilities.

Signature of Applicant

Date

Decision: Approved Denied

Reason for Decision: _____

Human Services Director

Date



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DECLARATION OF INCOME FORM

I, _____, do hereby declare that my total household income is \$_____, and the size of my household is _____. I further certify that I meet the income guidelines for the program assistance for which I am applying for.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

Applicant's Signature

Date

HOUSEHOLD SIZE	ANNUAL INCOME
1	\$20,250
2	\$26,481
3	\$32,712
4	\$38,944
5	\$45,175
6	\$51,406
7	\$52,574
8	\$53,742
9	\$54,911
10	\$56,079

DISCLAIMER: If any member of an eligible household receives benefits from one of the following sources, the household is considered categorically eligible:

- A. Recipients of TANF (Temporary Assistance for Needy Families) as stated in Sec. 2605(b)(2).
- B. Persons receiving Food Stamps as stated in Sec. 2605(b)(2).
- C. Persons receiving SSI benefits as stated in Sec. 2605(b)(2).
- D. Persons receiving Veterans benefits as stated in Sec. 2605(b)(2).



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RELEASE OF INFORMATION

I, _____, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office
Tribal/State Social Services Programs
Social Security Administration
Tribal/State Education Programs
Tribal/State/Federal Courts
Tribal/State Medical Services
Tribal Enterprises
Alaska Native Corporations
State/County Fiduciary Trust Offices
Other (specify): _____

Tribal/State Alcohol & Drug Programs
Tribal/State Housing Programs
Veteran's Administration
Tribal/State/Federal Probation Programs
Tribal/State Child Protection Services
Tribal/State Mental Health Services
Tribal/State Voc-Rehab Programs
Indian Health Services

Other (specify): _____

Any information exchanged will pertain to my eligibility to receive Financial Assistance and Social Services benefits or referral to other programs that would benefit me. By signing on the statement of cooperation (Page 4) I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.

Signature of Applicant

Date



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EMPLOYMENT VERIFICATION AND JOB REQUIREMENTS

This form is to be filled out by the employer only

Business Name: _____

Address: _____

City, State, Zip _____

Employee Name: _____

Job Title: _____

Part-Time Full-Time Temporary Permanent

Starting Date: _____ Starting Salary: _____

Payroll: Weekly Bi-Weekly Monthly Other _____

Expected date to receive first full paycheck: _____

Expected duration of employment: _____

The above referenced individual has recently obtained employment with our organization.
However these Tools Business Attire items will be required to accept this position:

By my signature, I affirm that the information about this applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Employer Name (Please print) & Title Contact Number Date