

Sac and Fox Nation
Human Services Program
920883 S. Hwy 99, Bldg. A, Stroud, OK 74079
Ph: 918.968.3526 Fax: 918.968.0142



Direct Employment
Document Checklist

Name: _____ Date: _____

- _____ Direct Employment Application
- _____ CDIB/ Tribal Enrollment Verification
- _____ Social Security Card for Applicant
- _____ Income Verification
- _____ Employment letter from new employer
- _____ Residence Verification
- _____ Release of Information
- _____ Additional Verification (if needed):



Human Services Department

920883 S Hwy. 99 Building A ♦ Stroud, Oklahoma 74079

DIRECT EMPLOYMENT

The Sac & Fox Nation Direct Employment Program is to provide assistance to eligible Tribal Members who obtain new fulltime/permanent employment. The service is designed to assist with transportation, supplies, equipment, uniforms, and meal allowances. The Program is to assist a Tribal member who has not received his/her first full pay check.

ELIGIBILITY REQUIREMENTS

APPLICANT(S) MUST:

1. Be an enrolled member of a Federally Recognized Indian Tribe (Current Tribal Enrollment Card from the tribal enrollment office)
2. Be at least eighteen (18) years old and reside within Sac & Fox Nation jurisdictional boundary.
3. Provide residence verification, tribal enrollment card, driver's license, social security card.
4. Provide Letter of Employment (Included in Application) to show client has secured permanent and full-time employment ***
5. Have a job position that is for twelve (12) months or longer *** (Construction contractors will only be considered established employers by verification of long term contracts, one year or more, of being bonded to perform construction contracts)***
6. Have not applied for D.E. within the current fiscal year, unless denied for specific reason.
7. Complete the application process with the Sac & Fox Nation Direct Employment Program and provide all documentation as required



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DIRECT EMPLOYMENT PROGRAM

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- 1. Birth Certificate (+Dependents under the age of 18)
- 2. Social Security Card
- 3. Current Photo ID
- 4. Tribal Enrollment Card
- 5. Residence Verification
- 6. Letter of Employment (provided)
- 7. Release of Information (provided)

PLEASE PRINT

Name: _____ Maiden: _____

Social Security Number: _____ - _____ - _____ Tribal Roll Number: _____

Date of Birth: ____ / ____ / ____ Telephone: _____ Cell: _____

Address: _____

Street or Box Number City State Zip Code

Single _____ Married _____ Separated _____ Divorced _____

Children: Yes No how many: _____ Do you have proof of marital status? Yes No

<u>NAME OF DEPENDENTS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Head of Household – Name: _____ Occupation: _____

Spouse: _____ Occupation: _____

Have you ever applied for Direct Employment? Yes No When? _____
Month Year

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

DIRECT EMPLOYMENT PROGRAM

PLEASE PRINT

EMPLOYMENT: *(Last place of Employment)*

Employer's Business: _____

Address: _____
Street or PO Box Number City State Zip Code

Employer: _____ Telephone: (____) _____

Rate of Pay: Start \$ _____ End \$ _____ Job Title _____

Description of Duties _____

Worked From ___ / ___ / ___ To ___ / ___ / ___ Reason for leaving _____

SELECTIVE SERVICE/MILITARY SERVICE:

Selective Service Number: _____ Registration Date: _____

Date of Birth: _____ Social Security Number: _____

Military Serial Number: _____ Date of Discharge: _____

Do you have a service connected disability of 10% or more? Yes No

Describe military duties that were assigned: _____

SAC & FOX NATION DIRECT EMPLOYMENT PROGRAM

THIS AGREEMENT, entered on _____, between the
(Date)
Sac & Fox Nation Direct Employment Program and _____:
(Client Name)

WITNESSED THAT:

- I. The participant will begin employment on ___ / ___ / ___, and receive their first full pay check 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 procedure.)*
- II. 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 D.E. Program for funds appropriated to them.**
- III. The participant agrees to use the funding provided by the Direct Employment Program in an appropriate matter to enhance their job position and responsibilities.

APPLICANT'S SIGNATURE

DATE

HUMAN SERVICES ADMIN. ASSISTANT

DATE

HUMAN SERVICES DIRECTOR

DATE

Decision: Approved _____ Denied: _____

Reason: _____



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RELEASE OF INFORMATION

You grant and authorize the exchange of information between the Sac & Fox Nation Human Services Program and the following agencies/programs:

Tribal/State Employment Offices
 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

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): _____ Other (specify): _____

Any information exchanged will pertain to your eligibility to receive Financial Assistance and Social Service benefits or referral to other programs that would benefit you. By signing on the statement of cooperation (Page 4) you 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 your behalf. You 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 you request to rescind authorization.

authorize the Human Services Program to obtain and/or exchange information necessary to establish eligibility for Financial Assistance and Social Services.

Name of Applicant (Print)

Date

Signature of Applicant

LETTER OF EMPLOYMENT

****TO BE FILLED OUT BY THE EMPLOYER****

SAC & FOX NATION DIRECT EMPLOYMENT PROGRAM

920883 S. HWY 99, BLDG. A

STROUD, OK 74079

OFFICE (918) 968-3526 FAX (918) 968-0142

BUSINESS: _____

ADDRESS: _____

CITY, STATE, & ZIP _____

Job Verification

1. Employee: _____

2. Starting date: _____

3. Starting wage: _____

4. Job Title: _____

5. Paid Weekly, Bi-weekly, etc.: _____

6. Date to receive first full check: _____

7. Full-Time/Part-Time Position: _____

8. Expected Duration of Employment: _____

9. Today's Date: _____

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

Sac and Fox Nation

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Phone: 918-968-3526 Fax: 918-968-0142



Principal Chief KAY RHOADS
Second Chief DON W. ABNEY
Secretary MARY F. MCCORMICK
Treasurer JARED KING
Committee Member ROBERT WILLIAMSON

SIX MONTH INCOME SELF-CERTIFICATION STATEMENT

To Whom It May Concern:

I hereby certify that the information I have provided in this document is true and correct to the best of my knowledge.

I understand this information is subject to verification and that if I am found to have provided false or fraudulent information, I may be subject to prosecution under the law.

ADDITIONALLY, THE INCOME IDENTIFIED IN THIS STATEMENT WILL BE CONSIDERED OR CLAIMED AS PART OF MY HOUSEHOLD FOR THE CURRENT YEAR FOR TAX PURPOSES.

In the last 6 months, my income is as follows:

Month	Monthly \$ Amt. & Hourly Rate of Pay	Income Source

TOTAL \$ Amt. _____

Name: _____
(Please Print Clearly)

Signature _____

Date _____