

Sac and Fox Nation
Human Services Program
920888 S. Hwy 99, Bldg. A, Stroud, OK 74079
Ph: 918.968.3526 Fax: 918.968.0142



Native Employment Works Program
Document Checklist

Name: _____ Date: _____

_____ NEW Application

_____ CDIB/Tribal Enrollment Card(s) for Applicant and their children

_____ Social Security Card(s) for Applicant and their children

_____ Employment Verification & job requirements (example: pants, shoes, equipment, boots, etc.) Please have employer provide list.

_____ School Enrollment/Verification

_____ Income Verification

_____ Resident Verification

_____ Release of Information

_____ Additional Verification (if necessary)



Sac and Fox Nation

Human Services

FY 2015

July 1, 2015 – June 30, 2016

PROGRAM GUIDELINES

NATIVE EMPLOYMENT WORKS

- Applicant must be an enrolled tribal member the Sac and Fox Nation or have children in household that are Sac and Fox members.
- Applicant must reside within the Sac and Fox Nation jurisdictional boundaries.
- Applicants must meet one or more of the following criteria:
 - Teen Parents: if working or attending school
 - Unemployed Parent/s: if attending classes
 - Underemployed Parent/s: Liheap income guidelines apply
 - Other tribal members at 100% of the Federal Poverty level, if funds are available
- Applicant must provide proof school enrollment which will be verified by Human Services staff, CDIB card, social security card, tribal enrollment card and proof of residency.
- Applicant must provide income and employment verification.
- Payments may be made directly to vendors for expenses including, but not limited to, safety equipment, tools, uniforms, and shoes for the job.
- Payments may be made to the school to cover the cost of tuition and or books.
- Payments may also be made to the applicant to cover transportation expenses.

Sac and Fox Nation

920883 S. Hwy 99 Bldg. A Stroud, OK 74079
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

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM APPLICATION AND EMPLOYABILITY ASSESSMENT PLAN Sac and Fox Nation Human Services Department

Instructions: Please answer all the questions in this needs assessment to the best of your ability. All blanks must be filled in for this application to be considered complete.

Name: _____ Date: _____
Last First Middle Int.

Address: _____
Street City State Zip

Phone Number: () Cell/Message Number: ()

Tribal Affiliation: _____ Roll ID # _____ Male/Female: _____

Age: _____ Date of Birth: / / Social Security Number: / /

Valid Driver's License (Classification & Number): - / /

Marital Status: Single ___ Married ___ Widow ___ Divorced ___ Separated ___

Please explain what assistance you are applying for: _____

Education Background

CHECK THE HIGHEST GRADE YOU COMPLETED IN SCHOOL

___ 1-6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12

___ 1 year of college ___ 2 years of college ___ 3 years of college

Do you have a high school diploma? ___ Yes, what year? ___ No

Do you have a GED certificate? ___ Yes, what year? ___ No

Name of Business, Vocational, Trade or College attended: _____

Dates of Attendance _____

Major/Minor: _____

Certificate, Degree or License _____

How many total credit hours completed? _____

Identify any vocational, on-the-job training, or other training received:

Date(s) _____

Date(s) _____

Are you currently taking classes or courses? Yes No

What classes or courses are you enrolled in? _____

Where? _____

When do you expect to finish these classes or courses? _____

Have you participated in a job club or employment-related workshop? Yes No

Have you ever been through vocational/job testing? Yes No

TRAINING/EDUCATION DESIRED: The following information is to help in planning. The Sac and Fox Nation's Human Services NEW Program will help you acquire the training or education you need.

Are you interested in going to training or to school? Yes No

If yes, please check which one:

Reading Skills On-the-job Training Vocational Training College

Other _____

Would you like to finish high school or get your GED? Yes No

Have you received any assistance through the following?

Tribes Higher Education _____ Yes, what year? _____ No

Tribes Adult Vocational _____ Yes, what year? _____ No

Tribal JTPA Program _____ Yes, what year? _____ No

Employment

Unemployed: _____ Underemployed: _____

Employed: _____ Part-time: _____ Full-time: _____

Work History: (start with the last job you held and then work backwards)

1. _____

Employer	Start Date	End Date
_____	_____	_____
Job Title	Supervisor's Name	
_____	_____	
Job Duties:	_____	
_____	_____	
Reason for Leaving:	_____	

2. _____

Employer	Start Date	End Date
_____	_____	_____
Job Title	Supervisor's Name	
_____	_____	
Job Duties:	_____	
_____	_____	
Reason for Leaving:	_____	

What was the best job you ever had and why? _____

What working skills do you have? _____

Have you done any volunteer work, and if so, what kind? _____

Has a doctor placed any limits on your ability to work, and if so, what restrictions? _____

JOB DESIRED:

What kinds of work are you interested in and why? _____

Are you willing to train and develop the skills needed to do this type of work?

_____ Yes _____ No

School and Training:

DAY CARE:

How will your children be cared for when you start school or training, or begin working?

What are the ages of children needing day care when you are in school or training, or working?

TRANSPORTATION:

Do you have a car or truck you can use? _____ Yes _____ No

If no, what type of reliable transportation do you have? _____

Do you have a driver's license? _____ Yes _____ No

YOUR COMMENTS:

Is there anything else you would like to tell us about yourself, your training, employment preference, or any problems that may negatively affect your employment/education efforts?

Participant's Signature

Date

Social Services Administrative Assistant

Date

Social Services Director

Date

Decision: Approved _____ Denied _____

Reason: _____

Sac and Fox Nation
920883 S. Hwy 99 Bldg. A, Stroud, OK 74079
Ph: 918.968.3526 Fax: 918-968-0142



DECLARATION OF INCOME
FORM

NAME: _____ CASE #: _____

The size of my household is: _____.

Verification of my income is not currently available and my total household income is \$ _____. I certify that I meet the income guidelines for the _____ assistance program for which I am applying for.

I have been informed that any person who knowingly, willfully, and fraudulently provides false information for the purpose of obtaining benefits which he is ineligible to receive may be subject to prosecution to the fullest extent of the appropriate State or Federal statute.

APPLICANT'S SIGNATURE

DATE

HOUSEHOLD	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

NOTE: 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).



Human Services Department

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

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.

I 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 HUMAN SERVICES DEPARTMENT

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

LETTER OF EMPLOYMENT

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

SAC & FOX NATION NATIVE EMPLOYMENT WORKS PROGRAM

920883 S. HWY 99, BLDG. A

STROUD, OK 74079

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

BUSINESS: _____

ADDRESS: _____

CITY, STATE, & ZIP _____

Job Requirements

1. Employee: _____

2. Job Title: _____

3. Required clothing or supplies: _____

6. 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