



**Lummi Nation
Employment & Training Center
2665 Kwina Road #N1300
Bellingham, WA 98226
Phone: 360-312-2072
Fax 360-380-6973**

- | |
|--|
| <input type="checkbox"/> 477 Cash Assistance |
| <input type="checkbox"/> 477 TWEX |
| <input type="checkbox"/> 477 WEX |
| <input type="checkbox"/> 477 Classroom Training |
| <input type="checkbox"/> 477 Direct Placement Services |
| <input type="checkbox"/> 477 SYS (Supplemental Youth Services) |
| <input type="checkbox"/> 477 CORE (job preparedness) |

Eligibility Requirements

- **Picture Identification (Tribal Enrollment or WSDL or WSID)**
- **Tribal Enrollment (ID Card or Certificate of Degree of Indian Blood)**
- **Social security card**

Income verification

- **Pay check stubs, employer statement, award letter, etc.**
- **30 days (General Assistance)**
- **6 months (WIOA/New)**

Residency status/family size

- **Landlord statement**
- **Postmarked letter addressed to you**

Selective service documentation (males born after 1960)

- **DD-214 if you have military history**
- **Disability documentation (if applicable)**

Marital status (please check)

- **Single**
- **Married**
- **Living together as couple**
- **Divorced**
- **Married but separated (court verified/divorce decree if applicable)**
- **Widowed**
- **Full time student (verification of enrollment)**

All forms in Application must be completed and signed.

You must provide all the information requested above to scheduled intake appointment. Intakes appointment lasts one hour.

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Received

Date	Last Name	First	Middle	Birth date	SSN#	Gender F M
Street Address				City, State	Zip Code	Telephone:
Non-Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Selective Service Registrant? <input type="checkbox"/> Yes # _____ Date _____ <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Exempt	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Living together as couple <input type="checkbox"/> Single/never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married but separated	Education Status Highest Level Completed? Current Status <input type="checkbox"/> High School/GED <input type="checkbox"/> Trade/Tech/Voc <input type="checkbox"/> Jr. or Comm. College <input type="checkbox"/> 4 yr College/Univ. <input type="checkbox"/> Not Attending	Message phone: Lummi Employment Training Center Programs client is participating <input type="checkbox"/> 477 Cash Assistance <input type="checkbox"/> 477 TWEX <input type="checkbox"/> 477 WEX <input type="checkbox"/> 477 Classroom Training <input type="checkbox"/> 477 Direct Placement Services <input type="checkbox"/> 477 Core (job preparedness <input type="checkbox"/> SYS (Supplemental Youth Services Program)	
Barriers to Employment <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Individual w/disability <input type="checkbox"/> Pregnant/Parenting Teen <input type="checkbox"/> Basic Skills Deficient <input type="checkbox"/> Poor Work History <input type="checkbox"/> School Drop Out <input type="checkbox"/> Runaway <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Learning Disability <input type="checkbox"/> Youth Additional Assist <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Welfare Recipient. <input type="checkbox"/> Offender <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Legal <input type="checkbox"/> Single Head of Household <input type="checkbox"/> w/Dependents under age 18	Public Assistance <input type="checkbox"/> GA-U (DSHS) <input type="checkbox"/> TANF <input type="checkbox"/> GA/BIA <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Food Stamps/ <input type="checkbox"/> Tribal <input type="checkbox"/> Commodities <input type="checkbox"/> None	Other Income <input type="checkbox"/> Unemployment <input type="checkbox"/> Financial Aid <input type="checkbox"/> Veterans <input type="checkbox"/> SSA/Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Royalties/ Pre-capita <input type="checkbox"/> Other _____	Number in Household _____ Family Income _____ Last 6 months \$ _____ × 2 = _____	Are you Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Became Unemployed? _____ <input type="checkbox"/> In need of Program services Have you sought employment in the last 28 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Fishing Income/Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	
Employment History Enter employers name address, zip code, phone #	From Mo/Day/Yr	To Mo/Day/Yr	Job Title	Hourly Wage	Hours Per Week	Reason for Leaving
I understand the Employment & Training Center will gather information as necessary to document my eligibility to receive services from sources including, not limited to : DSHS, Employment Security Dept., Northwest Indian College and the Lummi Indian Business Council Programs. Client Certification: My (client's) signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information if true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Lummi Employment & Training Center and may result in action to recover any monies paid to me while participating in the program.						
Client Signature	Date	Parent/Guardian of minor client				Date
ETC Employee						Date
Notes:						

Drug and Alcohol Policy

5.710 What if an individual does not voluntarily agree to drug and alcohol assessment and/or testing when requested?

If an individual refuses voluntary assessment and/or testing, the individual will not be eligible to receive General Assistance benefits for a period of 60-days as stated in 6.400 through 6.500

5.720 What if an alcohol or drug assessment recommends a treatment plan and the individual refuses to participate?

If an individual refuses treatment, the individual will not be eligible to receive General Assistance for a period of 60-days as stated in 6.400 through 6.500

5.730 What are the requirements for an individual who received a 60-day ineligibility for drug and alcohol use, when the 60-days has expired and the individual reapplies for General Assistance?

The individual will be required to pass a drug and alcohol test, complete an alcohol and drug assessment, and if determined to need treatment, enroll in a treatment program prior to determination of eligibility. The individual must participate in the treatment program to remain eligible.

6.400 How will the 60-day ineligibility period be implemented?

- (a) The 60-day ineligibility period will continue until the applicant/participant complies with the requirements of the program.
- (b) An individual whose eligibility was suspended for 60-days will have the suspension period reduced by 30-days when he/she provides evidence that they have met the requirements of the program; and
- (c) When the household includes children the assistance grant will be reduced only by fifty percent (50%) during the 60-day suspension. Any time during the 60-day suspension period that the individual meets the requirements the suspension shall be lifted.

6.500 What are the re-determination requirements for an individual previously made in eligible (60-day suspension)?

During the re-determination of eligibility the individual must comply completely with the requirements previously not met, or the individual is not eligible. Individuals made ineligible because of drug and alcohol use must meet the requirements stated in 5.730

The LIBC Drug Free Workplace Policy will be applied where applicable when any issue is not specifically addressed in the General Assistance Policy.

Signed

Date

Lummi General Assistance Program Rights & Responsibilities

The General Assistance program is designed to assist individuals to become self-sufficient providing needed employment related activities and support services to avoid long term welfare dependence.

As a General Assistance participant, I will adhere to the following, with regards to:

Participant Requirements:

- Complete job skills workshop, assessment, and develop jointly with their case manager an agreed upon Individual Responsibility Plan (IRP);
- Provide documentation of progress toward goals of IRP as requested by case manager;
- Volunteer for drug and alcohol assessment and/or testing, when requested, and complete drug or alcohol abuse treatment when referred by an authorized provider or court ordered; and
- Attend full time high school/GED completion, vocational training, or higher education pursuant to 5.500 through 5.560; or
- Seek employment and accept available employment, pursuant to 5.200 through 5.280; and complete at least 20 hours per week of participation including job prep, Education, work experience or on the job training under the work preparation activities pursuant to 5.600 through 5.690.

Participation Responsibilities:

General Assistance participants must cooperate with the tribal staff in the development and follow through on an IRP directed towards self-sufficiency and the goal of employment. As a participant I understand that I am subject to the Lummi Indian Business Council Drug and Alcohol testing policy.

Failure to Participate:

Cooperation with General Assistance Program is required. If the participant is determined to be non-cooperative, the non-cooperative individual will be suspended for 60 days. If the non-cooperative individual is head of the General Assistance unit, the General Assistance payment will not be issued.

Reconciliation and Appeal Procedures:

The General Assistance program and its participants will follow the procedures that have been established by the Lummi Indian Business Council. The General Assistance Caseworker will notify the administrative staff as a result of any reconciliation and/or grievances filed by the participant in writing. Services and/or benefits cannot be terminated during the process, with exception to termination because of drugs and/or alcohol. Every effort made to assist applicants in resolving issues, Employment & Training Center Caseworker will make.

I also understand my rights and responsibility as explained to me I agree to the requirements necessary for eligibility participation in the General Assistance program, and to inform my Job Counselor should these conditions change.

Participant Signature

Date

Employment Training Center Intake Specialist

Date

Income:

Earned income includes wages, salary, commissions, or profit, from activities by an employee or self-employed individual. (Self-employment is gross receipts, less expenses incurred in producing the goods or services)

Earned:	Weekly: \$ _____ x 4.3	\$ _____
	Bi-Weekly: \$ _____ x 2.15	\$ _____
	Monthly:	\$ _____
Deductions	Federal, State, Local taxes	\$ _____
	FICA	\$ _____
	Health Insurance	\$ _____
	Work related expenses	\$ _____
	Special work clothes, tools, equipment	\$ _____
	Savings (up to \$2,000.00)	\$ _____
Unearned	Income from oil, gas, mineral interests Gaming per capita, rental property	\$ _____
	Federal and State Tax, Refunds, GAU, GAX	\$ _____
	Per capita payments not excluded by Federal government-land lease	\$ _____
	Income from sale of trust land and Real or personal property	\$ _____
	Prorated Income: Income received in contractual basis Over the term of contract: Total contract amount divided by # of months	\$ _____
Total monthly income countable income		\$ _____

Lummi Employment & Training Center Program

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CONSENT

NOTICE TO CLIENTS: The Lummi Employment and Training Center (ETC) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for ETC and the agencies and individuals listed below to use and share confidential information about you. If you have questions about how ETC shares client confidential information or your privacy rights, please ask the person giving you this form:

Participant Name _____	Date Of Birth _____
Address _____	

CONSENT:

I consent and direct any Federal, State, or local agency, organization business and/or individuals to release to the Lummi Nation Employment and Training Center any information or material needed to complete and verify my application for participation in any/all ETC programs.

The Lummi ETC programs plan to use the confidential information about me to plan, provide, and coordinates services, treatment, payments and benefits for me or for other purposes authorized by law. I further grant permission to ETC and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail or hand delivery.

Release Information from: _____ _____ _____	Return Information to: Lummi Employment and Training Center ATTN: ETC Caseworker _____ 2665 Kwina Road Bellingham, WA 98226
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I authorize and consent to sharing the following records and information (initial all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> All my client records | <input type="checkbox"/> School, education, and training | <input type="checkbox"/> Health Care Information |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Employment Records | <input type="checkbox"/> Criminal Justice Information |

PLEASE NOTE: If client records include any of the following information, you must also complete this section to include these records. I give my permission to disclose the following records (initial all that apply):

___ Mental Health ___ Chemical Dependency (CD) services

Specific Information: _____

_____ **PLEASE LIMIT TO _____ PAGES.**

- This consent is valid for one year, as long as ETC needs records, or until _____ (date or event)
- I may revoke or withdraw this consent at any time in writing, but I understand that my refusal may adversely affect my ability to receive treatment, payment for services, program enrollment or eligibility for benefits, for the Lummi ETC Programs.
- A copy of this form is valid to give my permission to share records

I have read this authorization and I understand it:

Signature of Client: _____ Signature Date: _____

Signature of Parent or Legal Guardian: _____ Signature Date: _____

If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

- Parent Legal Guardian (attach court order) Personal representative Other

NOTICE TO RECIPIENTS OF INFORMATION: If these records contain information about HIV, STDs or AIDS, you may not further disclose that information without the client's specific permission.