

**Bois Forte Band of Chippewa
477 Program
Intake/Application Record**

Eligibility into the 477 Program does not guarantee eligibility for all services. Some services are available to all eligible Tribal Members, and some services are limited to those in financial need or limited by eligibility requirements.

PLEASE SEE LAST PAGE OF INTAKE APPLICATION FOR DOCUMENTATION NEEDED TO COMPLETE APPLICATION.

First Name	MI	Last Name	Date of Application Intake				
Social Security Number:		Disability Income: <input type="checkbox"/> Y <input type="checkbox"/> N			DOB:		
Phone Number:			Email Address:				
Physical Address:							
Mailing Address if different:							
Name of Tribe:				Tribal Enrollment Number:			
Veteran: <input type="checkbox"/> Y- Date of Discharge: ___/___/___		<input type="checkbox"/> N		Selective Service Registered: <input type="checkbox"/> Y <input type="checkbox"/> N			
Highest Level of Education:				Some College, College Degree: (list)			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Living as a Couple <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
Family Status: <input type="checkbox"/> Single Individual <input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Teen Parent <input type="checkbox"/> Pregnant							
Head of Household: <input type="checkbox"/> Y <input type="checkbox"/> N				Co-Head of Household: <input type="checkbox"/> Y <input type="checkbox"/> N			
Living Situation: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home/Apartment <input type="checkbox"/> Rent Room <input type="checkbox"/> Multi Family <input type="checkbox"/> Overcrowded Living							
Homeless- Describe:				Other-Describe:			
Household Members:	Marital Status:	DOB:	Sex:	Relationship to Applicant	Attending School:	Tribal Enrollment Number:	Social Security Number:
1)							
2)							
3)							
4)							
5)							
6)							

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Types of Income: (Please use code in "Income Code" Column)

WA- Wages	T-TANF	FC-Foster Care Payments
SEA-Seasonal Work Income	WC-Workers Compensation	GA-General Assistance
SSI- Supplemental Social Security Income	UB-Unemployment Benefits	SL-Student Loans/Grants
SS-Social Security Disability Income	VB-Veterans Benefits	CS-Child Support/Alimony
CO- Cash Out Retirement/Pension	SNAP-SNAP Benefits	CM- USDA Commodities

Household Members:	Income Code:	Weekly, Bi-weekly, Semi-Monthly, Monthly, Annually, Seasonal	Gross Income Amount:	Form of Proof:	Last day income received or worked:
1).					
2).					
3).					
4).					
5).					
6).					

Has any member of the household quit employment or reduced hours/wages within the past 60 days?

Yes No Name: _____ Effective Date: _____

Types of Assistance Needed: (Check type of Assistance applying for)

<input type="checkbox"/> G.E.D./High School Diploma	<input type="checkbox"/> Employment
<input type="checkbox"/> College	<input type="checkbox"/> Clothing/Boots/Shoes
<input type="checkbox"/> Vocational Education Certificate	<input type="checkbox"/> Tools/Equipment
<input type="checkbox"/> Instructional Training	<input type="checkbox"/> School Supplies
<input type="checkbox"/> General Work Skills	<input type="checkbox"/> Transportation
<input type="checkbox"/> Skill Enhancement	<input type="checkbox"/> Auto Repairs
<input type="checkbox"/> Youth Mentoring	<input type="checkbox"/> Driver's License
<input type="checkbox"/> Utility Assistance	<input type="checkbox"/> Child Care
<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Other (education, workforce, training, related services)

Please list the things you need help with to become self-sufficient and/or gain employment: For Example: Instructional Training, High School Diploma, Child Care, Work Attire, etc. If you request tools, be specific about tool type(s) and their purposes.

Services YOU are currently receiving from Bois Forte.

WIOA Adult WIOA Youth Child Care CSBG (Assistance)

Youth Mentoring (B & G Club) Other, please list: _____

Services YOUR dependents are currently receiving from Bois Forte.

WIOA Adult WIOA Youth Child Care CSBG (Assistance)

Youth Mentoring (B & G Club) Other, please list: _____

Are you in need of educational services, job training or workforce services? Y N

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Current Employer (if not currently employed, put "NA"): _____

Employment verified by 477 Worker: Y N

My goal to minimize and/or overcome the barriers listed above and those stated in my Individualized Employment/Training Plan (IEP): _____

Client Signature or 477 Worker Signature (if client is unable): _____

Date: _____

Bois Forte Band of Chippewa 477 Individualized Employability/Training Plan (IEP)
 This page will be filled out with a 477 worker

Date Activity Started/ Timeline for completion	Specific Activities (short term goals) that I will do to lead to my long-term goal of sustained employment and self sufficiency	Who Will Do The Activity?
/Today	Step 1: received referral	Participant
/Within 1 week of receiving this form	Submit completed application, Tribal ID and Proof of Income	Participant
		Participant
		Participant
		Participant
		Participant
		Participant
		Participant
		Participant
		Participant
		Participant

477 PROGRAM GIVEN TO ACCOMPLISH PLAN- FILLED OUT BY 477 WORKER
477 Worker will check the approved services being provided.

What Type and Amount of Service?	Who Will Make the Arrangements?	Who Provide the Services?	Who Paid for the Service?
Referral	477 Director	477 Program	

APPLICANT/PARTICIPANT CERTIFICATION STATEMENT

I live within the Bois Forte Service Area. If applicable, I certify that I am compliant with the Selective Service Act. This means that I have registered if I was required to do so, or if I did not register, then I did not knowingly and willfully fail to do so. I am a member of a Federally Recognized Tribe; I am over 18 years of age and I understand that the Grievance Procedures are available in the Human Services Office and/or available upon request. I understand that I am not eligible for any services from the 477 Program unless I meet the minimum requirements listed above and that the additional services may require further documentation. I certify that all of the above statements are true, and I understand that it is my burden to prove eligibility upon request. Furthermore, I agree to repay any expense that this program spends due to dishonesty on my part, over expenditure of purchase orders or that I spend on non-approved items. If I fail to make progress on any part of my IEP, then I understand that this may be grounds for termination from this program. This certification is applicable to **any addition to this IEP.** AUTHORIZATION: I authorize the release of any information, documentation and other material needed to determine eligibility and compliance with the 477 Program.

Client Signature (or 477 Worker signature, if client is unable): _____
Date: _____

This client is (circle one) eligible / not eligible for the Bois Forte 477 Program
 Staff Signature: _____ Date of Plan: _____

NEEDED DOCUMENTATION FOR THE 477 PROGRAM'S INTAKE

Date of Birth- **Birth Certificate, MN Driver's License, MN Picture ID or Tribal ID:** One of these items is needed to prove that the participant is in fact the age and who they say they are.

Unemployment Eligibility- **Social Security Card, MN Picture ID/Driver's License, Birth Certificate:** Our office needs one of these items to verify that the participant is in fact a United States Citizen and are employable.

Family Size- **Public Assistance Record, Income Tax Returns or MA/Health Insurance Cards:** One of these items is needed to verify how many are living in the household.

Address/Residency- **Recent Rent Receipt, Recent Utility Bill or Voter Registration Card:** This is used to verify that a participant is living where they claim they are living.

Selective Services/Vet Status- **S.S. Registration Card, S.S. Acknowledgement Letter or DD214 Discharge Documents:** A participant only needs to send verification for this item if he/she has been in the service- in which case this would be used only to verify the participant's status with the Selective Services.

Tribal Affiliation- **Tribal ID, Birth Certificate or Letter from Tribe or BIA:** 477 Programs must ensure that the participant is an enrolled Bois Forte Band Member, having tribal affiliation will ensure the program the participant is in fact a Bois Forte Band Member.

Public Assistance- **MFIP/TANF Notice of Determination, Public Assistance/MA Card or Statement from Caseworker:** A participant only needs to send verification for this item if he/she has been receiving public assistance for the last 6 months- in which this would only be used to verify income.

Income (ALL HOUSEHOLD MEMBERS)- **Income Tax Returns with W2's, Public Assistance Records, Statement of Employer, Worker's Comp. Documents, Pay Stubs, Unemployment Documents or Social Security Documents:** A participant needs to provide verifications from all sources of income within the household. If there is not income you do not need to send verification from this category. However, you do need to write a short letter explaining how you get by day to day with no source of income.