SENECA NATION OF INDIANS

EMPLOYMENT and TRAINING DEPARTMENT

TRIBAL 477/VOCATIONAL REHABILITATION/ADULT EDUCATION

APPLICATION PACKET FOR PROGRAM ASSISTANCE

- Please make sure application is completely filled out. The office will notify you in writing within 30 calendar days once the application is complete if you are eligible for services. Department is not liable for funding encumbered by ineligible applicants prior to determination of eligibility.

REQUIRED DOCUMENTS FOR PROGRAM ASSISTANCE

- **Proof of Age** – At least one document must be a Photo I.D.
- **Proof of Residency** – Documented Address must match address on application
- **Nation Enrollment Card** (Non-enrolled child of a Seneca father must provide father's Proof of Enrollment)
- **Selective Service** – Registration Acknowledgment Card
- **Employment Information** – At least one document must be related to employment status.

☐ CATTARAUGUS TERRITORY OFFICE
88 Iroquois Drive
Irving, New York 14081
Ph. No. (716) 532-1033
Fax No. (716) 532-6178

☐ ALLEGANY TERRITORY OFFICE
3674 Administrative Dr., PO Box 231
Salamanca, New York 14779
Ph. No. (716) 945-8120
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OFFICE USE ONLY:

DATE

APPLICATION FOR PROGRAM ASSISTANCE

Section I: Applicant Demographics

Full Name: _____ Other Names: _____

Main Phone#: House Cell Work _____ Secondary Phone#: House Cell Work _____

Mailing Address: _____

Physical Address: _____

Have you lived in the service area for at least 30 days? ☐ Yes ☐ No

Closest relative name & Relationship: _____
May we contact? Yes No Phone# _____

Emergency Contact Name & Relationship: _____
May we contact? Yes No Phone # _____

E-mail: _____ Gender: ☐ Male ☐ Female

Social Security # XXX-XX-_____ DOB: _____ AGE: _____ (YOUTH 14-24)

Applicant Status - Check one: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

REQUEST FOR SERVICES (CHECK ALL THAT APPLIES TO YOUR IMMEDIATE NEEDS)

EMPLOYMENT:	EDUCATION/TRAINING:	MISC. /SUPPORTIVE SERVICES:
☐ JOB REFERRAL	☐ HSED	☐ TRANSPORTATION
☐ RESUME DEVELOPMENT	☐ TEST/REFERRAL	☐ SOCIAL SERVICES
☐ EMPLOYMENT COUNSELING	☐ SKILL TRAINING	☐ CLOTHING/UNIFORM
☐ EVALUATION/SKILLS TESTING	☐ CAREER COUNSELING	☐ TRAINING/SCHOOL SUPPLIES
☐ BASIC COMPUTER SKILLS	☐ EDUCATION SCHOLARSHIP	☐ STIPEND
☐ YOUTH EMPLOYMENT SERVICES	☐ ACADEMIC ASSISTANCE	☐ CHILD CARE
☐ ADULT EMPLOYMENT SERVICES	☐ CLASSROOM TRAINING	
☐ JOB SEARCH	☐ WORK EXPERIENCE	

OTHER SERVICES/ASSISTANCE: _____

SECTION II: ELIGIBILITY INFORMATION

Are you an enrolled member of a federally recognized nation? ☐ Yes ☐ No

If Yes, Nation name: _____ Enrollment #_____

If No, are you a child of a Seneca father? Yes ☐ No ☐

Are you residing with and/or supporting a Seneca Family? Yes ☐ No ☐

Parent/Legal Guardian/Applicant Status: (Check all that apply)

☐ Single Parent ☐ Foster Parent ☐ Teen Parent ☐ Single ☐ Head of Household

☐ Two-Parent Family ☐ Adoptive Parent ☐ Legal guardian ☐ Dependent

Household Members: This includes ALL people living in the house.

Total # in Household: _____ # of people under 18: _____ (0-3: ___ 4-5: ___ 6-17: ___) # of 18+: ____

Selective Service: All males born on or after January 1, 1960 are required to register with Selective Service within 30 days of their 18th birthday to receive services per WIOA Regulations Section 189(h) 20 CFR 667.250. On-line registration can be completed via site: www.sss.gov

Are you registered with Selective Service? ☐ Yes ☐ No ☐ N/A

Employment Status:
Are you currently working? ☐ Yes ☐ No

If No: Last date of employment:_____

If No: Do you receive unemployment? ☐ Yes ☐ No

If Yes: Have you received notice of pending lay off? ☐ Yes ☐ No

If Yes: Main occupation: _____ Hourly wage: $_____Hours/Weekly_____

SECTION III: SUPPLEMENTAL INFORMATION

Education Status: Check current status (1 only) - Please attach diploma(s)

☐ **Currently Enrolled in H.S** - Grade _____
☐ **Enrolled in HSED**
☐ **Dropout:** Highest grade completed _____
☐ **High school Grad/HSED** - Graduation year_____
☐ **Training Program:** _____Completed date: _____
☐ **College** – Major:_____Graduation year:_____

Do you have an IEP? ☐ Yes ☐ No

Do you have a disability or condition which may require work accommodations? ☐ Yes ☐ No
If Yes, do you want a referral to the VR Program? ☐ Yes ☐ No

Are you an active union member? ☐ Yes ☐ No

Are you a veteran in the US military? ☐ Yes ☐ No

If Yes, what branch? _____Discharge Date _____Disposition _____

Do you receive Cash Assistance and/or Food Stamps now or within the past 60 days? ☐ Yes ☐ No

Have you received services from Employment & Training in the past? ☐ Yes ☐ No
If Yes, most recent date _____
If Yes, what services? _____

Do you have a valid Driver's License? ☐ Yes ☐ No
OR Drivers Permit? ☐ Yes ☐ No
If Yes, in which state is it valid? _____

Have you ever been convicted of a crime? ☐ Yes ☐ No
If Yes, complete 1 to 4.

1. Conviction: _____ Date: _____

2. Are you currently on Probation? ☐ Yes ☐ No
OR Parole? ☐ Yes ☐ No
If Yes, Duration: _____State: _____ County: _____

3. Probation/Parole Officer Contact Information: (Please sign "Release of Information Form")
Name: _____ Phone: _____
Address: _____

4. Do you have a Certificate of Release? ☐ Yes ☐ No
OR Certificate of Good Conduct? ☐ Yes ☐ No

SECTION IV: GOALS/ACTION PLAN

Goal Category –Please check goal(s) you want to achieve with this program.

- ☐ Employment
- ☐ Educational
- ☐ Miscellaneous/Supportive Services
- ☐ Other/Service Referral

My work/training goals are: (List type of work or training you are seeking)

_____.

In order to achieve this work/training goal I will:

A._____

B._____.

FACT YOU SHOULD KNOW: Most Department of Labor (DOL) sponsored vocational trainings, union organizations and various employers require mandatory drug testing as a condition of application. Therefore participants applying for assistance to DOL sponsored events and/or union or have identified wishing to obtain employment will be subject to mandatory drug testing as part of participation in the program. Final acceptance is determined upon eligibility.

I HAVE READ THE ABOVE STATEMENT: Initials _____

ACKNOWLEDGE & AGREE: I understand that my application will be reviewed for eligibility. I understand that if I am found eligible I will be contacted by the Employment Counselor to develop Employment Development Plan (EDP). I understand the EDP will assist me in achieving my career goal. I understand that upon enrollment in the program I will receive the Appeals policy. I understand that if I fail to complete the program without communicating to Employment & Training (ET) I am liable to ET for all payments paid on my behalf. I certify the information contained is true to the best of my knowledge. I understand this information may be confirmed; deliberate false statements may make me ineligible for services now or in the future. I give my permission to publish my photo in newsletters for accomplishments/achievements.

Applicant Signature _____ **Date:** _____

Parent OR Guardian Signature _____ **Date:** _____

OFFICE USE ONLY:

Category 1: (In order of priority)-Membership within an Indian Nation (based on submitted documents)

___1. Must be an enrolled member of the Seneca Nation of Indians
___2. Member of the Haudenosaunee: (Nation) _____
___3. Member of other federally recognized Indian nation: _____
___4. Child of a Seneca father – First descendent

Category 2: Residency requirement (documents are submitted)

___1. Must be resident of Seneca Nation of Indians territory, which includes a 20 mile radius of Allegany, Cattaraugus and Oil Springs Territory
___2. Must have lived within the area for thirty (30) days or more

Category 3: Selective Service

___1. Registration acknowledgement card

Category 4: Participant must meet eligibility criteria

(Must meet one or more criterion to be eligible for the program)

___1. Unemployed; or
___2. Underemployed; or
___3. Low-income individual; or
___4. Recipient of a bona fide lay-off notice which has taken effect in the last six months or will take effect in the following six month period, who is unlikely to return to employment with another employer or for a job retention with the current employer; or
___5. An individual who is employed, but is determined to be in need of employment and training services to obtain or retain employment that allows for self-sufficiency.

Category 5: Youth participant must meet eligibility criteria

(Must meet one or more criterion to be eligible for program)

___1. Deficient in basic skills (computers or solve problems at or below the 8th grade level; reads, writes, or speaks English at or below the 8th grade level); or
___2.Youth who are individuals with a disability; or
___3. Homeless children and youth; or
___4. Pregnant/parenting teen; or
___5. Youth who are in or aged out of the foster care system; or
___6. High school dropout/no high school equivalency diploma; or
___7. Youth living in a high poverty area; or
___8. At-risk Youth

I have received and reviewed the required documents to begin the eligibility determination for services. All documentation eligibility is attached.

Reviewer: _____ Date: _____

The applicant, _____,

☐ is eligible for: ☐ Adult 477 program ☐ Youth 477 program ☐ HSED only

☐ is not eligible for services based on information received through the intake process.

Director Signature: _____ Date: _____

Concur: (if needed) _____ Title: _____ Date: _____