Seneca Nation Training and Employment Resource Center
Pre-Screening for Application for Program Assistance

PRE-SCREENING PROCESS
This pre-screening sheet must be completed to determine which program you may be eligible for through the Training & Employment Resource center. Please ask for any assistance or if you have any questions completing this form.

Applicant Name: ___________________________ D.O.B.: ______________

1. Are you an enrolled member of a federally recognized nation? __Yes __No
2. Do you live within 20 miles of the Seneca Nation Territories? __Yes __No

If you answered NO to questions #1 or #2 please stop and consult the Intake Technician.

Did or Do you have an Individualized Educational Plan (IEP) or 504 plan? __Yes __No

Do you now have or have you ever had any of the following conditions?

- Stroke  
- Learning Disability  
- Neurological  
- Head Injury  
- Seizure Disorder/Epilepsy  
- Speech Problems  
- Hearing Problems  
- Heart Disease  
- High Blood Pressure  
- Respiratory/Lung Disorder  
- Asthma  
- Skin Diseases/Rashes  
- Allergies  
- Diabetes  
- Kidney Disease  
- HIV Related Disease  
- Orthopedic Limitation  
- Arthritis  
- Cancer  
- Cerebral Palsy  
- Multiple Sclerosis  
- Muscular Dystrophy  
- Fibromyalgia  
- Mental/Emotional

Do you see a specialist on a regular basis for any of the above conditions? __Yes __No

Are you currently taking medication for any of the above conditions? __Yes __No

Do you have any difficulty with the following? Check all that apply

- Standing  
- Sitting  
- Lifting  
- Pulling  
- Pushing  
- Climbing  
- Bending  
- Other  
- Writing

Do any of the above conditions require work accommodations? __Yes __No

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize the use or disclosure of my health information as described above. I understand the information disclosed under this authorization is solely for the purpose of assisting the Seneca Training and Employment Resource Center in determining eligibility. All information will be kept confidential.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. If I fail to revoke this authorization in writing to the Training & Employment Resource Center, this authorization will expire forty-five (45) days from the date below.

Applicant Signature: ___________________________ Date: ______________

04/2019 amm
Seneca Nation Training and Employment Resource Center
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Mission Statement - The mission of the Training and Employment Resource Center is to assist Native American Youth and Adults to succeed in the workforce, encourage self-sufficiency, familiarize the world of work, and facilitate the creation of employment opportunities and services related to those activities.

Required Documentation for Program Assistance

☐ Proof of Age - At least one document of Photo I.D

☐ Proof of Residency - Documented Address must match the address you provided on the application, if a PO BOX is listed you must provide proof of a physical address with documentation such as a Landlord Statement, Mail, Rent Receipt or Lease, Shelter Verification Form, Report Card

☐ Nation Enrollment Card - Enrollment of any Federally Recognized Nation, First Descendent of a Seneca Father must provide Father's Proof of Enrollment and Birth Certificate indicating Father's name

☐ Employment Information - At least one document must be related to Employment status such as (4) Paystubs, Low Income/No Income Form, Unemployment Verification or Cash Assistance/SNAP Benefits Award Letter

☐ Education - Applicant must provide a High School Diploma/HSED, current High School Transcripts

☐ Selective Service - All Male United States Citizens, regardless of where they live, and male immigrants, whether documented or undocumented, residing in the United States, who are ages 18-25, are required to register with Selective Service

**The application must be submitted in person**

The information gathered in this application is solely for the purpose of assisting the Training and Employment Resource Center in determining eligibility. All information will be kept confidential and will only be used as necessary for the purposes described above. The Seneca Nation Training and Employment Resource Center is not liable for funding applicants prior to eligibility.

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Section 1: Applicant Information

Full Name: ____________________________ Other Names: ______________________

Main Phone: _________________________ Secondary Phone: ___________________

Mailing Address: __________________________

Physical Address: __________________________

Have you lived on territory/in the Service Area for at least 30 Days? [ ] Yes [ ] No

Email: __________________________ Gender: [ ] Male [ ] Female

Social Security # ______-____-_______ Date of Birth: _______ Age: _____ (Youth 14-24)

Applicant Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated [ ] Widowed

Emergency Contact Name: __________________________

Emergency Contact Phone: __________________________ Relationship to you: ________________

Are you a veteran in United States Military? [ ] Yes [ ] No

If Yes, what branch? _______ Discharge date: _______ Disposition: _______

Have you received services from Employment and Training in the past? [ ] Yes [ ] No

If Yes, most recent date: ________________ If Yes, what services? ___________________

Are you currently receiving services from SNI Higher Education? [ ] Yes [ ] No

Section 2: Eligibility Information

Are you an enrolled member of a federally recognized Nation? [ ] Yes [ ] No

If Yes, Nation Name: __________________ Enrollment #: __________________

If No, are you the child of an Enrolled Seneca Father? [ ] Yes [ ] No

Parent/Legal Guardian and/or Applicant Status: Check all that apply

[ ] Single Parent  [ ] Single  [ ] Adoptive Parent
[ ] Foster Parent  [ ] Head of Household  [ ] Legal Guardian
[ ] Teen Parent  [ ] Two-Parent Family  [ ] Dependent

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Household Members: This includes ALL people living in the house
Total # in Household: _______  # of people over 18yrs: _______
# of people under 18yrs: _______ (0-3yrs: ______, 4-6yrs: ______, 7-17yrs: ______)

Employment Status
Are you currently employed? □ Yes □ No  Date of Hire: ________________
If Yes, Have you received a Pending Lay Off Notice? □ Yes □ No
If Yes, Main Occupation: ________________ Hourly Wage: ______ Hours/Weekly: ___
Employer Name & Address: _____________________________________________________________
If No, Last Date of Employment: _____________________
Do you receive Unemployment? □ Yes □ No  If so, how many week have you collected? ___
Do you receive Cash Assistance and/or SNAP Benefits? □ Yes □ No

Education Status - Check current status only:
□ Currently Enrolled in High School- Current Grade: _______
□ High School Graduate/HSED - Graduation Year: _______
□ Not Enrolled in High School - Highest grade completed: _______
□ Enrolled in HSED - Adult Education Post High School

Selective Service: All Male U.S citizens, regardless of where they live, and male immigrants, whether documented or undocumented, residing in the United States, who are 18-25, are required to register with Selective Service. Men born before March 29, 1957 through December 31, 1959, were not required to register with the Selective Service System because the registration program was suspended when they would have reached age 18. The requirement to register with Selective Service was reinstated in 1980, but only for men born after January 1, 1960 or later. Registration can be complete at: www.sss.gov
Are you registered with Selective Service? □ Yes □ No □ N/A

IMPORTANT INFORMATION FOR ALL APPLICANTS:
I understand my application will be reviewed for my eligibility. I understand that if I am found eligible I will be contacted by the Training and Employment Resource Center. I certify the information provided is true to the best of my knowledge. I understand this information may be confirmed, and false statements may make me ineligible for services now or in the future.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

Applicant Signature: ____________________________ Date: ____________

Parent/Guardian Signature: ____________________________ Date: ____________

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