



South Puget Intertribal Planning Agency

Workforce Development Program

Shoalwater Bay Indian Tribe - Application for Services

OFFICE USE ONLY	
<input type="checkbox"/> Workforce Development Application Completed <input type="checkbox"/> Approved <i>Initial & Date:</i> _____	<i>Application Date:</i> _____
<input type="checkbox"/> Cash Assistance Application Completed, if applicable <input type="checkbox"/> Approved <i>Initial & Date:</i> _____	<i>Application Date:</i> _____
<input type="checkbox"/> Childcare Assistance Application Completed, if applicable <input type="checkbox"/> Approved <i>Initial & Date:</i> _____	<i>Application Date:</i> _____

Required Information for ALL Workforce Development Services

Applicant Information			
Your Name (First, MI, Last):		Tribal Affiliation:	
Home Phone:	Message Phone:	Email Address:	
Date of Birth:	Social Security Number:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander		Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	City:	State:	Zip:
Physical Address (if different):	City:	State:	Zip:

Please tell us why you are applying for services, about your current situation and needs, and how we may assist you?

Employment:

What is your current career goal? _____

Your Current Employment Status:

Employed, Employer Name: _____ Start Date: _____ Hourly Wage: _____

Unemployed, last date of employment: _____

Are you receiving Unemployment Benefits? Yes No

Disabled or Otherwise Unemployable

Education & Training:

What is your education and training goal? _____

What is the highest grade you attended in school? _____

Your Current Education or Training Status:

- Not Attending Planning to Attend (fill in below) Attending (fill in below)

School Name: _____ Program or Degree: _____ Start Date: _____

Please Select Any of the Following Needs if they Apply to You:

- | | | |
|--|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Resume/Cover Letter | <input type="checkbox"/> FAFSA | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Club | <input type="checkbox"/> EOC/Loan Default | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Job Leads | <input type="checkbox"/> Compass/Accuplacer Test | <input type="checkbox"/> Food |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Training | <input type="checkbox"/> Employment Related Support Services |
| <input type="checkbox"/> Business Plan | <input type="checkbox"/> Certificate/License | <input type="checkbox"/> School Related Support Services |
| <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Housing | <input type="checkbox"/> Other: _____ |

The following documentation must be provided along with signed and dated application:

- Proof of Residency Release of Information Tribal ID

Signatures

I declare under penalty of perjury, the information I provided in this application is true, correct, and complete to the best of my knowledge. I understand that if I incorrectly receive a SPIPA Workforce Development Financial Service because I have made a willfully false statement and/or I have willfully failed to report information required by the SPIPA Intertribal Workforce Development Program, I may be prosecuted and will be terminated from receiving services.

Signature of Applicant	Date	Signature of Parent/Guardian, if applicant is school-aged youth	Date

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Applicant meets at least once of the following criteria (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Low Income as defined by the annual HHS poverty guidelines | <input type="checkbox"/> Veteran | <input type="checkbox"/> Basic Skills Deficient |
| <input type="checkbox"/> Under Employed | <input type="checkbox"/> Crisis Prevention | <input type="checkbox"/> Communication, Leadership, Life skill enhancement |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Disability | <input type="checkbox"/> Homeless, Runaway or Foster Child |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Re-entry | <input type="checkbox"/> Pregnant or Parenting Teen |
| <input type="checkbox"/> In need of a skill enhancement | <input type="checkbox"/> In need of childcare | <input type="checkbox"/> Youth Offender |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Youth | <input type="checkbox"/> Other At-Risk Criteria Identified: _____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> At Risk Youth | |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> High School Dropout | |

Signature of WFD Program Staff	Date