



South Puget Intertribal Planning Agency

Workforce Development Program

Squaxin Island Tribe - Application for Services

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|---|--------------------------------|
| 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 |
|--------------------------------|------|
| | |