



# South Puget Intertribal Planning Agency

## Workforce Development Program

### Nisqually Indian Tribe - Application for Services

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

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**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

**OFFICE USE ONLY**

**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