


IT IS THE RESPONSIBILITY OF THE CLIENT APPLYING FOR SERVICES TO MAKE ALL EFFORTS TO GET THE DOCUMENTS REQUIRED.
***** YOUR APPLICATION MUST BE FILLED OUT COMPLETELY. PLEASE DO NOT LEAVE ANY QUESTION BLANK *****
IF A QUESTION DOES NOT PERTAIN TO YOUR HOUSEHOLD, PLEASE ENTER: N/A=NOT APPLICABLE

I APPLYING FOR (PLEASE CHECK ALL THAT APPLY):		
<input type="checkbox"/> WORK EXPERIENCE <input type="checkbox"/> OJT <input type="checkbox"/> GED <input type="checkbox"/> SUPPLEMENTAL YOUTH SERVICES	<input type="checkbox"/> SUPPORT SERVICES <input type="checkbox"/> CHILD CARE ASSISTANCE <input type="checkbox"/> JOB SEARCH (APPLICANT SUPPLY FILE)	<p>FOR OFFICE USE ONLY DATE & TIME</p> <p>MNICOUJOU ITAZIPCO</p>  <p>SIHA SAPA 1868 OCHENUMPA</p>

CERTIFICATION OF ACCURATE INFORMATION

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF FACTS IS GROUNDS FOR IMMEDIATE TERMINATION AND MAY RESULT IN PROSECUTION UNDER THE LAW.

PERSONAL INFORMATION (PLEASE PRINT)					
Date of Application(client):		Receiving P.L. 102-477 Staff Name and Title:(Office Use Only)			
Last, First and Middle Initial:		Suffix <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	Prefix <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married, Sep. <input type="checkbox"/> Single, No Children <input type="checkbox"/> Divorced <input type="checkbox"/> Single, Children <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	
Maiden Name\AKA		Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN
PO. Box	Street Address				
City		State		ZIP	
Physical Address (Direction to home)					
Home Phone No.	Message Phone	Cell Phone	Email Address (optional)		
Community		District <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> Unknown			
Are you enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Tribe that you are enrolled in:		Understand Lakota: <input type="checkbox"/> Fluent <input type="checkbox"/> Some <input type="checkbox"/> None	Speak Lakota: <input type="checkbox"/> Fluent <input type="checkbox"/> Some <input type="checkbox"/> None	
Males Only Born After 1960: ARE YOU REGISTERED WITH THE SELECTIVE SERVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			VETERANS PREFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Selective Service No.	
EMERGENCY CONTACT INFORMATION					
Name of Relative (not living with client)		Relationship to client	Home Phone No.	Work Phone No.	

Household Information First and Last Name	Age	Relationship	Has H.S.	Has GED	Income Source Earned and Unearned	Income Amount (Monthly)	Pay Period	Tribe	Currently in Home
1.		SELF					<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> BW <input type="checkbox"/> A		<input type="checkbox"/>
TOTAL Number in Household:					TOTAL Household Income (Last 12 months): \$				
Please use the following options to indicate your Family Structure and Family Arrangement:									
Family Structure (Check only one): <input type="checkbox"/> Single\Individual\No Children <input type="checkbox"/> Single parent family <input type="checkbox"/> Two parent family <input type="checkbox"/> Non-custodial parent									
Living Arrangement (Check only one): <input type="checkbox"/> Living alone <input type="checkbox"/> Living with girlfriend\boyfriend <input type="checkbox"/> Living with Children <input type="checkbox"/> Living with grandparent(s) <input type="checkbox"/> Living with parent(s) <input type="checkbox"/> Living with relative(s) <input type="checkbox"/> Living with friend(s) <input type="checkbox"/> Other, Specify: _____									

CURRENT BENEFIT\PROGRAM INFORMATION

Currently receiving any of the following program\benefits (Check all that apply):

<input type="checkbox"/> TANF	<input type="checkbox"/> Medicare	<input type="checkbox"/> SSI	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> WIC	<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> SNAP	<input type="checkbox"/> Housing Authority	<input type="checkbox"/> Commodities	<input type="checkbox"/> Workman Compensation
	<input type="checkbox"/> LIHEAP	<input type="checkbox"/> V.A. Allowance	

Other benefits\programs not listed, specify: _____

JOB HISTORY INFORMATION

Which jobs have you had in the past (Check all that apply):

<input type="checkbox"/> Child care	<input type="checkbox"/> Gaming	<input type="checkbox"/> Medical	<input type="checkbox"/> Teaching
<input type="checkbox"/> Computer	<input type="checkbox"/> General Labor	<input type="checkbox"/> Music	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Construction	<input type="checkbox"/> Health Aide	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Firefighting
<input type="checkbox"/> Custodial\Janitorial	<input type="checkbox"/> Hotel\Motel	<input type="checkbox"/> Ranching	<input type="checkbox"/> Clerical
<input type="checkbox"/> Dish Washing	<input type="checkbox"/> Laundry	<input type="checkbox"/> Sales	
<input type="checkbox"/> Driver	<input type="checkbox"/> Legal	<input type="checkbox"/> Security	
<input type="checkbox"/> Food Service	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Supervision	

Other jobs not listed, specify: _____

LICENSE AND CERTIFICATIONS

License and/or certification that you now possess: (Please check yes or no): Please provide a copy if checked yes.

Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No CPR/First Aid Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care License <input type="checkbox"/> Yes <input type="checkbox"/> No Foster Care License <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
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PREVIOUS WORK HISTORY (PLEASE PRINT) START WITH THE MOST RECENT

PLEASE GIVE SPECIFIC DETAILS ABOUT THE WORK YOU HAVE DONE IN THE PAST AS WELL AS THE DUTIES THAT YOU HAVE PERFORMED. THE INFORMATION YOU PROVIDE WILL BE USED TO HELP YOU CREATE A RESUME. PLEASE LIST YOUR MOST RECENT JOB FIRST.

1. EMPLOYER		SUPERVISOR NAME:	
ADDRESS/CITY/STATE/ZIP			PHONE#
DATES OF EMPLOYMENT: FROM _____ TO _____		JOB TITLE	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME Hours per week: _____		WAGE PER HOUR	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
DUTIES AND RESPONSIBILITIES			
REASON FOR LEAVING			

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2. EMPLOYER		SUPERVISOR NAME:	
ADDRESS/CITY/STATE/ZIP			PHONE#
DATES OF EMPLOYMENT: FROM _____ TO _____		JOB TITLE	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME Hours per week: _____		WAGE PER HOUR	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
DUTIES AND RESPONSIBILITIES			
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3. EMPLOYER		SUPERVISOR NAME:	
ADDRESS/CITY/STATE/ZIP			PHONE#
DATES OF EMPLOYMENT: FROM _____ TO _____		JOB TITLE	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME Hours per week: _____		WAGE PER HOUR	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY
DUTIES AND RESPONSIBILITIES			
REASON FOR LEAVING			

EDUCATION INFORMATION	
Last Grade Completed: _____ <input type="checkbox"/> Did you Graduate High School? <input type="checkbox"/> Have you Recieved your GED? <input type="checkbox"/> Are you interested in pursuing a GED Certification?	Last Year Attended: _____
Last School Attended	<input type="checkbox"/> Never attended school <input type="checkbox"/> Home schooled <input type="checkbox"/> Left school
Please describe the reason you left school?	
Check the options that best describe your reason for leaving school (check all that apply)	
<input type="checkbox"/> Graduated <input type="checkbox"/> Drug Problem <input type="checkbox"/> Conflict <input type="checkbox"/> Child Care <input type="checkbox"/> Bored <input type="checkbox"/> Unknown	<input type="checkbox"/> Expelled from School <input type="checkbox"/> Family Problem <input type="checkbox"/> Family Relocated <input type="checkbox"/> Financial <input type="checkbox"/> Gang Related <input type="checkbox"/> Alcohol Problem
<input type="checkbox"/> Had to Work <input type="checkbox"/> Homeless <input type="checkbox"/> Legal Problem <input type="checkbox"/> Missed too many days <input type="checkbox"/> Poor Grades	<input type="checkbox"/> Pregnant <input type="checkbox"/> Ran away from home <input type="checkbox"/> Transportation <input type="checkbox"/> Decline to Comment <input type="checkbox"/> Fustrated
<input type="checkbox"/> Other Reasons Not Listed, Specify: _____	

NARRATIVE OF BARRIERS	
What have been the barriers that have prevented you from pursuing your employment goals (Check all that apply):	
<input type="checkbox"/> Transportation <input type="checkbox"/> Childcare Needed <input type="checkbox"/> Low Math Skills <input type="checkbox"/> Low Reading Skills <input type="checkbox"/> Current Legal Issues\Warrants\Fine(s)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> No Drivers License <input type="checkbox"/> Need Eye Glasses <input type="checkbox"/> Homeless
<input type="checkbox"/> No Work History <input type="checkbox"/> Financial <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Did not know where to go to get GED	
<input type="checkbox"/> Learning Disabilities, Specify: _____	
<input type="checkbox"/> Medical Disabilites, Specify: _____	
<input type="checkbox"/> Physical Disabilites, Specify: _____	
<input type="checkbox"/> Other Disabilites Not Listed, Specify: _____	

CHILD CARE INFORMATION	
If you have children, who will be providing child care for your children while you attend Oyate Connections activities?	
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
How reliable are they (Check only on)? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	
How much an hour do you pay for child care? \$_____	
If you had a choice, which would you prefer to provide child care? <input type="checkbox"/> Family Member <input type="checkbox"/> Certified Day Care Provider	
How can the Oyate Connections program assist you with child care needs?	
What is the most important thing that you look for in a child care provider?	

MARKETING INFORMATION				
How did you hear about the Oyate Connections program (Check all that applies)?				
<input type="checkbox"/> Brochure	<input type="checkbox"/> Friends	<input type="checkbox"/> Radio	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Web Cast
<input type="checkbox"/> Family	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Unknown
<input type="checkbox"/> Flyers				
<input type="checkbox"/> Other Marketing Sources Not Listed, Specify: _____				
Which of the options that you selected aided you in your decision to participate in the Oyate Connections program?				
In your opinion, what could the Oyate Connections program do to attract more clients into its program?				

PLEASE READ CAREFULLY BEFORE YOU SIGN

DRUG FREE WORKPLACE ACT

THE CHEYENNE RIVER SIOUX TRIBE IS COMMITTED TO PROVIDING A DRUG FREE WORKPLACE AND EXPECTS THE COOPERATION AND SIMILAR COMMITMENT FROM ALL EMPLOYEES.

PURSUANT TO THE DRUG FREE WORKPLACE ACT 1988, "THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE IN THE WORKPLACE IS PROHIBITED".

ANY EMPLOYEE OR PARTICIPANT WHO VIOLATES THE ABOVE RULE MAY BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION. AS A CONDITION OF EMPLOYMENT, ALL EMPLOYEES AND PARTICIPANTS MUST ABIDE BY THIS RULE. IN ADDITION, ANY EMPLOYEE OR PARTICIPANT WHO IS CONVICTED OF A DRUG STATUTE VIOLATION ARISING OUT OF CONDUCT OCCURRING IN THE WORKPLACE MUST NOTIFY THE CHEYENNE RIVER SIOUX TRIBE OF SUCH CONVICTION NO LATER THAN FIVE (5) WORKING DAYS AFTER THE CONVICTION.

CONFIDENTIALITY

ALL INFORMATION I PROVIDE OR THAT IS OBTAINED OR RECEIVED ON MY BEHALF IS CONSIDERED CONFIDENTIAL. I UNDERSTAND ALL EMPLOYMENT & TRAINING STAFF ARE REQUIRED TO MAINTAIN CONFIDENTIALITY OF PARTICIPANTS UNLESS OTHERWISE NOTED IN THE RELEASE OF INFORMATION TO WHICH I AGREE.

INDIVIDUALIZED PLAN OF SERVICE

I FURTHER UNDERSTAND THAT A DETERMINATION OF ELIGIBILITY DOES NOT GUARANTEE SERVICES AND THAT NOT ALL SERVICES WILL BE FINANCIAL IN NATURE. I ALSO UNDERSTAND THAT I AM REQUIRED TO COMPLETE A FORMAL CAREER ASSESSMENT TO FINALIZE THE APPLICATION PROCESS. I AGREE TO WORK TOGETHER WITH MY ASSIGNED JOB COACH TO DEVELOP AND PREPARE AN EMPLOYABILITY DEVELOPMENT PLAN WHICH DETAILS MY INDIVIDUAL NEEDS AND THE STEPS I WILL TAKE TO ACHIEVE MY GOALS. I UNDERSTAND PRIORITY IS GIVEN TO THOSE WHO HELP THEMSELVES AND HAVE NOT PREVIOUSLY RECEIVED SERVICES.

RELEASE OF INFORMATION

I ALSO HEREBY AUTHORIZE THE EMPLOYMENT & TRAINING STAFF TO OBTAIN OR RELEASE INFORMATION INCLUDED IN THIS APPLICATION AND MY PARTICIPANT FILE AS IT PERTAINS TO MY ELIGIBILITY FOR SERVICES. ASSISTANCE SOUGHT ON MY BEHALF FROM OTHER SOCIAL SERVICE PROGRAMS, FOR VERIFICATION OF INFORMATION THAT I HAVE PROVIDED AND/OR FOR REPORTING PURPOSES.

CERTIFICATION OF ACCURATE INFORMATION

I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF FACTS IS GROUNDS FOR IMMEDIATE TERMINATION AND MY RESULT IN PERSECUTION UNDER LAW.

BY MY SIGNATURE BELOW, I INDICATE MY AGREEMENT TO ABIDE BY THE POLICIES AND PROCEDURES SET FORTH AND RELEASE OF INFORMATION AS NECESSARY TO VERIFY MY INFORMATION, PROVIDE AND/OR OBTAIN SERVICES ON MY BEHALF.

RECEIPT AND UNDERSTANDING OF GRIEVANCE PROCEDURES _____ Applicant's Initials

REVIEWED PROGRAM FOLDER _____ Applicant's Initials

I HAVE READ THE ABOVE AND AGREE TO THIS POLICY.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF APPLICANT IS UNDER 18 YRS OLD)

DATE

SIGNATURE OF STAFF MEMBER

DATE