



**Sac and Fox Nation
Human Services Department**

920883 S. Highway 99, Building A, Stroud, OK 74079
Phone: (918) 968-3526, Ext. 2011/2010 • Fax: (918) 968-0142

**Native Employment Works
Program Guidelines and Document Checklist**

Applicant must be an enrolled tribal member of Sac and Fox Nation

Applicant must reside within the Sac and Fox jurisdictional boundaries.

Applicants must be either a teen parent (working or attending school), unemployed parent(s) (attending classes) or underemployed parent(s) (meeting the LIHEAP income guidelines).

Payments maybe made directly to the vendor for expenses including, but not limited to, safety equipment, tools, uniforms and shoes/boots for the job.

Payments maybe made directly to the school to assist with the cost of tuition and/or books.

Payments may also be made to the applicant to cover transportation expenses.

Documents Needed:

- _____ Completed N.E.W. Application
- _____ CDIB/Tribal Enrollment Card(s) for applicant and their children
- _____ Social Security Card(s) for applicant and their children
- _____ Employment verification & job requirements (please have employer provide list – for example: pants, shoes, equipment, boots, etc.)
- _____ School enrollment/verification
- _____ Income verification
- _____ Resident verification
- _____ Release of Information



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NATIVE EMPLOYMENT WORKS (NEW) APPLICATION AND EMPLOYABILITY ASSESSMENT QUESTIONNAIRE

Instructions: To consider this a completed application, please answer ALL questions in this application to the best of your ability.

Personal Information:

Name: _____ SSN: _____
 Last First Middle Initial

Address: _____
 Street City State Zip Code

Phone Number: (____) _____ Message Number (____) _____

Tribal Affiliation: _____ Roll ID#: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Do you possess a valid driver's license? Yes No

If yes, provide classification and number _____

Marital Status: Single Married Widow Divorced Separated

Educational Status: Circle the highest grade you have completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Do you have a High School Diploma? Yes When Received: _____ No

Do you have a GED? Yes When Received: _____ No

Employment Status: Check applicable box(es)

Unemployed Employed Layoff Working part-time, seeking full-time

Public Assistance:

Are you currently receiving public assistance? Yes No

(Please provide copy of each program you are receiving assistance)

TANF SSI VA Unemployment Food Stamps Food Commodities

Services Needed: Briefly explain what services you are seeking from this program.

Signature of Applicant

Date

Social Services Worker

Date

EMPLOYABILITY ASSESSMENT QUESTIONNAIRE

To provide the most accurate assessment of assistance being requested, it is necessary to obtain some background information on your education and employment history. Please answer the following questions to the best of your ability.

Education:

Are you currently enrolled in classes/courses? Yes No

If yes, what classes/courses are you enrolled?

Where are you enrolled? _____

When do you expect to finish with these classes? _____

Have you participated in a job club or employment-related workshop? Yes No

Have you ever been through vocational/job testing? Yes No

Have you attended any Business, Vocational, Trade School or College? Yes No

Please list:

Name of School	Dates Attended	Major/Minor	Degree/Certificate

What is the total of credit hours you have received: _____

Identify any vocational, on-the-job training, or any other training received:

The following information will help in planning your educational goals. Sac and Fox Nation Human Services NEW Program can help you acquire the training or education you need to be successful.

Are you interested in going to training or to school? Yes No

If yes, please check the following educational skills you would be interested in.

Reading Skills On-the-Job Training Vocational Training College

Other: _____

Would you like to finish high school or get your GED? Yes No

Have you received any assistance through one of the following tribal educational programs?

Tribes Higher Education Yes When Received: _____ No

Tribes Adult Vocational Yes When Received: _____ No

Tribal JTPA Program Yes When Received: _____ No

Work History: Starting with the most recent position that you held, work backwards

Employer Name	Start Date	End Date
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Job Title	Supervisor's Name
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Job Duties

Reason for Leaving

Employer Name	Start Date	End Date
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Job Title	Supervisor's Name
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Job Duties

Reason for Leaving

What was the best job you ever had and why? _____

What kind of working skills do you have? _____

Have you done any volunteer work, if so, what kind? _____

What kind of work are you interested in and why? _____

Are you willing to train and develop the skills needed to perform this type of work? Yes No

If you are eligible for classes and/or training there are a few other factors to think about:

If you have children, how will they be cared for when you start school/training or begin working? _____

How many children will require care and what are the ages? _____

Do you have reliable transportation (car or truck)? Yes No

If no, how will you achieve getting to training/school or work? _____

Is there anything else that we should know about yourself or circumstances, so that we can better assist you? _____

Signature of Applicant

Date

Decision: Approved Denied

Reason for Decision: _____

Human Services Director

Date



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DECLARATION OF INCOME FORM

I, _____, do hereby declare that my total household income is \$ _____, and the size of my household is _____. I further certify that I meet the income guidelines for the _____ program assistance for which I am applying for.

I certify that the information contained in this Declaration of Income Form is complete and accurate to the best of my knowledge. I understand that the penalty for providing false information for the purpose of obtaining benefits for which I am not eligible to receive may be subject to prosecution to the fullest extent of Tribal, State, or Federal statute.

Applicant's Signature

Date

HOUSEHOLD SIZE	ANNUAL INCOME
1	\$21,283
2	\$27,831
3	\$34,380
4	\$40,928
5	\$47,476
6	\$54,025
7	\$55,253
8	\$56,481
9	\$57,708
10	\$58,936

DISCLAIMER: If any member of an eligible household receives benefits from one of the following sources, the household is considered categorically eligible:

- A. Recipients of TANF (Temporary Assistance for Needy Families) as stated in Sec. 2605(b)(2).
- B. Persons receiving Food Stamps as stated in Sec. 2605(b)(2).
- C. Persons receiving SSI benefits as stated in Sec. 2605(b)(2).
- D. Persons receiving Veterans benefits as stated in Sec. 2605(b)(2).



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RELEASE OF INFORMATION

I, _____, grant and authorize the exchange of information between Sac and Fox Nation's Human Services Program and the following agencies/programs:

Tribal/State Employment Office
Tribal/State Social Services Programs
Social Security Administration
Tribal/State Education Programs
Tribal/State/Federal Courts
Tribal/State Medical Services
Tribal Enterprises
Alaska Native Corporations
State/County Fiduciary Trust Offices

Tribal/State Alcohol & Drug Programs
Tribal/State Housing Programs
Veteran's Administration
Tribal/State/Federal Probation Programs
Tribal/State Child Protection Services
Tribal/State Mental Health Services
Tribal/State Voc-Rehab Programs
Indian Health Services

Other (specify): _____

Other (specify): _____

Any information exchanged will pertain to my eligibility to receive Financial Assistance and Social Services benefits or referral to other programs that would benefit me. By signing on the statement of cooperation (Page 4) I agree and understand any information obtained will be kept confidential and will be used only for the purposes directly connected with providing benefits or services on my behalf. I further agree and understand that any information obtained may be released to proper governmental agency, court, or law enforcement agencies for purposes of legal and investigative action concerning fraud.

This Release of Information will remain in effect for one (1) year from date of signature or until I request in writing to rescind said authorization.

Signature of Applicant

Date



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EMPLOYMENT VERIFICATION AND JOB REQUIREMENTS

This form is to be filled out by the employer only

Business Name: _____

Address: _____

City, State, Zip _____

Employee Name: _____

Job Title: _____ Part-Time Full-Time

Starting Date: _____ Starting Wage: _____

Payroll: Weekly Bi-Weekly Monthly Other _____

Expected date to receive first full paycheck: _____

Expected duration of employment: _____

Required clothing or supplies for the position: _____

By my signature, I affirm that the information about this applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Employer Name (Please print) & Title

Contact Number

Date