



**FAMILY STATUS:**

Please list child (ren) below that lives with you and whom you are the Primary Custodial Parent of:

Full Name (s)	Birth Date (s)	Social Security Number (s)

Please list child(ren) below that DO NOT live with you and whom you are the Non-Custodial Parent of:

Full Name (s)	Birth Date (s)	Social Security Number (s)

**EMPLOYMENT STATUS**

Household Income	Employer	Employer Address	Gross Amount/Weekly

Spouses Income	Employer	Employer Address	Gross Amount/Weekly

What is your work history status?

Please check one:  Very Good  Somewhat good  Poor  Very Poor

Highest level of education completed: Please circle one: 1 2 3 4 5 6 7 8 9 10 11 12+

Please circle one      Diploma      HSED      GED      Dropped Out

Year: \_\_\_\_\_

Do you have problems with Math Skills?  Yes  No

Do you have problems with Reading Skills?  Yes  No

**CHILD SUPPORT**

Do you pay Child Support?  Yes  No If so, please give amount: \_\_\_\_\_  
 Weekly  Bi-weekly  Monthly

Do you receive Child Support?  Yes  No If so, please give amount: \_\_\_\_\_  
 Weekly  Bi-weekly  Monthly

Are you a Non-Custodial parent whom your child is receiving TANF benefits through Custodial Parent?  Yes  No  Not sure

Have you been currently receiving Temporary Assistance for Needy Families (TANF)?  
 Yes  No

If you answered yes, please give the approximate time that you have been on: (Months) \_\_\_\_\_  
Please list the first time you were placed on TANF: \_\_\_\_\_.

I swear under penalty of law that the above information is correct and I agree that if I provide false information to obtain Native Employment Works Assistance, I can be found guilty of Intentional Program Violation (IPV) and I may be prosecuted for fraud. I also understand that I may be denied assistance because my application does not meet the program criteria or due to lack of funding for the program. If denied, I understand that I may request a Fact-Finding Review by writing my Economic Support Agency. Any and all other notices are to be read through and signed on the first Welfare to Work Application.

I hereby authorize the disclosure of any confidential information I provide or that is otherwise obtained about me to the Sokaogon Chippewa Economic Support Agency. This information is needed for eligibility, determination or continuation, the development/revision of the above named individual Employability Plan, communication, progress summaries, attendance verification, and/or establishment of good cause for non-cooperation with child support requirements.

I realize that I may revoke this authorization in writing at any time except where information has already been released as a result of this authorization. This authorization will automatically expire one year from the date of signature unless indicated.

My signature below, I hereby affirm that I have read and agree with everything stated in this document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by (Agency representative signature)

\_\_\_\_\_  
Date