

TRIBAL ECONOMIC SUPPORT APPLICATION

Please Print Clearly.

Date: _____

NAME: Last First Middle

MAIDEN NAME/ OTHER NAME USED

ADDRESS Street City Zip

PHONE # MESSAGE

SOCIAL SECURITY # DATE OF BIRTH AGE

SEX: () Male () Female

RACE: () Caucasian/White () Hispanic () Asian/Pacific Islander

() African American/Black () Alaskan () American Indian

() Other Tribe: _____

Enrollment # : _____

MARITAL STATUS: () Single () Married () Separated

() Engaged () Divorced () Widowed

How long have you lived in Forest County? _____

City/State you lived in before coming to Forest County? _____

SPOUSE'S NAME: _____ D.O.B _____ S.S.# _____

CHILDREN'S FULL NAME DATE OF BIRTH S.S. # GRADE

CHILDREN'S FULL NAME	DATE OF BIRTH	S.S. #	GRADE

Do you have adequate/dependable child care arranged for your children at this time? () yes () no

CONTACT PERSON IN CASE OF EMERGENCY (Parent, Spouse, elative or Friend)

NAME: _____ PHONE# _____

ADDRESS: _____

PERSONAL/SOCIAL HISTORY

LIVING SITUATION:

1. My present living situation is:

- house hotel/motel transitional house
 apartment rooming house

2. I am living (with):

- alone (with children) husband/wife friends
 parents relatives specialized group

3. Including yourself, how many people are living in the household? _____

4. Are you responsible for the care/well being of any minor children, disables or elderly individuals? Yes No If Yes, list name, age, and relationship:

5. Is your present living situation adequate or satisfactory? Yes No
If no, please explain.

TRANSPORTATION:

1. What means of transportation do you normally use? _____

2. Is there a bus service close to where you live? Yes No

3. Do you have a Driver's License? Yes No

regular operator's other _____
 chauffeur's restrictions _____

4. Do you have dependable vehicle/driver for work, school, appointments, etc.? Yes No

FINANCIAL SITUATION:

- 1. How long have you been receiving TANF? _____
- 2. What is the monthly amount of your TANF grant? _____
- 3. Who is your income maintenance worker? _____
- 4. List the amount(s) and sources of any other income (for example, child support, wages from employment, social security).
Name: _____ How Much: _____

- 5. Do you currently have any large debts (for example, defaulted school loans)? () Yes () No
If yes, please explain.

HEALTH:

- 1. Do you have any health problems (physical / mental) which require ongoing medical attention?
() Yes () No

Do they affect your ability to do certain types of work? () Yes () No

If yes, please describe the problem(s) in your own words:

- 2. Have you been diagnosed as disabled for any purpose? () Yes () No

If yes, by whom? _____

Diagnosis: _____
- 3. Please list the name, address, and phone number of your regular doctor(s) and/or therapist(s).
Also note the date of your last appointment.

NAME	ADDRESS	PHONE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
- 4. If you are receiving mental health treatment, how often do you see you doctor, counselor, or therapist? _____
- 5. Are you currently taking any prescribed medication or pills? () Yes () No

6. Do you have any medical, emotional, or dental needs that you need help with? () Yes () No
If yes, Please describe:

7. Have you been to the emergency room in the past year? () Yes () No
If yes, please describe:

8. Have you been hospitalized anytime during the past three years? () Yes () No
If yes, please give date and reason: _____

9. Do you have any allergies? () Yes () No
If yes, Please describe: _____

10. Do you have, or have had in the past, any convulsions, seizures, or blackout spells? () Y () N

11. When was your last complete medical exam? Date: _____(Mo/Yr)

12. Do you use alcoholic beverages or other addictive drugs? () Yes () No

Alcohol () Yes () No How often per day _____ per week _____

Other Drugs () Yes () No How often per day _____ per week _____

13. Have you ever received alcohol or other drug abuse treatment? () Yes () No
If yes, please list location, dates (mo / yr), and type of program (i.e. inpatient, outpatient).

LOCATION

DATES (from and to)

TYPE OF PROGRAM

14. Do you presently attend any alcohol or other drug abuse support groups/meetings? () Y () N

15. Are you presently on Antabuse? () Yes () No

16. Are you or anyone close to you concerned about your use of alcohol or other drugs? () Y () N

COMMENTS:

LEGAL ISSUES:

1. Have you ever been convicted of a felony? () Yes () No
If yes, give type of conviction, sentence, and dates:

CONVICTION	SENTENCE	MONTH/YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are you presently on probation or parole? () Yes () No
If yes, please explain:

Probation/ Parole Officer's Name: _____

3. Are you currently awaiting a court trial/ hearing? () Yes () No
If yes, please give trial and hearing date: _____

COMMENTS:

EDUCATIONAL HISTORY

YOUR NAME

1. Circle highest grade completed in school:

1 2 3 4 5 6 7 8 9 10 11 12+

2. Check those that describe your educational experience:

DATE RECEIVED (MO/YR)

() GED _____

() H.S. Equivalency Diploma _____

() High School Diploma _____

() Vocational Certificate Subject: _____

() Associates Degree Subject: _____

() Bachelor's Degree Subject: _____

() Other Type: _____

3. If you did not complete high school, briefly state reason why:

4. If you started, but did not complete, your GED tests, please indicate those you successfully completed, and when you completed them.

MONTH/YEAR	GED TEST	DATE COMPLETED
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5. Have you had any post high school education training that you started but did not complete?

() Yes () No

6. Was any part of your schooling in Special Education classes? () Yes () No

7. Where you ever diagnosed with a learning disability? () Yes () No

8. What were your favorite classes/subjects in school?

9. What were your least favorite classes/subjects in school?

10. Have you received any other vocational or job-related training from an employer, in the military, or while incarcerated? Yes No

11. Do you have any special trade license, certificates, or union affiliation? Yes No

12. Are you interested in receiving any additional vocational or job related training?

Check all that apply.

lack of money

undecided career goal

don't know how to go about it

lack of motivation

no transportation

defaulted student loan (s)

lack of self-confidence

other: _____

family members/friends not supportive

14. Are you permanently laid off and possibly eligible for specialized training? Yes No

15. Are you able to: speak the English language

read the English language

write the English language

16. List all the languages that your are able to communicate in:

COMMENTS:

EMPLOYMENT HISTORY

Start with the present and account for all periods of employment. Do not include work relief or volunteer work.

Name of Employer: _____ Location: _____

Start Date: _____ (Month/Year)

End Date: _____ (Month/Year)

Job Title and duties/responsibilities: _____

Likes and/or dislikes of the job: _____

Reason for leaving job: _____

Name of Employer: _____ Location: _____

Start Date: _____ (Month/Year)

End Date: _____ (Month/Year)

Job Title and duties/responsible: _____

Likes and/or dislikes of the job: _____

Reason for leaving job: _____

Name of Employer: _____ Location: _____

Start Date: _____ (Month/Year)

End Date: _____ (Month/Year)

Job Title and duties/responsibilities: _____

Like and/or dislikes of the job: _____

Reason for leaving the job: _____

1. Please list activities you do , or have done, that may be related to work skills. Include volunteer work experience (for example, work relief) you haven't mentioned elsewhere.

2. List office machines and other work related machines you are able to operate.

3. Do you type? () Yes () No If yes, approximately how many words per minute?_____

4. How often do you miss work due to illness, personal reasons, ect.?

() once or twice a week () once or twice a month () Three or four times a year

5 Reason for absenteeism or tardiness for work: (Check all that apply)

() lack of transportation

() did not get along with co-workers

() child care problems

() did not get along with boss/supervisor

() did not like work hours

() did not like job duties/work conditions

() sickness/health problems

() pay was too low

() alcohol or drug use

() other (explain)_____

6. Military Service: () Yes () No

Dates served (month and year): From:_____ To:_____

Branch of service:_____

Duties:_____

Discharge type:_____

If less than honorable discharge, please explain:_____

7. Are you a Vietnam Era Veteran? () Yes () No

8. Are you a disabled Veteran? () Yes () No

9. Are you considering military services? () Yes () No

COMMENTS:

JOB SEEKING EXPERIENCE

1. How many employers have you personally contacted while looking for a job in the past 6 months?

- 0 to 5 10 to 20 50 to 100
 5 to 10 20 to 50 over 100

2. When was the first time you actively looked for a job? _____

3. Have you been successful at getting interviews? Yes No

4. What reasons have employers given you for not hiring you?

5. What do you feel have been your biggest problem(s) in looking for a job? Check all that apply.

- finding about job openings inability to communicate effectively no resume
 lack of motivation getting employers to interview me attitude
 transportation lack of child care appearance
 health problems lack of work experience
 legal problems lack of job-related skills
 employer bias or prejudice to: not enough education/training
 race sex age other: _____

6. Have you completed job application forms? Yes No

Do you have difficulties completing application forms: Yes No

If yes, please explain:

7. Do you know how to write a resume? Yes No

Do you have an updated resume? Yes No

8. Do you know how to write letters of application? Yes No

Have you written letters of application? Yes No

9. Indicate by check mark, if you are presently active or have ever been involved with any of the following agencies/programs.

- | | |
|---|---|
| <input type="checkbox"/> Private Industry Council (PIC) | <input type="checkbox"/> Future Bound |
| <input type="checkbox"/> Division of Voc. Rehab. (DVR) | <input type="checkbox"/> Summer Youth Program |
| <input type="checkbox"/> Opportunities Indust. Center (OIC) | <input type="checkbox"/> Jail Alternatives |
| <input type="checkbox"/> Kaiser Center | <input type="checkbox"/> WIN |
| <input type="checkbox"/> Goodwill Industries | <input type="checkbox"/> WEOP |
| <input type="checkbox"/> Urban League | <input type="checkbox"/> LEARNFARE |
| <input type="checkbox"/> Spanish Center | <input type="checkbox"/> JTPA |
| <input type="checkbox"/> Curative Workshop | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Taylor Home | <input type="checkbox"/> Other: _____ |

10. Have you ever attended a Job Seeking Skills class? Yes No

If yes, give location: _____ Date Completed: _____

VOCATIONAL, VALUES, INTERESTS, AND GOALS

1. List the jobs or occupations you are interested in obtaining. List the most important choice first.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

2. Here is a list of various things people look for in a job. Decide what YOU think is the most valuable to you. Read over the list and identify the 6 most important things to YOU look for in a job. List 1 as the most important, 2 as the second, and so on.

- | | | | |
|------------------------|---------------------------|--------------------------------|--|
| ___ Satisfaction | ___ Enjoyment | ___ Rate of pay(\$ / HR) | ___ Vacation Plan |
| ___ Location | ___ Paid Holidays | ___ Use of Training | ___ Sick Leave |
| ___ Retirement Plan | ___ Union | ___ Reputation of employer | ___ Accessible |
| ___ likable co-workers | ___ Shift/days worked | ___ Safe working conditions | ___ Likeable Boss |
| ___ Clean work area | ___ use of nature ability | ___ Chance for advancement | ___ Insurance Plan |
| ___ Job Security | ___ Quiet work area | ___ Approval of family/friends | ___ Able to wear nice
Clothes to work |

3. What hours/shifts could you work taking into consideration you childcare and transportation needs?

- () days () afternoons () evenings () nights

4. Please check all types of work you are not able to do due to medical reasons.

- () any lifting () indoors () light lifting () outdoors
() medium lifting () heavy lifting () near dust, frame, ect. () near dirt/grime
() prolonged standing () prolonged walking () extremities of cold () prolonged sitting
() extremities of heat () bending stooping
() near noise, high activity area
() working alone, isolated area
() climbing, balancing (i.e. ladder)

Please explain any limitations you've listed above:

6. Do you think that you have enough education, training skills, work experience and/or motivation to get the kind of job you want? (Check all that apply)

Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motivation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. In your own words, what assistance would you like to get from this program?

8. Do you have any questions regarding TANF program at this time?

9. Did you need assistance in completing this form? Yes No

I certify that the responses I have given to the above questions and statements are to the best of my knowledge, accurate, truthful, and without omission.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

INTERVIEWED BY: _____ **DATE:** _____

COMMENTS:

STATEMENTS AND WARNINGS TO THE TRIBAL TANF APPLICATION

Read the following statements carefully. Ask about any statements you do not understand. This form is part of your application. Keep this with your important papers and review that Statements and Warnings when changes occur. Personal Information you provide may be used as secondary purposes [Privacy Law, s.15,04 (1) (m)].

REPORTING CHANGES

I understand that if I get Tribal TANF services I must report to the agency within 10 days:

- *Any changes in income or assets or any member of household. AND
- *Any other change in information I have given on my application.

Changes you must report include information such as:

- *Any new employment, or new source of income.
- *Any change in earned income (increase or decrease).
- *A change in unearned income (increase or decrease).
- *A change in assets of \$25 or more.
- *If a person in my household buys or receives a vehicle.
- *If a person moves in or out of the house.
- *Any change in my address

I understand that I must report in 5 days if a child included in my Tribal TANF group in no longer under my care and custody.

I understand that if I fail to report changes, I may be prosecuted for fraud. To report a change, I understand I can use the change report form or I can contact my worker by phone, or in writing.

CITIZENSHIP

I understand that I must correctly report immigration of all members of my family, including myself, if any member of the group was born outside the United States. I understand that the status of any person in my household born outside the U.S. applying for benefits will be verified with the Immigration and Naturalization Services (INS). Immigration status may affect my household's eligibility and amount of payments.

CHILD SUPPORT COOPERATION

I understand that I must cooperate with the Child Support Agency to locate absent parents, legally name the absent parent, and /or enforce child support orders if I am requesting Tribal TANF services for a child with an absent parent. Failure to cooperate with the Child Support Agency may cause termination or reduction in benefits.

TRIBAL TANF FACT FINDING

I understand that I may request a Fact Finding by writing to the Tribal TANF agency if I do not agree with the agency's decision regarding my Tribal TANF application or ongoing Tribal TANF services within 45 days of action. A Tribal TANF fact finder will review decisions on Tribal TANF services issued such as placement in a Tribal TANF employment position, and Child Care decisions on Tribal TANF services issues such as placement in a Tribal TANF employment position, and Child Care Assistance. I understand that I can request a Fact Finding by writing the Tribal TANF agency.

FAIR HEARING

I understand that I have the right to request a Fair Hearing if I do not agree with the agency's decision regarding my application or ongoing benefits. I understand that I can ask for a Fair Hearing by writing to: Economic Support Agency. I may also contact agency office where I applied for a Fair Hearing verbally or in writing.

USE OF SOCIAL SECURITY NUMBER

I understand that I must give the agency the Social Security Number (SSN) for all individuals applying for or receiving Tribal TANF as a condition of eligibility. My SSN, as well as other information I give the agency is subject to verification by federal, state, and local officials for the Tribal TANF program. The Income Eligibility Verification System and other computer matching is used for verification. This computer matching is used to verify information with the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. The agency may submit this information to the Immigration and Naturalization Service for verification. The SSN's are also used to check the identity of household members through program review or audits to prevent duplicate participation and to make sure my household is eligible for assistance. The agency may contact my household's employer's banks and other parties. According to the Social Security Act, the SSN's will be used in the administration of the programs, including verifying income, eligibility and the amount of assistance payments made.

TRIBAL TANF OVERPAYMENTS

I understand that I must pay back any Tribal TANF payments I have received in error.

TRIBAL TANF PENALTY WARNING

I understand that any member of my household who intentionally breaks any of the following rules for the purpose of getting or staying eligible for tribal TANF or increasing the amount of the Tribal TANF payments to the family, can cause reduction or termination of Tribal TANF services. I will be ineligible to participate for 10 years if I am found to have made a fraudulent statement or representation about my identity or residence in order to receive multiple payments at the same time. Fleeing felons and probation/parole violators are ineligible for the program. After (3) three Intentional Program Violations occur, my entire Tribal TANF group may be permanently barred from the Tribal TANF program. I understand that I may also be prosecuted for fraud if I intentionally make false statements to receive payments.

DO NOT make false or misleading statements.

DO NOT misrepresent or withhold facts.

DO NOT act in a way intended to mislead or misrepresent or withhold facts.

VERIFICATION

I authorize, the Tribal TANF agent, County or Tribal Human/Social Services agency to request and receive any information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release the information, according to Wisconsin Statute, s. 49.22 (2m) and s. 49.143 (5) (a).

“The department may request from any person any information it determines appropriate or necessary for the administration of this section, ss.49.19, 49, 46, 468 and 49.47 and programs carrying out the purposes of the USC 2011-2029. Any person shall provide this information within 7 days after receiving a request under this subsection.

SIGN IN THE PRESENCE OF AN AGENCY REPRESENTATIVE

I understand the questions and statements in this application form. I understand the penalties for giving false information or breaking the rules. I certify, under the penalty of law, that my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member. I agree to provide documents to prove what I say. I understand that the Tribal TANF agency may contact other persons or organizations to obtain necessary proof of my eligibility and level of benefits.

_____ **I have received and understand the Tribal TANF statements and Warnings**

_____ **I have provided correct job and educational history in order for the worker to complete a job readiness.**

Signature of Primary Person

Date

Signature of Authorized Representative

Date