



# Confederated Tribes of the Colville Reservation

## Employment & Training Program

P.O. Box 150, Nespelem, WA 99155

(509) 634-2290

FAX: (509) 634-2179



### Application for Services

**The number one goal of the Employment and Training Program is to increase the self-sufficiency of the tribal members, and communities that we serve.**

Please note: Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by E&T Program. Incomplete applications beyond 30 days will require re-application for services. It is the client's responsibility to update information and comply with program guidelines to maintain services.

#### Eligibility Criteria

Eligibility requirements to receive services include but are not limited to the following:

- Enrolled member of Colville Confederated Tribes or a federally recognized tribe
- Reside within the boundaries of the CCT reservation
- At Least 18 years old for adult services or
- Unemployed or underemployed (Employment)
- Income below or within Federal Poverty Line (not applicable to education services)

#### 2023 Poverty Guidelines

Persons in family/household	Poverty Guideline Annual	Poverty Guideline Monthly
1	\$14,580	\$1,215
2	\$19,720	\$1,643
3	\$24,860	\$2,072
4	\$30,000	\$2,500
5	\$35,140	\$2,928
6	\$40,280	\$3,357
7	\$45,420	\$3,785
8	\$50,560	\$4,213





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### 1. Required Information for ALL Services

First Name	MI	Last Name	Social Security Number
Physical Address		Cell/Home Phone	Date of Birth
Mailing Address (If Different)		Email Address	

**Are you a member of the Colville Confederated Tribes or federally recognized Tribe, living within the boundaries of the Colville Reservation?**

- Yes Enrollment # \_\_\_\_\_
- No

**Who can we contact if we cannot reach you at the number above?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Please Select ALL Services You are Requesting (Check ALL that apply to your immediate needs.)

<input type="checkbox"/> Adult (WEX)	<input type="checkbox"/> Vocational Education	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Youth (WEX)	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Basic Needs
<input type="checkbox"/> Job Retention	<input type="checkbox"/> Youth Education	<input type="checkbox"/> Child Care Services
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Internship	<input type="checkbox"/> Supportive Services
<input type="checkbox"/> On-the-Job Training (OJT)	<input type="checkbox"/> HS21	<input type="checkbox"/> Running Start



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### 3. Applicant Information

#### Highest Level of Education Completed:

<input type="checkbox"/> 8th Grade or Below	<input type="checkbox"/> 11th Grade	<input type="checkbox"/> Vocational	<input type="checkbox"/> Bachelor's
<input type="checkbox"/> 9th Grade	<input type="checkbox"/> 12th Grade	<input type="checkbox"/> Some College	<input type="checkbox"/> Master's
<input type="checkbox"/> 10th Grade	<input type="checkbox"/> GED	<input type="checkbox"/> HS Plus	<input type="checkbox"/> Associate's

#### Military Experience:

Current Active Duty	Veteran	National Guard
Reserves	Disabled Veteran	None

Have you registered for selective service? Yes No	Do you hold a valid driver's license? Yes / No _____ State and License Number
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Are you currently employed? (If yes, please explain below): Yes No

Current or Last Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Full Time Part Time

How long have/were you with the employer? Years Months What is/was the pay? \$ \_\_\_\_\_ per hour

Have you ever been convicted of a crime (If yes, please explain below): Yes No

Date \_\_\_\_\_ Offense \_\_\_\_\_

Additional Information \_\_\_\_\_





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### 4. Checklist

#### General Requirements

<input type="checkbox"/> Letter of Request	<input type="checkbox"/> Two forms of Identification
<input type="checkbox"/> Proof of address	<input type="checkbox"/> TANF Denial (if minor child(ren) in home)
<b>Employment</b>	<b>Education</b>
<input type="checkbox"/> Verification of no Income	<input type="checkbox"/> Acceptance letter (when applicable)
<input type="checkbox"/> Household income verification (latest earning statement, unemployment statement, TANF Termination)	<input type="checkbox"/> Invoice (summary of charges)
<input type="checkbox"/> Completed Employment Application (when applicable)	<input type="checkbox"/> Attachment 1
<input type="checkbox"/> Verification of Employment (when applicable)	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Resume/job history (when applicable)	<input type="checkbox"/> Must apply for FAFSA
<input type="checkbox"/> Other documents as requested	<input type="checkbox"/> Statement of support/no support from tribe (if enrolled in any tribe other than CCT)
<input type="checkbox"/>	<input type="checkbox"/> W-9 For College/Institution (when applicable) <input type="checkbox"/> Degree Plan



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### 5. General Assistance Client

General Assistance (GA) is temporary funding offered by the E&T Program to provide financial assistance for the following essential needs only: food, shelter, clothing, and basic necessary utilities. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. General Assistance is **not an emergency assistance** fund.

Applicants with Dependent Children: **All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) and provide verification of application and denial of service letter before applying for GA.** Client(s) must also apply for other state assistance in which they might be eligible for including Washington Basic Food Program or SNAP, Food Stamps and unemployment insurance benefits if you had prior employment.

Employment Services: General Assistance recipients are required to apply for employment services by filling out and submitting Job Search and/or Work Participation on a weekly basis (see attached example). Unemployed applicants must be actively seeking employment in order to receive financial assistance through the General Assistance program.

Individual Self-Sufficiency Plan: Individuals who are approved for General Assistance are required to complete an Individual Self-sufficiency Plan. The Plan outlines the specific steps the applicant will take to increase independence by meeting the goal of employment. The applicant is required to participate in work and/or other activities and referrals, as outlined in the Self-Sufficiency Plan, which will promote self-sufficiency. Failure to do so may constitute sanction from the General Assistance program.





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### Verification of No Income

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

1) I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
- b. Income from operation of a business.
- c. Rental income from real or personal property.
- d. Interest or dividends from assets.
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- f. Unemployment or disability payments.
- g. Public assistance payments.
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i. Sales from self-employed resources (EBay, Social Media etc.).
- j. Any other tribal program not named above

2) Employment Income – Choose one:

- Currently, I have no income of any kind and while I am seeking employment, I have not been offered a job.
- Currently, I have no income of any kind and I will not be seeking employment within the following 12-months.

My basic living needs (shelter, food, utilities) have been with the assistance of the person indicated below or as described below:

Name:	Phone:
Address:	
Relationship to Applicant:	



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hereby certify the information contained in the Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration under Penalty of Criminal Prosecution if I knowingly give false information, which results in assistance being distributed to an individual/family who is not eligible for such assistance.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### THIS PORTION TO BE COMPLETED BY THE RESIDENT/HOMEOWNER

Homeowner/Resident (Name): \_\_\_\_\_ declare that the applicant,  
\_\_\_\_\_ (Applicants Name) has no income and is living in my home. I am temporarily providing shelter, until he/she finds employment.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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### JOB SEARCH/WORK PARTICIPATION CERTIFICATION

I understand the following steps & results will be used to determine services requested.

\_\_\_ 1. I am not entitled to General Assistance (GA) or any other E&T service(s); if I do not adhere to the requirements outlined in my plan, policies, and/or procedures.

\_\_\_ 2. I understand that the Job Search Contact/Work Participation Sheet must be completely filled out to be eligible for services. Incomplete forms will be filed and Client will be notified of the discrepancies. Discrepancies include, but are not limited to:

Missing Contact Signature	Missing Position Title	Missing Time
Missing Employer's Name	Missing Date	Etc

\_\_\_ 3. I understand that the JDS will verify/validate information provided on Job Search Contact/Work Participation Sheet Contact Sheet. If Client provides false information, falsified signatures, misleads staff; Client is subject to **ANCTION** for no less than 90 days.

\_\_\_ 4. I understand I must update my job application for Tribal & Colville Tribal Federal Corporation (CTFC). (List all skills, training, equipment operated, dates employed, etc.)

\_\_\_ 5. I understand that, I must provide copies to: TERO, Personal information for possible referrals when positions become available.

\_\_\_ 6. I understand that I must contact at a minimum of (5) five employers, companies, or businesses (may vary from plan to plan) **where there is a possibility of being hired;** Tribal, CTFC or Private Companies.

- Client is prohibited from applying at locations that are **NOT** hiring (Jackson's/Galaxy Quest)
- Duplicate applications for the same position at the same business will count once.
- Following up on previous job searches, will NOT count as a new job search.
- Apply for jobs in which experience/education meet or exceed minimum jobs requirements.

\_\_\_ 7. I understand that, I **MUST** accept and participate in interviews.

\_\_\_ 8. I understand that I must collaborate with the JDS regarding volunteer hours. Volunteer hours must be re-approved by JDS to be counted towards work participation.

\_\_\_ 9. I understand that I must report gain of employment within 24 hours or the next business day. Verification of employment (VOE) is required to confirm employment.





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\_\_\_\_ 10. I understand that I AM NOT eligible for gas vouchers for online job searches. Online Confirmation number or position successfully applied documentation must be submitted.

\_\_\_\_ 11. I understand that I am not entitled to a clothing voucher or basic needs. I am eligible to request a clothing voucher and/or basic needs once every 365 days or once a year.

\_\_\_\_ 12. I understand that I must make continuous progress towards completing goals identified in my Individual Development Plan (IDP).

\_\_\_\_ 13. I understand that if I disagree with the JDS determination regarding Job Search and/or WorkParticipation, a formal written complaint must be submitted to the Program Manager for review.

\_\_\_\_ 14. I understand that inappropriate language, intimidation, bullying, misrepresentation of a situation, or any aggressive act(s) could result in **SANCTION** for no less than 90 days.

\_\_\_\_ 15. I understand the goal of the E&T Program is to enhance employability as well as increase income and improve self-sufficiency.

**HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge.**

FURTHER, I HEREBY ACKNOWLEDGE that I have read and understood the Employment & Training Programs requirements and agree there to as well. I give my consent to E&T to collect, use my personal information to assist with securing employment and/or training opportunities.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Verification of Employment**

Please complete this form to assist the Employment & Training Program with verification of employment. This form is required to verify eligibility for employment assistance clients listed below.

CLIENT NAME: \_\_\_\_\_ HR CONTACT/NUMBER: \_\_\_\_\_  
 JOB LOCATION: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
 START/END DATE: \_\_\_\_\_ STATUS: PERM/TEMP  
 WORK SCHEDULE: MON / TUE / WED / THUR / FRI / SAT (circle all that apply)  
 FIRST PAY DAY: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_

\_\_\_\_\_  
 employer/Business Name

\_\_\_\_\_  
 employer's Signing Authority Name, Title (Print)

\_\_\_\_\_  
 employer's Signing Authority Signature

\_\_\_\_\_  
 employer Address

\_\_\_\_\_  
 employer Phone Number and Fax Number

\_\_\_\_\_  
 employer Email

It is the Clients responsibility to maintain employment until the project is finished or laid off if seasonal, and must notify the E&T of any changes in employment. Failure to inform E&T will result in denial of future services and/or sanction.

\_\_\_\_\_  
 Client Signature/Acknowledgement

\_\_\_\_\_  
 Job Development Specialist

ist tools or special equipment commonly used in this field/business: \_\_\_\_\_





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[Link to Job Search/Work Participation Form:](#)

<https://docs.google.com/document/d/1y4EOILARjIUmrwg4mlBvqBkJJe8sTkz25qbdzpHJ-oA/edit>