



WÓWAŠI ÓKÍHIUNYAYAPI

Standing Rock Sioux Tribe

P.O. Box D • Fort Yates, North Dakota 58538 • Fax 701.854.7507
 701.854.8520 • 701.854.8522 • 701.854.8521

NAME:	RESIDING DISTRICT:
	DATE:

I AM APPLYING FOR: [CHECK ALL THAT APPLY]

<input type="checkbox"/> FULL-TIME EMPLOYMENT	<input type="checkbox"/> SUPPORT SERVICES	<input type="checkbox"/> T. NEW	<input type="checkbox"/> GED
<input type="checkbox"/> CRT TRAINING SEMESTER: _____	<input type="checkbox"/> FOLLOW-UP SERVICES	<input type="checkbox"/> OTH: SPECIALIZED TRAINING	
COLLEGE/INST: _____	<input type="checkbox"/> JOB READINESS SKILLS	<input type="checkbox"/> YOUTH EMPLOYMENT	

ALL APPLICANTS SEEKING PARTICIPATION IN THE WSP 477 PROGRAM MUST ATTACH CURRENT DOCUMENTS LISTED BELOW BEFORE WE CAN DETERMINE ELIGIBILITY.

- WÓWAŠI ÓKÍHIUDYAYAPI APPLICATION:** may be obtained at the WSP Office.
- NATIVE AMERICAN INDIAN BLOOD OR TRIBAL ENROLLMENT:** all applicants must provide a *Certified Degree of Indian Blood* or current Tribal Picture ID from a Federally Recognized Tribe.
- PROOF OF RESIDENCY:** Must reside within the reservation boundaries of Standing Rock. Must provide document (dated within last 30 days): Utility Bill; Rent Receipt; Notarized Statement from person who owns the house where you are living.
- IDENTIFICATION:** must provide copy of Birth/Baptismal Certificate; Social Security Card; Current Driver's License; or ID.
- EDUCATION/CERTIFICATES:** must provide copies of all certificates; HS/Post HS Diplomas; GED; or Vo-Tech Training.
- SELECTIVE SERVICE SELF-CERTIFICATION:** only males ages 18 – 26 years of age must be registered with Selective Service and provide a *Selective Service Number*.
- CLASSROOM TRAINING APPLICANTS:** provide the following documents; *School Budget/Assessment, Letter of Acceptance and Class Schedule/Registration. Transcripts from last college/institute attended. Mid-Term & Final Grades.*
- SUPPORT SERVICES:** Official Letter of Employment; you must not have received your first paycheck.. This assistance can only be used once per program cycle – 3 years.
- SUMMER YOUTH PROGRAM:** Provide SSC; BC; CDIB; Selective Service # if 18 -21.
- APPLICATION RECERTIFICATION:** update of application is required if more than 45 days have elapsed since the initial day of application. (See Recertification of Applicant on Page 3).

BARRIERS TO EMPLOYMENT

Child Care		Lacks significant work history	
Offender/Criminal Record		Alcohol/Drug Dependence	
Current or Pending Legal Issues/Warrants/Fines		Driver's License needed	
Lack of Transportation		Limited English Ability	
Displace Homemaker		Disability/Physical Limitations	
Pregnant/Parenting Youth/At-Risk Runaway Youth		Homelessness	
No High School Diploma/GED		Not Registered w/Selective Service	



WÓWAŠI ÓKÍ-HUŊYAYAPI
“Empowering People for work”
Workforce Services – P.L. 102-477 PROGRAM

SSN: _____ **Date:** _____, 20__

NAME: _____
First MI Last

OTHER NAMES USED: _____ **RESIDING DISTRICT:** _____

ADDRESS: _____
(Mailing)P.O. Box/Street Address City/Town State/ZC

PHYSICAL ADDRESS: _____
Street City/Town State/ZC

TELEPHONE: _____ **EMAIL:** _____
Home Message/Cell

EMERGENCY CONTACT: _____ **Tel:** _____ **Cell:** _____

GENDER: Male Female **BIRTHDATE:** ___/___/___ **AGE:** _____

TRIBAL AFFILIATION: _____ **U.S. CITIZEN:** Yes No

VETERAN: Yes No **SELECTIVE SERVICE NO:** # _____
(Males 18 and over)

VALID DRIVER’S LICENSE: Yes No **If yes:** **STATE:** ___ **CLASS:** ___ **EXP:** _____

COMMERCIAL DRIVER’S LICENSE: Yes No **Other:** _____

LIST ALL EMPLOYMENT DURING LAST SIX [6] MONTHS:

Check here if you were never employed: []

Employer:	Employer:
Job Title:	Job Title:
Hrly. Wage:	Hrly. Wage:
Hrs. Per Wk:	Hrs. Per Wk:
Dates of Emp:	Dates of Emp:
Reason Ended:	Reason Ended:



EDUCATION INFORMATION

(Check all that applies to you)

Drop Out – Last grade completed:		Home Schooled	
HS Diploma	Provide copy of Diploma	Never attended School	
GED Certificate –	Provide Certificate	Interested in pursuing GED	
Post HS/Degree –	Provide Certificate	Vo-Tech Certificate –	Provide copy of
Current Student – grade level – Name of School:		Expelled from School	

WHAT ARE YOUR CAREER/EMPLOYMENT GOALS/INTERESTS:

1. _____ 2. _____ 3. _____

MARITAL STATUS

Single/Never Married		Divorced	
Married lives w/Spouse		Widowed	
Not married/lives as couple		Married/Separated	

LIST ALL FAMILY/HOUSEHOLD MEMBERS

(List all household members)

RELEASE OF INFORMATION

I certify the information given on this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination and may result in prosecution under law. I also understand that if I am found ineligible after enrollment that I will be terminated for follow-up surveys after I terminate from training.

Signature

Date

Print Name



RECERTIFICATION OF APPLICANT

Update of WSP 477 application is required if more than 45 days have elapsed since the initial date of application.

I, We, certify that since the date of the initial application, none of the above information listed/provided has changed and/or I have made the new changes:

1st: _____
Signature of Applicant Date

2nd: _____
Signature of Applicant Date

FOR OFFICE USE ONLY

ELIGIBILITY

Native American/Enrolled in federally recognized Tribe		Unemployed at time of application or Long term unemployment	
Public Assistance Recipient (SNAP; GA:TANF;FDP;LIHEAP)		Application Complete/Documents attached (CDIB; SSC: BC or DL; Sel Ser No.)	
Offender/Criminal Record/Warrants		Displaced Homemaker	
Pregnant/Parenting Youth		Disability/Physical Limitations/IEP	
Homeless/runaway/at-risk youth		Drop out/Lacks Employability Skills	

SERVICES NEEDED

(CHECK ALL THAT APPLY)

Employment/Training – (WEX; SYP)		Support Services	
GED Certificate		Work & Self-Sufficiency Education	
Work Experience		Health/Medical	
Classroom Training : (CRT); Institution/College		Transportation; Gas; Bus Passes; Repair	
Tribal NEW		Eye Glasses	
Job Readiness Skills; Resume; Employment Education		Work Clothing; Tools	

Eligibility: I certify that this individual has MET []; NOT MET []; the application requirements based on all information received through the Intake Interview Process:

Case Manager: _____ **Date:** _____