

477 Application for Services

1st—Complete the Application for services

Please read the application thoroughly and complete
All the questions are on the attached Forms.



2nd - Eligibility

For you and each person in the household, please submit

- { } Personal Identification
- { } Tribal Affiliation
- { } Social Security Cards
- { } Birth Certificates

{ } Proof of Residency—Utility bill, rent receipt, lease agreement or, a piece of mail date stamped addressed to your physical or mailing address.

{ } Verification of Income—Provide wage stubs, or earning statement(s) or proof of benefits or resources such as food stamps, Social Security, lease money, or any other countable income for the applicant and all other household members.

{ } Training program/School Verification—Class schedule, financial aid Needs analysis, scholarships being received.

{ } Selective Service Registration—verification is required for males 18+

Eligibility is based on your complete Application Form, tribal affiliation, income and the documents you provide.

If questions are incomplete on the Application Form or documents are missing, we will attempt to contact you by phone, email, and/or letter.

If you don't hear from us, please call us at (406) 675-2700 ext. 1035.

3rd Case Management. At the Case Management stage you will get:

An appointment to discuss your request for 477 services. You will meet with a case manager

This worker is responsible for reviewing and responding to your request for services. Once the review is completed they will either approve or deny this request.

If you are more than 15 minutes late, or miss your appointment, you will need to contact DHRD at (406) 675-2700 ext. 1035 to schedule another appointment, or to speak with your assigned worker.

Completed Applications are sent onto Case Management

Incomplete Applications are held at the front desk. We will contact you by phone, email or letter.

Incomplete Applications remain pending until you furnish all needed documents and/or information.

Before completing this Application, please carefully read the directions on page 1

Applicant Information—Please Print

Last Name	First Name	M.I.	Maiden Name
<input type="checkbox"/> I am a new applicant	<input type="checkbox"/> I have applied for public assistance before. If yes, where?		Date last applied ____/____/____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____	Male over 18, have you applied with Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. _____ Tribal Enrollment No. _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single living with significant other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Family Status: <input type="checkbox"/> Single Individual <input type="checkbox"/> Parent in one-parent family <input type="checkbox"/> Parent in a two-parent family Total number in household _____ Number of dependents under 18 _____		Have you been arrested <input type="checkbox"/> Yes <input type="checkbox"/> No U.S Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Tribal Affiliation _____ Descendent <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No Are they aggressive <input type="checkbox"/> Yes <input type="checkbox"/> No Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Status of applicant: <input type="checkbox"/> High School Diploma, Graduation year _____ <input type="checkbox"/> Highest grade completed _____ <input type="checkbox"/> Certificate of Achievement, Year received _____ <input type="checkbox"/> HiSet/GED, Year received _____		<input type="checkbox"/> Currently enrolled/attending school Degree _____ Major _____ <input type="checkbox"/> College/Vocational/Tech School, Graduation Year _____	
Contact Information: Mailing Address: _____ Town/Zip: _____ Physical Address: _____ Town/Zip: _____ Please give detailed directions to your residence (if applying for cash assistance): _____ _____ _____			
Home or Message Phone	Work Phone	Cell Phone	Email Address
Services you are requesting: Check all that apply <input type="checkbox"/> Education and Training <input type="checkbox"/> Employment <input type="checkbox"/> Cash Assistance <input type="checkbox"/> Child Care <input type="checkbox"/> Mentoring (Resume needed) State reason for the service: _____ _____ _____ _____			

Training/Education

Background checks will be completed if placed with children/elderly.

Have you ever participated in a training/education program before? { } Yes { } No, if yes, complete (A)—(E)

(A) Sponsoring Organization	(B) City	(C) State	(D) Program Activities	(E) Dates of participation	
				From	To

Employment History

Have you worked in the last 13 weeks? { } Yes { } No Hourly Wage \$ _____

In the last 12 months? { } Yes { } No Are you working part-time but seeking full-time? { } Yes { } No

Describe all jobs held, starting with the most recent position: (including Military jobs)

Employer: _____ Position/Title: _____
 Start Date: _____ End Date: _____ Full/Part-Time _____ Hr. per week _____ Rate of Pay _____
 Address of Employer: _____ Phone: _____

Duties: _____

 Reason for leaving: _____

Employer: _____ Position/Title: _____
 Start Date: _____ End Date: _____ Full/Part-Time _____ Hr. per week _____ Rate of Pay _____
 Address of Employer: _____ Phone: _____

Duties: _____

 Reason for leaving: _____

Employer: _____ Position/Title: _____
 Start Date: _____ End Date: _____ Full/Part-Time _____ Hr. per week _____ Rate of Pay _____
 Address of Employer: _____ Phone: _____

Duties: _____

 Reason for leaving: _____

List other experience and/or voluntary work: _____

Types of work preferred: _____

FAMILY INCOME AND AVAILABLE FUNDS

Family Income and Available Funds—List ALL sources of income that you have received during the last 30 days and current available funds. You must **provide copies of pay stub(s)** if worked, for the last 30 days as verification of income.

Source of Income	Amount	Comments
Applicant's net salary	\$	
Spouse net salary	\$	
General Assistance	\$	
Housing Assistance	\$	
Child Support and alimony	\$	
Social Security	\$	
TANF/SNAP	\$	
Veteran's Benefits	\$	
Unemployment Insurance Benefits	\$	
Medicare/Medicaid	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/grants/Scholarship(s)	\$	
Cash out retirement/Pension	\$	
Foster Care Payments	\$	
Workers Comp	\$	
IIM Account	\$	
Spouse IIM Account	\$	
Other (farming, rental, etc. income)	\$	
Other	\$	

Total Household Income for the last six (6) months: \$ _____

I/We certify that all information provided on all sections of this application is true and correct to the best of my/our knowledge.

Applicant Signature _____
Date

Applicant Signature _____
Date

Intake Worker Signature _____
Date

File Complete { } Yes { } No Applicant Advised incomplete file { } Yes { } No Initial

Client/DHRD AGREEMENT

Applicant's Responsibilities

I understand that:

1. The answer(s) I give on this form will be used to help determine my eligibility for any assistance applying for any 477 service.
2. The amount of my grant depends on the number of eligible people in my household. If I report that an eligible person has left or had income, which makes him/her ineligible, the amount of my grant is subject to change.
3. The amount of my grant also depends on the amount of income received by me and others covered by my grant. If the income I report is more than the grant allowance, I will be denied for the month.
4. I am required to sign a Release of Confidential Information Form in order to assist my worker in establishing my eligibility.
5. I am aware that the laws of Montana provide for a fine and/or imprisonment of any person(s) who attempts to receive or receive assistance to which he/she is not entitled.
6. DHRD has the right to cross-reference this application with other requests for assistance, to verify household members, claimed income, place of residence, etc.
7. DHRD may deny assistance based on the information provided on DHRD applications until the applicant provides additional information.

Signature of Applicant

Date

Signature of Spouse/Partner

Date

FEDERAL LAW GOVERNING FRAUD

I UNDERSTAND THAT:

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully, conceals or covers up by any trick, scheme or device, a material fact, or makes false, fictitious, or fraudulent statements or representation or makes any false writing or document, knowing the same to contain any false, fictitious statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

Signature of Applicant

Date

Signature of Spouse/Partner

Date

I/We agree to supply all necessary information about my/our resources and income and to notify DHRD when my/our situation changes. I/We authorize DHRD to obtain information necessary to establish my/our eligibility for assistance from the appropriate Agencies and that this information shall be kept CONFIDENTIAL. I/We further agree that this information may be released for the purposes of investigation of fraud.

Signature of Applicant

Date

Signature of Spouse/Partner

Date

NO INCOME DECLARATION

Date: _____

*Please note for household member(s) 18 years or older who are declaring no income

I, _____, do hereby declare that I/We have not
Clearly Print Full Name & Social Security Number

Received any income for the last three (3) month(s) of:

Current Month Income	Last Month Income	Month before that Income

What resources have you utilized in order to maintain the following:

Rent/Mortgage	
Food	
Child Care	
Utilities	
Other	

I/We declare by signing this statement line that the information provided on this form is true and correct to the best of my/our knowledge. I understand that because The PL102-477 Program(s) are federally funded and the penalty for providing false information shall not be more than \$10,000 dollars and/or not more than five (5) years imprisonment.

Signature of Applicant/Household Member

Date

Signature of Applicant/Household Member

Date

Signature of Head of Household

Date

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Client Name: _____ Date of Plan: ___/___/___

I understand that the purpose of this Individual Self-Sufficiency Plan (SP) is to meet the goals of employment through specific action steps. I am aware that I am required to follow the steps developed in the (ISP). I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the Public Assistance Program for a period of 60 days, but not more than 90 days.

What are your short-term goals?

ACTION STEPS TO ACHIEVE GOAL

1.	
2.	
3.	

What are your long-term goals?

ACTION STEPS TO ACHIEVE GOAL

1.	
2.	
3.	

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Employment ___ FT ___ PT ___
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the Job Training
- Job Readiness

Education/Training

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a second language)

Other Activities

- Life Skills Instruction
- Parenting Skills
- Child Care Assistance
- Child Support
- Substance Abuse Treatment
- Substance Abuse Assessment
- Other

Signature of Applicant: _____ Date: ___/___/___

Case Worker Signature: _____ Date: ___/___/___

Confederated Salish and Kootenai Tribes
INTERAGENCY

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIOA, SYEP, LIHEAP, NEW, GA, Indian Elderly Program, Vocational Rehabilitation Program, Child Support Enforcement Program, Intervention Services (CPS, Foster Care, IIM 4-E, 2nd Circle) Transportation/Transit and CSKT Tribal Council.

I, authorize the above named programs to share, exchange, give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Programs in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:

INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.

1. _____ Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. _____ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. _____ Tribal Health Department – THD (all THD programs especially _____).
4. _____ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. _____ Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. _____ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. _____ Landlord/Mortgage institutions/Fuel vendor (i.e. Salish Kootenai Housing Authority, Ronan Housing Authority, Eagle Bank, Mission Valley Power), (Rent amount, household heating/cooling vendor, household compositions, lease compliance, residency), etc.
8. _____ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
9. _____ Tribal Police – (CPS referrals and outstanding warrants.), etc.
10. _____ Probation Adult/Juvenile – (Truancy, Community services and other requirements)
11. _____ Tribal Court – Community Services and Court Orders, etc.
12. _____ Division of Lands – (verify Land Lease), etc.
13. _____ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. _____ MT Healthy Kids Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. _____ Tribal Enrollment & Per Capita statement – _____
16. _____ Social Security Administration, MT Disability Bureau, Veteran’s Administration – Verify income
17. _____ Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. _____ EMPLOYER NAME: _____ ADDRESS: _____ PHONE _____
19. _____ Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. _____ State TANF Programs (to get the number of months for the Federal Time Clock) _____
21. _____ Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
22. _____ CSKT Individual Indians Monies Account need current balance for _____
23. _____ Child Support Enforcement Division Case # _____
24. _____ Other _____
25. _____ Potential employers found by DHRD TANF-WIOA list

I understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this Consent for Release of Information, in writing at any time.

Print Name - Applicant/Parent or Guardian **Date** **Sign Name** **Date**

Witness **Date**

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM _____ **TO** _____

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Guardian Signature

Date

PLEASE PRINT LEGIBLY

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

or

Employer identification number

			-								
--	--	--	---	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

