



MILLE LACS BAND OF OJIBWE
DEPARTMENT OF LABOR
~477 APPLICATION FOR SERVICE~

DOL Clients must meet eligibility to receive Employment & Training Services:

- ✓ Household income must be below the 200% poverty guidelines **and**;
- ✓ Been unemployed within the last 6 months or;
- ✓ Underemployed or;
- ✓ Have un-met needs or;
- ✓ Seeking employment or training
- ✓ Expense **may not** be a reimbursement

Family Size	2014 FPG x 200%		
	Annual	Monthly	Hourly
1	\$23,340	\$1,945	\$11.22
2	\$33,460	\$2,622	\$15.13
3	\$39,580	\$3,298	\$19.03
4	\$47,700	\$3,975	\$22.93
5	\$55,820	\$4,652	\$26.84
6	\$63,940	\$5,328	\$30.74
7	\$72,060	\$6,005	\$34.64
8	\$80,180	\$6,682	\$38.55
9	\$88,300	\$7,358	\$42.45

DOCUMENTATION TO BE PROVIDED WITH YOUR APPLICATION:

- Proof of last six (6) months income for **everyone in the household**
- Proof that you've been laid off within the last six (6) months or will be laid off within next (6) months
- Proof of Registration with Selective Service (for males required to be registered)
- Proof of Tribal Enrollment Number (Tribal ID)
- Proof of residency in the service area (**Must reside in Anoka, Aitkin, Benton, Crow Wing, Mille Lacs, Hennepin, Morrison, Pine or Ramsey County**)
- Copy of Social Security Card
- Copy of Driver's License
- Certain DOL services require a Job Verification form completed by employer

Applicant must meet with an Intake worker to enroll in a Responsibility Plan. Applicant must complete the Application and Initial Assessment Form to the best of their ability and provide the documentation listed above to be considered.

➤ **Incomplete Application will not be processed, and will expire in 30 days.**

- ❖ Applicant must provide receipt(s) verifying purchase of approved item(s) within ten (10) days of check receipt.

WHAT SERVICE IS THIS PERSON APPLYING FOR? (Please check and list what type of service you are looking for; can be more than one.)

- ☐ TRIBAL TANF CASH ASSISTANCE ☐ GOTAAMIGOZI FLEX LABOR ☐ SUPPORT SERVICES
☐ GED PREP ☐ RESUME/INTERVIEW PREP ☐ EMPLOYABILITY SKILLS TRAINING
☐ CAREER/EDUCATION PLANNING ☐ OTHER _____

NAME:

OFFICE USE:
DOL Staff:

CIF#
Date:



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The following information will be kept confidential and protected under the Data Privacy Act unless otherwise authorized by respondent. This information will be used to determine program eligibility, employment and training needs and make appropriate referrals.

APPLICANT INFORMATION

Name _____ Date of Birth _____
Address _____ SSN _____

Phone Number _____

Message Number _____

Federal Funding Requirement – a response is necessary for each category – sex, age group, educational level

☐ Male ☐ Female ☐ Youth (18 or under) ☐ Age 19-21 ☐ Adult (22+)

High School Graduate/GED _____ Highest Grade completed _____ Last Year Attended _____

Federal Funding Requirement

Earned Income _____ (circle) Full Time or Part Time ☐ regular ☐ temporary
(Please provide last six (6) months of income) or ☐ unemployed ☐ underemployed

Selective Service Number: _____ Are you registered to VOTE? ☐ YES ☐ NO

(Males 18-25 must register)

Are you a Veteran? ☐ YES ☐ NO

Do you receive Social Security Income (SSI)? ☐ YES ☐ NO

If YES, what is the Benefit Amount: _____ Start Date: _____

Barriers to Employment (check all that apply)

☐ Single Head of Household ☐ Disabled Individual ☐ No High School Diploma/GED
☐ Unemployed 15 + weeks ☐ Offender ☐ Homeless
☐ Teen Parent ☐ Lacks work history ☐ Substance Abuse problem
☐ Limited English Proficiency - Math ____ and/or Reading ____

PERSONAL/FAMILY INFORMATION

MARITAL STATUS: ☐ Single ☐ Married Living Together ☐ Married/Separated ☐ Divorced ☐ Widowed

ETHNICITY: ☐ Native Am/Alaskan Native ☐ Asian ☐ Hispanic ☐ Black/African Am ☐ White ☐ Other

Name of Household Members	Date of Birth	Social Security #	Relationship	Monthly Income
			SELF	

Name of Additional Household Members	Date of Birth	Social Security #	Relationship	Monthly Income

Certification Information

I hereby certify that the above information is accurate and true to the best of my knowledge. I understand that entering false information is punishable by law. I authorize **MILLE LACS BAND OF OJIBWE DEPARTMENT OF LABOR** to verify any personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational, or vocational institution or government agency to provide the **MILLE LACS BAND OF OJIBWE DEPARTMENT OF LABOR** with information they have regarding me. I hereby release and discharge any information to those who provide information from any and all liability as a result of furnishing and receiving this information.

Print Name

Print Name of Parent/Guardian

Signature of Applicant

Date

Signature of Parent/Guardian if applicant is
under 18 years of age.

DOL Staff Signature

Date