



<input type="checkbox"/> Resource Location <b>FOR SOCIAL SERVICES USE ONLY – AIAN -</b>	
<b>NAME (LAST/FIRST)</b>	
<b>DATE COMPLETED</b>	

## 477 EMPLOYMENT & TRAINING PROGRAM

MUST BE AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE THAT RESIDES IN THE  
6 COUNTY SERVICE AREA  
(YAMHILL, POLK, MULTNOMAH, MARION, TILLAMOOK, OR WASHINGTON COUNTY)

***ALL FIELDS WITH (\*) MUST BE COMPLETED***

GENERAL INFORMATION			
<b>First Name*</b>	<b>Last Name*</b>	<b>Age*</b>	<b>Birthdate*</b>
<b>Street Address*</b>	<b>City*</b>	<b>State &amp; Zip*</b>	<b>County*</b>
<b>Mailing address if different</b>	<b>City</b>	<b>State &amp; Zip</b>	
<b>Home Phone*</b>	<b>Message/Cell*</b>	<b>Email Address</b>	
TRIBAL ENROLLMENT INFORMATION			
<b>Tribe*</b>		<b>Contact Person/Department*</b>	
<b>Roll #*</b>			
<b>Contact Person Phone Number*</b>		<b>Contact Person Email</b>	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Veteran	<b>Social Security Number*</b>	
<b>Marital Status:*</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced			<b>Number of Dependents*</b> _____
<b>Services of interest</b> <input type="checkbox"/> Interview Preparation <input type="checkbox"/> Resume Building <input type="checkbox"/> Job Search <input type="checkbox"/> Resource Referrals <input type="checkbox"/> Application Assistance <input type="checkbox"/> Career Exploration <input type="checkbox"/> SSI/SSDI Advocacy <input type="checkbox"/> General Assistance			
<b>Education* (Check all that apply)</b>			
<input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Certifications <input type="checkbox"/> Some College <input type="checkbox"/> Currently a Student <input type="checkbox"/> Degree _____ Highest level of education completed _____			
<b>Do you have a current valid driver's license?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>What is Your Primary Source of Transportation?</b> <input type="checkbox"/> Own Vehicle <input type="checkbox"/> Bus/Public Transportation <input type="checkbox"/> Friends/Family <input type="checkbox"/> Walk/Bike	
<b>Current Employment Status*</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Recently Hired			
*Employer (If applicable): _____			
<b>Income*</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> TANF <input type="checkbox"/> School Loans <input type="checkbox"/> SSD/SSI			
<input type="checkbox"/> Tribal Income _____ per Month/Year ( <b>circle one</b> ) <input type="checkbox"/> Per Capita _____ per Month/Year ( <b>circle one</b> ) <input type="checkbox"/> Estimated total Monthly Household Income* _____			

**We respect your personal information and will honor your confidentiality**

**Housing\***  Rent  Own  Homeless  Other \_\_\_\_\_

**Barriers/Challenges:**

Childcare  Education  Housing  Transportation  Medical  Criminal History  
 AOD  Mental Health  Support System  Math  Reading/writing  Other \_\_\_\_\_

**Please mark any other programs you are currently working with:**

HUD  Unemployment  TANF  AOD Treatment  Parole/Probation  NAYA  Central City Concern

**Please specify which program and contact info below:**

**EXAMPLE: HUD, Jane Doe, 123.456.7890**

<b>Program:</b>	<b>Contact Person:</b>	<b>Phone number:</b>

**OPTIONAL:**

**Additional information you think would be helpful for us to know:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO BETTER SERVE YOU ALL INFORMATION IN THIS APPLICATION MUST BE COMPLETE AND ACCURATE; IF NOT, THE APPLICATION MAY BE CONSIDERED INCOMPLETE AND MAY CAUSE US TO BE UNABLE TO PROVIDE SERVICES.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date