SAINT REGIS MOHAWK TRIBE

EDUCATION DIVISION

Child Care Services/Youth Services/College & Career Services
Employment & Training Services/Kanien'keha Language Program

STEP 1: PROGRAM ELIGIBILITY
☐ Complete TLAP application. • Pg. 1 – Application • Pg. 2 – Signed Release of Information
☐ Provide proof of residence: **(Only one document is necessary)** Examples include: ~ Utility or phone bill ~ Class schedule from a district school ~ Letter from school registrar's office ~ Government photo ID (with residence) ~ Car registration or title ~ Bank Statement ~ Pay stub / employment document ~ Home mortgage or lease agreement ~ Letter from government / court ~ Health care document ~ Child(ren) In-care letter ~ Voter registration card
☐ Provide copy of tribal ID or status card. Official enrollment letter is also acceptable.
☐ Provide copy of Selective Service Registration. **(Applicable only to males 18 - 26 years of age seeking Employment & Training services)**
STEP 2: SERVICE ELIGIBILITY
☐ Complete Profile Form for your service request
☐ Provide supporting documents

CASE MANAGEMENT – You will begin working with your assigned Case Manager ***after*** the Intake Process is complete.

CONTACT INFORMATION:
71 Margaret Terrance Memorial Way, Akwesasne, NY 13655
Work (518)-358-9721 Fax (518)-333-5304
education@srmt-nsn.gov

The Mission of the Education Division of the Saint Regis Mohawk Tribe is to promote, support, and respect the culturally relevant and academic needs of our community members by empowering life-long learners through quality educational learning opportunities and experiences.

APPLICATION

Ronathiatonhseraweiénston Education Division
Tribal Learning Assistance Program

What service(s) are you applying for? (check all that apply)

☐ Child Care Services ☐ Youth Services ☐ College & Career Services

☐ Employment and Training Services

Name: _____ **Suffix:** _____
First Name Last Name Middle Name

Preferred Name: _____ **D.O.B.:** _____ **Age:** _____
MM/DD/YYYY

Gender assigned at birth: ☐ Male ☐ Female Preferred Pronouns: _____

Tribal Enrollment #: _____ **Tribe Name**: _____

How would you prefer to be contacted? ☐ Phone ☐ E-mail ☐ Postal Mail

Permanent Residential Address (US or Can): **Mailing Address (US preferred):**

_____ _____

_____ _____

County: _____

Primary Phone: _____ **Other Phone:** _____

E-mail: _____

Emergency Contact Name and Phone Number: _____

_____

- **Does applicant have a documented disability?** ☐Yes☐No

If yes, please describe: _____

- **Is applicant serving in the Military or a Veteran?** ☐Yes ☐No

If yes, which branch of the Military and/or Veteran status? _____

- **Is applicant registered with the Selective Service?** ☐Yes ☐No

Staff Initials _____ : confirmed registration status with Selective Service

Applicant educational status:

☐ Did not complete High School/GED
☐ High School Graduate/GED
☐ Student - High School or less

☐ Associates
☐ Masters
☐ Bachelors
☐ Ph.D.

☐ Trainings/Certificates:
_____
_____
_____
_____

Applicant employment status:

☐ Full-Time ☐ Part-Time ☐ Seasonal Project ☐ Per Diem/Casual ☐ Unemployed

☐ Student not working Current Hourly Wage: $ _____

- **<u>If you are under 18 years of age,</u> provide Parent/Guardian or Relative's information:**

First and Last Name: _____ Relationship to you: _____

Their phone #: _____ Their e-mail: _____

Agreement & Release of Information:

I hereby certify that the above information is true and correct to the best of my knowledge. I understand I am completing this application for the Tribal Learning Assistance Program and the information provided is subject to review and verification. I understand starting the date of this application, I have **30 days to submit the required documentation** needed by the services I have requested. And I may have to provide additional information. I agree to notify the program case manager of any changes in my household, including but not limited to: relocation, telephone numbers, mailing address, e-mail address, change of employment, change in monthly income, and change in number of people in my household as soon as possible. I am aware that **enrollment into service(s) is based on eligibility, the availability of the service, and my space on any waitlist I may be placed on.** I will comply with guidelines set forth by the Saint Regis Mohawk Tribe Education Division and its services.

I,_____hereby authorize the release of information requested by the
NAME OF APPLICANT
Saint Regis Mohawk Tribe's Education Division. The requested information shall be used solely in the administration of the Education Division Tribal Learning Assistance Program services. I hereby authorize the Saint Regis Mohawk Tribe Education Division to obtain and exchange information related to my application to participate in their services. Non-identifying information on my application may be shared with funding agencies. This release of information shall be in effect while I am an applicant or recipient of services, and for any later inquiries pertaining to my eligibility and receipt of program benefits.

With respect to my application for Child Care Services, this authorization is valid to obtain my child(ren)'s immunization records from the Saint Regis Mohawk Health Services ***(Parent/Guardian Initials ____).***

PRINT Applicant Name	Applicant Signature	Date

If applicant is a minor, parent/guardian must sign application

PRINT Minor's Name and DOB

Saint Regis Mohawk Tribe Education Division

Employment & Training Services

Individual Success Plan

This Individual Success Plan (ISP) meets the goal of employment or training through specific action steps. You and your Case Manager will work together on activities and/or referrals developed in this plan to promote self-sufficiency.

Tribe Vue Client ID: _____

1. What type of goal do you have?

☐ Employment Goal ☐ Training Goal ☐ Both

2. What outcome are you hoping for?

☐ Get a job as _____ ☐ Become self-employed

☐ Get certified in _____ ☐ Get licensure in _____

☐ Other: _____

3. Are you working with other Workforce Support Programs?

_____

_____

4. Are you currently involved in the justice system?

☐ No

☐ Yes (probation, parole, or court case, child support)

5. Do you require any accommodations so you can fully participate in our services (for example, help with child care, addiction counseling, transportation)?

Working Together Today to Build a Better Tomorrow
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