



## General Assistance Check List ~ Job Search

- \_\_\_ Complete Intake
- \_\_\_ I.D.P (Individual Development Plan)
- \_\_\_ Signed Emergency Cash Assistance Policy
- \_\_\_ Tennessee Warning/Data Privacy
- \_\_\_ GED/HIGH School Diploma
- \_\_\_ Request for Assistance
- \_\_\_ Photo I.D. (tribal/state/government issued)
- \_\_\_ Verification of Enrollment in a federally Recognized Tribe (Tribal I.D. OK)
- \_\_\_ Verification of Residency (Mail, letter from housing, bill with your name on it)
- \_\_\_ Signed Verification of Income
- \_\_\_ Signed verification of employment
- \_\_\_ Active Light Bill in YOUR name (Every 3 months)
- \_\_\_ Food Support Verification (Beltrami County/Food Distribution every 3 months)
- \_\_\_ \*\*ALL males 18 yrs + Must have a Selective Service Number on file. [www.sss.gov](http://www.sss.gov)
- \_\_\_ Job Search form (One has to be from the Casino)
- \_\_\_ Sanction Policy & Procedure forms

\_\_\_\_\_  
Date Client Enrolled into Program

\_\_\_\_\_  
Date Client Completed Program

\_\_\_\_\_  
Assigned Case Manager

\_\_\_\_\_  
Date Completed

*In Order for your application to be considered or approved, all the items listed must be in file.*

**CASE MANAGERS HAVE 7 – 10 DAYS TO PROCESS PAPERWORK.**

OSHKIIMAAJITAHDAH  
CLIENT INTAKE INFORMATION

Personal Information      Date of Previous application: \_\_\_\_\_ CIF # \_\_\_\_\_

Name: _____		Social Security #: _____	
Address: _____		Phone: _____	
_____		Email: _____	
Native American: _____	Tribe: _____	Native Hawaiian: _____	
Male: ____	Female: ____	Date of Birth: _____	Receiving Cash Assistance: _____
Single adult: _____ (age 22 or older)		Youth: _____ (age 21 or under)	
Registered with Selective Service: _____ (all males 18-24 must provide verification)			

Family Status

Single person: _____	Head of Household: _____	Total in household: _____
Teen Parent: _____	One-parent family: _____	Two Parent family: _____
List all members of your household (including birthdates)		
_____		
_____		
_____		

Employment Status

Currently working: Yes: _____ No: _____	Received notice of lay-off: Yes: _____ No: _____	
Hourly wage: _____	Current job: _____ or last job: _____	Last date worked: _____
Education status:		
Dropped out of High School: _____	Date: _____	Highest grade completed: _____
Attending Middle/High School: _____	Current grade level: _____	
Attending Post High School: _____	Course of Study: _____	
High School Diploma or GED: _____	Date Received: _____	

## Employment History

List of jobs you have had in the past:

1.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

2.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

3.) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Skills used: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date job ended: \_\_\_\_\_

Volunteer Work: \_\_\_\_\_

## Job Related Training

First Aid Card: Y \_\_\_ N \_\_\_ Date: \_\_\_\_\_ CPR Training: Y \_\_\_ N \_\_\_ Date: \_\_\_\_\_

Permits: \_\_\_\_\_

Union Members: Y \_\_\_ N \_\_\_ Name: \_\_\_\_\_

Work Shops/Training attended:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Education History

Attended Post High School in the past: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grad? Y \_\_\_ N \_\_\_ Credits earned: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Currently attending GED: \_\_\_\_\_ Vocational School: \_\_\_\_\_ College: \_\_\_\_\_

Name and Location of School: \_\_\_\_\_

Certificate or Degree Program: \_\_\_\_\_

Estimated completion date: \_\_\_\_\_

Other Educational Information: \_\_\_\_\_

**Personal Information Checklist:**

(circle your answer Y for yes, N for no)

1. Transportation is a hardship	Y N	_____
2. Driver's License	Y N	_____
3. Need child care services	Y N	_____
4. Receiving housing assistance	Y N	_____
5. Criminal history is a barrier to employment	Y N	_____
6. Currently under doctor's care	Y N	_____
7. Are you able to work?	Y N	_____
8. Substance abuse issues	Y N	_____
o Are you able to pass a drug test?	Y N	_____
9. Do you have trouble communicating	Y N	_____
10. Reading level is low	Y N	_____
Math level is low	Y N	_____
11. Other difficulty (ies) relating to school, employment or training	Y N	_____

**Personal and/or Family Income**

Source	Monthly Income	Date Started	Date Ended
MFIP (TANF)			
Social Security Inc.			
General Assistance			
Unemployment Ins.			
Housing Assistance			
Child Care Assist.			
Food Stamps			
Child Support			
Wages			
Other			
<b>Total Monthly Income:</b>			

**CERTIFICATION:** I certify the information given is true to the best of my knowledge. I understand that the information provided is subject to review and verification and I may have to provide documents to support this intake. I am also aware that I am subject to termination for six (6) months if I am found ineligible after enrollment and maybe be prosecuted for fraud and/or perjury. I agree to supply information regarding resources and income and will notify Oshkiimaajitahdah of any changes in my (our) situation. This authorization is to disseminate employment and educational information to potential employers and educational institutions for the purpose of assisting me in obtaining assistance, training, education or employment.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Date

**CERTIFICATION:**

Certain education, employment and training programs available through Oshkiimaajitahdah require applicants to undergo drug screening. I understand that I may be required to undergo a drug-screening test at any time prior to commencement of training or supported work service. I also understand that a positive test result, or refusal to cooperate fully with the drug-screening procedure, will result in denial of financial assistance through Oshkiimaajitahdah for training and supported work services.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent/Guardian/Date

**CERTIFICATION FOR ELIGIBILITY FOR SERVICES**

I certify that this individual has met the application requirements and based on all information received through the intake interview process; this person is eligible for 102-477 services.

The determination is based on the Employment Barriers and the following criteria:

Native American \_\_\_\_\_ Unemployed \_\_\_\_\_ Econ. Disadvantaged \_\_\_\_\_ TANF Recipient \_\_\_\_\_  
(Child/Adult)

\_\_\_\_\_  
Case Manager Signature/Date

\_\_\_\_\_  
Reviewer Signature/Date

Primary Activity: \_\_\_\_\_

Immediate goal: \_\_\_\_\_ Target Date: \_\_\_\_\_

Goal #2: \_\_\_\_\_ Target Date: \_\_\_\_\_

Goal #3: \_\_\_\_\_ Target Date: \_\_\_\_\_

Goal #4: \_\_\_\_\_ Target Date: \_\_\_\_\_

**ACTIVITY COMPLETION:**

Primary Activity: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Activity #2: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Activity #3: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Activity #4: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Completed other plan objective: \_\_\_\_\_

Completed Education/Training Objective: \_\_\_\_\_ Other Completion: \_\_\_\_\_

## INDIVIDUAL DEVELOPMENT PLAN

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### GOALS

(Sometimes you can use your short-term goals to help you reach your long-term goals. Long-Term goals of becoming a doctor, for example, require fulfilling many short-term goals first. For example, you may need to get a job with a flexible schedule to allow you to study for your medical school entrance exams. Getting a flexible job, therefore, is a short-term career goal that will help you reach your long-term goals.)

Long Term/Short-Term	Date Achieved

### ASSETS AND BARRIERS

#### BASIC MATH AND LANGUAGE SKILLS

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#### JOB SKILLS AND EXPERIENCE

--

**EDUCATION TRAINING BACKGROUND**

**WORK BEHAVIORS**

**PHYSICAL CONSIDERATIONS**

**FOLLOW UP DATES:**

30 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_\_ (See Case Note)\_\_\_\_\_

60 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_\_ (See Case Note)\_\_\_\_\_

90 DAY FOLLOW UP \_\_\_\_\_ COMMENTS: \_\_\_\_\_ (See Case Note)\_\_\_\_\_

**WHAT ARE YOUR SUPPORTIVE SERVICE NEEDS?**

**I HAVE BARRIERS THAT ARE KEEPING ME FROM FINDING A JOB/HOLDING A JOB OR FURTHER MY EDUCATION. MY BARRIERS ARE:**

**THE WAYS IN WHICH I WILL HELP REMOVE THE BARRIERS ARE BY:**

**TO HELP ME ACHIEVE MY GOALS THE SUPPORTIVE SERVICE I NEED ARE:**

**CASE MANAGER SUMMARY:**

**CERTIFIED STATEMENT**

**I clearly understand and agree with the Plan on Services as written. My signature below verifies that I actively took part in the planning process.**

\_\_\_\_\_  
**Signature of Client/Date**

\_\_\_\_\_  
**Signature of Case Manager/Date**



## Red Lake Band of Chippewa Indians – Oshkiimaajitahdah

### Emergency CASH ASSISTANCE POLICY

#### CERTIFICATION

The Case Manager will have up to **ten (10) business days** determine eligibility once the client completes all required documentation.

If a client resigns or is terminated from suitable employment they **are ineligible** for emergency cash assistance for a **thirty (30) day** period from the date the required documentation is complete.

Eligibility is determined by the case manager and when all proper documentation is completed and in the file. The maximum amount per single adult individual is \$203.00 per month. The maximum amount per two person family would be the same as the state TANF rate with is \$276.00 per month.

If an eligible client is incarcerated or in a half-way house they are ineligible for cash assistance because their basic needs are being met. Cash assistance is meant for temporary assistance to meet the basic needs of a client while they are unemployed or waiting for a response for disability or social security.

**Cash assistance checks must be picked up by the person whose name is on the check. No exceptions!**

Clients who appear to be intoxicated will be asked to leave the building and will not be able to pick up their check until they do not appear intoxicated. If a check **is not picked up within five (5) business days from issuance**, the check will be voided and the client will have to reapply.

#### DEFINITIONS

- A single head of household is considered a single individual with an active light bill in their name.
- A two person family is considered individuals who are married or common law Husband and Wife.
- Any time a family unit will be eligible for emergency cash assistance will be when they have received their 60 month lifetime limit under TANF. Each member must have verification of enrollment.
- An individual who is medically unable to work must have an Oshkiimaajitahdah health examination form signed by a qualified professional stating the individual is medically unable to work for a minimum of 1 to 3 months.

## REQUIREMENTS

The following documentation must be provided along with a completed intake/application, signed cash assistance policy form, and self-sufficiency plan.

## JOB SEEKING

- Head of household
- Signed copy of emergency cash assistance policy
- Active light bill
- Tribal identification
- Verification of food support – Beltrami County or
- Verification of food distribution Commodity program – Redby.
- Verification of job search signed by an authorized company representative.

## MEDICALLY UNABLE TO WORK

- Health examination form signed by a qualified professional
- Tribal identification
- Verification of food support – Beltrami County or
- Verification of food distribution Commodity program – Redby.

## RECERTIFICATION

Recertification is done every three (3) months. The client must provide same information as if they are reapplying for job seeking or medical services.

## MUTUAL EXPECTATIONS

### WHAT YOU AGREE TO DO:

- Ask questions when you do not understand something.
- Work as hard as you can to go to work or attend training to support work activities.
- Show up on time for activities or call ahead if you can't make it.
- Tell us when there is a problem that interferes with work or training.
- Follow your employment plan as agreed.
- **Not to call the Tribal Accounting department on the status of your check. They are allowed up to three (3) business days to process a check.**

### WHAT WE AGREE TO DO:

- Listen as you tell us about yourself, your family and your program in moving to work.

- Promptly return your phone calls.
- Possibly help you with transportation expenses, or work clothes – please state in your Individual Development Plan.
- Help you find the resources you need to get and keep a job.

I understand this certification and concur with my signature.

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Applicant Signature/Date

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Case Manager/Date

## TENNESSAN WARNING/DATA PRIVACY

### DATA PRIVACY RIGHTS FOR APPLICANTS/RECIPIENTS OF THE OSHKIIMAAJITAHDAH PROGRAM

#### **YOUR RIGHTS:**

Under the Minnesota Data Privacy Act, you have the right to know how the information you provide on your application will be used. The information you provide on the application for a program is classified as private under Minnesota law and cannot be disclosed without your permission, except as provided below.

#### **PURPOSE AND USE:**

The information on the application will be used to determine your eligibility for the program and level of assistance. Information you provide will also be used for statistical and research purposes and will not reveal any personal identifying information and you or members of your household.

#### **WHAT IS REQUIRED?**

We encourage you to answer all the questions because your correct answers will enable us to properly verify and prioritize your application. Emergency phone, language spoken in your home, township, and number of persons employed in the household, race years of education and child's schools are optional. However, this information is requested for the purpose of you. Your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in effective non-discriminatory manner. Number/code/status blanks are for office use only. We may not be able to properly process your application without all other information.

#### **WHO WILL HAVE ACCESS:**

Tribal staff and county, state (federal) employees, whose job requires access to your application as well as auditors, may have access to your application. These people are all required not to disclose any personal information about you or members of your household. State and/or federal employees and auditors may review applications to ensure that the Oshkiimaajitahdah programs are serving properly.

The Oshkiimaajitahdah system for collecting and utilizing personal participate data is limited to facilitate efficient administration of the program, while simultaneously safeguarding the privacy of its subjects. As mandated by Minnesota Government Data Practices Ace of 1974, the program has established a system for data management methods and procedures outlined below.

#### **TYPES OF DATA MAINTAINED:**

The following type of data may be contained in the applicant files. This is compilation of data requested on all forms by this program, and collectively required by funding purposes.

1. Name
2. Social Security Number
3. Tribal affiliation
4. Medical reports and information to relative to Employment and Training
5. Psychological reports relative to Employment and Training
6. Home Telephone number
7. Home address
8. Household income
9. Age
10. Sex
11. Housing situation (own, rent..)
12. Number of persons in household
13. Names and relationship of household members
14. Handicap
15. Nature and dollar amount of assistance received
16. Copies of bills submitted for reimbursement
17. Source of income
18. Substance abuse history relevant to employment and training
19. Criminal and traffic violations relevant to employment and training
20. Date of enrollment
21. Past/present work history
22. Veteran status
23. Educational levels
24. Participation in other programs relative to employability, planning and funding.

**RECORDS RETENTION:**

- a. All past and present participant records will be reviewed quarterly.
- b. At no time will any employee of Oshkiimaajitahdah collect data on or maintain a private file on Any participant of the program.

**SECURITY:**

Participant files are stored in locked cabinets located in the Oshkiimaajitahdah Central File Room and are under lock at all times. A request for the key to gain access to the file room will be made to Security or the Executive Director. Program staff are responsible for the program files, its contents and the Executive Director and the Security Guard will be responsible for the internal and external access and security.

Verification of client being informed of the Tennessee Warning is indicated by his/her signature below.

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Signature of Applicant/Date

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Signature of Case Manager/Date



**Request for Assistance**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Box #) (Phy. Address) (Town) (State) (Zip)

Maxis/CIF #: \_\_\_\_\_ PH: \_\_\_\_\_ Message PH: \_\_\_\_\_

Email: \_\_\_\_\_ District: \_\_\_\_\_

Brief description of the assistance you are requesting: \_\_\_\_\_

Estimated Cost Requested: \_\_\_\_\_ Name of Vendor: \_\_\_\_\_

I certify that the information provided herein true to the best of my knowledge. I am aware that the information is subject to review and I may have to provide documentation to support this request. I am aware that I may be subject to prosecution for fraud and/or perjury if statements contained are found false.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Case Manager

**FOR OFFICE USE ONLY:**

Eligibility Determined: YES NO Complete File: YES NO Compliance: YES NO

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved: Reason: \_\_\_\_\_

Request reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Compliance Manager)

Request reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Executive Director or Authorized Employee)

**Account Payable:**

- 102-477
- MFIP
- DWP
- \_\_\_\_\_
- Auto Insurance Drivers Education Auto Repair Drivers License Fee  
Clothing  
Other; Specify \_\_\_\_\_

# OSHKIIMAAJITAHDAH

15525 Mendota Ave, PO Box 416 Redby, MN 56670  
(218)679 3350

## REQUEST FOR CERTIFICATION OF TRIBAL ENROLLMENT

I give the Tribal Enrollment Office permission to certify my  
Tribal Enrollment / Membership Information for Oshkiimaajitahdah

*Applicant Please Print Clearly*

Name: \_\_\_\_\_  
First M.I. Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Affiliated Tribe: \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

### TO BE COMPLETED BY THE TRIBAL ENROLLMENT DEPARTMENT ONLY

(\_\_\_\_) Is an enrolled member of the Red Lake Band of Chippewa Indians

(\_\_\_\_) Is an enrolled member of \_\_\_\_\_  
(Print Affiliated Tribe)

(\_\_\_\_) Is not an enrolled member, according to our enrollment records

I certify the above information is to be true and correct. This information is take from the membership rolls of the Red Lake Band of Chippewa Indians or other Federally Recognized Tribe.

\_\_\_\_\_  
Certifying Official/Enrollment Department

\_\_\_\_\_  
Date

This form may be faxed back to Oshkiimaajitahdah (218) 679-3202  
Staff Requesting Verification:

OSHKIIMAAJITAHDAH

RELEASE OF INCOME

I hereby authorize the following Business/Program to release my earnings/wages for the prior 3 months. This is being requested to determine eligibility for services.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Client

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

**This section is to be completed by the Employer:**

The income for the above names individual is as follows:

For the month of:	For the month of:	For the month of:

The above named individual is currently not employed and his/her last date of employment was on \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Employee

\_\_\_\_\_  
Date

This section is to be completed by Oshkiimaajitahdah Staff:

The income for this client for the past 3 months is \_\_\_\_\_

Multiplied by 4 to annualize is \_\_\_\_\_

In accordance with the intake the client household size is: \_\_\_\_\_

Based upon income and LLSIL poverty guidelines, I declare this client to be Eligible \_\_\_\_ Ineligible \_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Staff calculating eligibility

\_\_\_\_\_  
Date

Revised: 7/13

Please return to: Oshkiimaajitahdah, ATTN: \_\_\_\_\_



Red Lake Band of Chippewa Indians Employment & Training  
**VERIFICATION OF EMPLOYMENT**

I hereby authorize the following information be released to the Red Lake Band of Chippewa Employment & Training, Oshkiimaajitahdah to determine eligibility for services and assistance.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Social Security Number

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TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date started: \_\_\_\_\_ Last Date of Employment: \_\_\_\_\_

Hourly Salary: \_\_\_\_\_

Type of employment:

Permanent: \_\_\_\_\_ Full-time \_\_\_\_\_ Temporary: \_\_\_\_\_ Part-time: \_\_\_\_\_

If temporary, state estimated length of employment: \_\_\_\_\_

Employee will/has receive their first check on \_\_\_\_\_ for \_\_\_\_\_ hours.  
Date Amount

Company Official: \_\_\_\_\_

Signature/Date

\_\_\_\_\_  
Name/Title

Please complete and return to:

ATTN: \_\_\_\_\_  
Oshkiimaajitahdah, 15525 Mendota Ave,  
PO Box 416, Redby, MN 56670  
Phone 218-679-2477 Fax: 218-679-3202

**OSHKIIMAAJITAHDAH**

**Job Search Contacts**

I hereby authorize the information be released to the Red Lake Band of Chippewa Indians, Oshkiimaajitahdah to determine eligibility for services and assistance. I also understand that one job search site must include Red Lake Gaming within a 3 month period. All employment search activities are subject to verification.

\_\_\_\_\_  
 Print Name Signature

**TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE**

Date of Contact (Mo/Day/Yr.)	How did you apply: <input type="checkbox"/> Application/Resume <input type="checkbox"/> Inquiry POSITION: _____ <input type="checkbox"/> In person Other (describe): _____	Employer: _____ Contact: _____ City: _____ Phone/fax: _____ Interview was given: _____ If online – website or email Address: _____
Date of Contact (Mo/Day/Yr.)	How did you apply: <input type="checkbox"/> Application/Resume <input type="checkbox"/> Inquiry POSITION: _____ <input type="checkbox"/> In person Other (describe): _____	Employer: _____ Contact: _____ City: _____ Phone/fax: _____ Interview was given: _____ If online – website or email Address: _____
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Date of Contact (Mo/Day/Yr.)	How did you apply: <input type="checkbox"/> Application/Resume <input type="checkbox"/> Inquiry POSITION: _____ <input type="checkbox"/> In person Other (describe): _____	Employer: _____ Contact: _____ City: _____ Phone/fax: _____ Interview was given: _____ If online – website or email Address: _____
Date of Contact (Mo/Day/Yr.)	How did you apply: <input type="checkbox"/> Application/Resume <input type="checkbox"/> Inquiry POSITION: _____ <input type="checkbox"/> In person Other (describe): _____	Employer: _____ Contact: _____ City: _____ Phone/fax: _____ Interview was given: _____ If online – website or email Address: _____

I initial this Job Search Log to state that all information is accurate and correct. I understand that falsifying information can make me ineligible for services with Oshkiimaajitahdah. \_\_\_\_/\_\_\_\_ (Client initials/Date)

## **Acknowledgement of Policies and Procedures and Sanction**

I, \_\_\_\_\_ have been informed about the Policies and Procedures. I have been given information regarding the sanction process. I further understand that as a client of Oshkiimaajitahdah, I must comply with requirements and attend classes to obtain my GED. If I have a GED or High School Diploma I must attend and participate in Career Development Classes, OIC classes, Key Train and NCRC certification. Failure to participate will result in the loss of General Assistance or a decrease in my monthly benefit.

\_\_\_\_\_  
Client Signature/Date

\_\_\_\_\_  
Case Manager Signature/Date

### **DOCUMENTATION:**

The GED and/or Career Development Service Instructor will track and record the number of hours in the classroom and will provide verification to your Case Managers on a weekly basis. There will be no excused absences.

### **SANCTIONS:**

Effective June 2011, if you are not in compliance with your employment plan, your emergency cash assistance (GA) grant will be reduced. The reduction of your grant will take place as follows:

- **1<sup>st</sup> Violation grant reduces by 10%**

**EXAMPLE:** If your monthly cash assistance (GA) was \$203.00, it will now be \$182.70.

- **2<sup>nd</sup> Violation grant reduces by 30%**

**EXAMPLE:** If your monthly cash assistance (GA) was \$182.70, it will now be \$127.89.

- **3<sup>rd</sup> Violation – your grant will be vendored to your utility company or your rent. You will be disqualified for 6 months and will not be eligible for emergency cash assistance (GA).**

### **REMOVAL OF A SANCTION:**

Oshkiimaajitahdah requires a minimum of 1 month sanction for a failure to comply with the GA program requirements. The sanction is normally imposed in the month following non-compliance and will be lifted in the month after you are in compliance.