



SOUTH CAROLINA INDIAN
DEVELOPMENT COUNCIL, INC.

REQUIRED DOCUMENTS FOR APPLICATION

Name: _____

Date: _____

Dear Prospective Client:

As an applicant for any services offered through the South Carolina Indian Development Council, Inc. Program, the Federal Government requires you to provide the Council with copies of the following documents:

- Proof of your income (*check stubs, or other income documentation for the past 6 months.*)
- Proof of household (family's) income (check stubs showing year-to-date income; or other income documentation for the past 6 months.
- Verification of your place of residence. (Posted letter, I. D.)
- Your Social Security Card
- Your legal I. D. (Driver's License, etc)
- Your birth certificate
- Proof of your Native American status (tribal enrollment card)
- School Records (GED certificate or diploma)
- A letter of request stating your major, reason for choice, reason for school and plans following school completion
- Males only-Proof of your Selective Services Registration
- Letter of Acceptance from School
- List of Financial Aid client is receiving (FASFA, Life Scholarships, etc.)
- school schedule of Classes
- Copy of Tuition/Books/Supplies Costs

Classroom/Training participants must be enrolled full time or take 12 or more credit hours, attend class regularly and earn satisfactory grades. Satisfactory shall be deemed as average or above, based on the school's grading system.

Work Experience or On-the-Job Training participants are required to be present at work, on time, as scheduled and complete assigned duties as required by the employer. No application will be certified or considered eligible for program assistance without complete documentation.

- **You are responsible for providing all of your required information.**
- **All technical school or college students are required to apply for all state, federal or local financial aid/grants for which you may be eligible. This can be done through the school's Financial Aid Office.**

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South Carolina Indian Development Council, Inc.

2915 Reservation Road, PO. Box 957

Rock Hill, South Carolina 29731

(803) 324-0259

Email: scidci@comporium.net



Workforce Investment Act (WIA) Program Application/Determination Form

Participant Information

Full name: _____ E-mail: _____

Physical Address (including street Address, City, State, zip code):

County: _____ Phone Number: (____) _____

Social Security Number: _____ Drivers License Number: _____

Issuing State: _____

Gender: Male Female Not Specified

Marital Status: Single Married Divorced Widowed Separated Common Law

Native American Status: American Indian Alaskan Native Native Hawaiian

Tribal Affiliation: _____

On Reservation: No Yes Name of Reservation: _____

Date of Birth : Month: _____ Date: _____ Year: _____

Number of Persons in Residence: _____

Highest Grade Completed: _____

Education: Not in school High School Graduate/GED Drop Out

In school/High School or less In School/Post High School In school/Alternative

If Currently Attending school are you: Full-Time Part-Time

Name of School: _____ Address: _____

Are you a U.S. Citizen? Yes No Currently in Military? Yes No

Are you a Veteran? Yes No Served Active Duty in the Military? Yes No

Spouse of Veteran? Yes No

If you are a male over age 17, are you registered with the Selective Service? Yes No

Are you?(Check all that apply): Foster Child Homeless Pregnant An offender

Substance Abuser Disabled

Do you or any family in the household participate? USDA Commodity Program (School Lunch)

Elementary/Secondary Education Act Aide to Families with Dependent Children Food stamps Supplemental Security Income General Assistance/Welfare

Social Security Disability Insurance Tribal Work Experience Program

Foster Child Payments Other: _____

What services are you needing from the South Carolina Indian Development Council?

Employment Status & History

Employment Status (Check Applicable box(es): Unemployed Recipient of Layoff Notice Working part-time seeking full-time work Under employed working less than 31 hours per week and desires full time employment or is employed full-time and performs duties below educational or skill level. Currently employed but needs training to obtain and/or retain employment for self sufficiency

Employment History:

Were you employed at any time during the 6 month period prior to the date of this application? Yes No

List current or last employer first:

Employer: _____ Address: _____
State: _____ Zip Code: _____ Telephone: _____ Hire Date: _____
Termination Date: _____ Job Title: _____ Wage: _____ Hourly/Salaried
Supervisor: _____

Prior Employer Information:

Employer: _____ Address: _____
State: _____ Zip Code: _____ Telephone: _____ Hire Date: _____
Termination Date: _____ Job Title: _____ Wage: _____ Hourly/Salaried
Supervisor: _____

Household Status & Income

<p>Family and/or others living in household: List the name(s) and their relationship of <u>all</u> persons living in the household.</p>	<p>Family/Household income box: List persons living in households with income.</p>
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Name	Relationship	Income-List all in household with income	Relationship	Income Source	\$ Income Last 6 Months
1.			SELF		\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$

Total household income last 6 months	\$
	x2
Total Annualized Family/household Income	\$

Family Size in last 6 months: _____

Certification Statement

I certify that the information provided is true and complete to the best of my knowledge and that there is no intent to commit fraud. I am aware that the information I have provided will be used to determine eligibility for program services and is subject to review and verification and that I may have to provide documents to support this intake. It has been explained to me and I understand that:

- (1) Misstatement or misrepresentation on my part in these or other related forms may be cause for dismissal and possible actions for any pay or benefits received by me;
- (2) Anyone who makes a false statement or representation of facts in a application for determination of program eligibility may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury;
- (3) Should I be deemed ineligible for workforce development by the official verification process, I agree to immediately relinquish funded employment training and understand that I may be liable for all payments made to me and/or on my behalf while enrolled in the program. I hereby authorize the release of this information for verification purposes.
- (4) I authorize the sharing of this information with other programs if needed. I acknowledge that all of the questions on this record have been reviewed and answered as necessary. I further understand that eligibility is not a guarantee of program services.

Applicant Signature: _____ Date: _____

Staff Representative Signature: _____ Date: _____

Eligibility Status and Approval SIGNATURES

Eligible for: WIA CSP SYS INELIGIBLE

Client/Participant: _____ Date: _____

Parent/Guardian (under 18 years old): _____ Date: _____

Staff Representative: _____ Date: _____

Director: _____ Date: _____