Shé:kon (Greetings),

This application is for all services under the Tribal Learning Assistance Program (a component of P.L. 102-477) of the Saint Regis Mohawk Tribe’s Education Division. This is the starting point for signing up for:

- **Child Care Services**
- **Youth Services**
- **Higher Education Services**
- **Employment and Training Services (Akwesasne Center for Employment)**

This application helps us determine how to serve you and/or your child(ren). The information you provide is confidential. However, failure to complete all sections in this application may result in delays of processing or make it impossible to process at all. Your application will follow you through each service, so long as you keep your file active. Only one application is needed to participate in services.

<table>
<thead>
<tr>
<th><strong>New Applicant</strong></th>
<th><strong>Returning Applicant</strong></th>
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<tbody>
<tr>
<td><strong>Work with the Intake Coordinator</strong></td>
<td><strong>Work with your Case Manager</strong></td>
</tr>
<tr>
<td><strong>STEP 1:</strong> Contact the Intake Coordinator at 518-358-9721 or e-mail <a href="mailto:education@srmt-nsn.gov">education@srmt-nsn.gov</a> and make an appointment.</td>
<td><strong>STEP 1:</strong> Update your account and complete profile form(s) with your Case Manager. Please call 518-358-9721 or email <a href="mailto:education@srmt-nsn.gov">education@srmt-nsn.gov</a></td>
</tr>
<tr>
<td><strong>STEP 2:</strong> Hand in this application and all eligibility documents listed on page 2.</td>
<td><strong>STEP 2:</strong> Hand in supporting documents required to process your request.</td>
</tr>
<tr>
<td>At this stage, intake is complete. You must work with your Case Manager to complete service eligibility.</td>
<td>At this stage, your returning application is complete.</td>
</tr>
<tr>
<td><strong>STEP 3:</strong> Complete the <strong>Individual Success Plan</strong> with your <strong>Case Manager</strong>.</td>
<td><strong>STEP 3:</strong> Update your <strong>Individual Success Plan</strong> with your <strong>Case Manager</strong>.</td>
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Please note:

- Expectant parents have the option of enrolling into **Child Care Services** before baby-to-be is born. Expectant mothers must complete the application in their name.
- For parents requesting **Youth Services**, fill out the application as it applies to your **child**.

If you have questions or concerns, contact us at 518-358-9721 or e-mail education@srmt-nsn.gov.

Niá:wen (Thank You).
You may submit your application and supporting documents electronically by e-mail, by postal mail, or fax. Also, applications can be dropped off at the Ionkwakiohkwaró:ron Saint Regis Mohawk Tribe building. Education Division offices are located on the first floor.

To complete intake, you must attach copies of the following:

- Proof of tribal enrollment or status (card or official letter)
- For Child Care Service applicants, proof of tribal enrollment/status for all children needing services
- Proof of residency (PO Boxes will not be accepted!)

For minor applicants, proof of residency may be in parent/guardian’s name

If you don’t have proof of residency, you must request a “Primary Tenant, Landlord or Shelter Statement”. It must be notarized.

Examples of what will be accepted:

- Utility or phone bill
- Government photo ID or passport
- Car registration or title
- Letter from the government/court
- Pay stub or employment document
- Child(ren) In-Care letter
- Class schedule from a district school
- Bank statement
- Letter from school registrar’s office
- Home Mortgage or Lease agreement
- Health care document
- Voter registration card

- Profile form(s) for service(s) you are requesting.

Child Care Services Family Profile Form
Youth Services Student Profile Form
Higher Education Semester Profile Form
Employment and Training Profile Form (including Akwesasne Center for Employment)

Ronathiatonhseraweînston Education Division Contact Information:

Phone: 518-358-9721
Mailing Address: Saint Regis Mohawk Tribe
Education Division
71 Margaret Terrance Memorial Way
Akwesasne, NY 13655
E-mail: education@srmt-nsn.gov
Fax: 518-333-5034
Ronathiatonhseraweíenston Education Division
Application for Services

What service(s) are you applying for? (check all that apply)
☐ Child Care Services  ☐ Youth Services
☐ Higher Education Services  ☐ Employment and Training Services (Akwesasne Center for Employment)

Name: ____________________________  Suffix: ______
  First Name  Last Name  Middle Name

Preferred Name: ___________________________________  D.O.B.: ________________  Age: ______

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): ____________________________
  ____________________________________________________________________________

County: ____________________________

Primary Phone: ________________  Other Phone: ____________________________

E-mail: ____________________________

Emergency Contact Name and Contact Information: ____________________________

Are you a person with a documented disability?  ☐ Yes  ☐ No
If yes, please name type of disability (physical, mental, and/or sensory): ____________________________

Have you served in the military or are considered a Veteran?  ☐ Yes  ☐ No
If yes, which branch of the Military and Veteran status? ____________________________

Are you registered with the Selective Service System?  ☐ Yes  ☐ No
  Staff Initials _______: confirmed registration status with Selective Service System

Current marital status:
☐ Single  ☐ Married  ☐ Divorced  ☐ Separated  ☐ Widowed  ☐ Not married/living with

Current educational status:
☐ Student enrolled in any level of formal education  ☐ Received High School Diploma/GED
☐ Did not attain High School Diploma or GED  ☐ Completed a post high school program

Name degree/certificate/licensure attained: ____________________________

Name personal, educational, and/or workplace development certifications/awards: ____________________________

Current employment status:
☐ Full-Time  ☐ Part-Time  ☐ Seasonal Project  ☐ Per Diem/Casual  ☐ Unemployed

Current Hourly Wage: $ ________________

If you are under 18 years of age, provide Parent/Guardian or Relative’s information:
First and Last Name: ____________________________  Relationship to you: ________________

Their phone #: ________________  Their e-mail: ____________________________

Page 2 of 3
Applicant’s Agreement and 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
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 ____).*

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<th>PRINT Applicant Name</th>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td><strong>If applicant is a minor, parent/guardian must sign application</strong></td>
<td></td>
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| PRINT Minor’s Name and DOB |