

Saint Regis Mohawk Tribe
Ronathiatonhseraweíénston Education Division
Tribal Learning Assistance Program Application for Services

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 (Akwasasne 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.

New Applicant Work with the Intake Coordinator	Returning Applicant Work with your Case Manager
STEP 1: Contact the Intake Coordinator at 518-358-9721 or e-mail education@srmt-nsn.gov and make an appointment.	STEP 1: Update your account and complete profile form(s) with your Case Manager. Please call 518-358-9721 or email education@srmt-nsn.gov
STEP 2: Hand in this application and all eligibility documents listed on page 2.	STEP 2: Hand in supporting documents required to process your request.
At this stage, intake is complete. You must work with your Case Manager to complete service eligibility.	At this stage, your returning application is complete.
STEP 3: Complete the Individual Success Plan with your Case Manager .	STEP 3: Update your Individual Success Plan with your Case Manager .
Please note: <ul style="list-style-type: none">• 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:wén (Thank You).

Working Together Today to Build a Better Tomorrow
Ska'tne ionkwaio'te ón:wa wenhniserá:te ne sén:ha aioianerénhake ne enióhrhen'ne



71 Margaret Terrance Memorial Way
Akwasasne, New York 13655
Phone: (518) 358-9721
Fax: (518) 333-5034

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

Ronathiatonhseraweiénston 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

Ronathiatonhseraweiénston 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:** _____
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 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: _____

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
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