

# **SAN JUAN SOUTHERN PAIUTE TRIBE**



## **JOB TRAINING ASSISTANCE APPLICATION PACKET**

*Approved by Tribal Council Resolution No. 2019-03 dated January 18, 2019*

**SAN JUAN SOUTHERN PAIUTE TRIBE**  
P.O. Box 2950  
50 S. Main Street, Suite 102  
Tuba City, AZ 86045  
(928) 212-9794 ~ (928) 233-8948 fax  
[www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov)

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## IMPORTANT INFORMATION – PLEASE READ

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The Job Training Assistance Program of the San Juan Southern Paiute Tribe is governed by the requirements of Title 8, Chapters 1 and 4 of the San Juan Southern Paiute Tribe Law & Order Code (Code). A copy of Title 8 of the Code can be reviewed on the Tribe's website at [www.sanjuanpaiute-nsn.gov](http://www.sanjuanpaiute-nsn.gov) or can be obtained upon request to the Tribal Administration Office.

The Job Training Assistance Program provides various types of job training assistance to Tribal Members who submit a complete Job Training Assistance Program Application (Application) and who meet the established criteria for the Program in accordance with the Tribal Law & Order Code and the San Juan Southern Paiute Tribe Job Training Assistance Program Handbook (Handbook). This Job Training Assistance Application Packet is part of the Handbook. A complete copy of the Handbook can be obtained upon request to the Tribal Administration Office. *Please note that the Code, the Handbook and this Application Packet may be updated from time to time. Prior to making an Application for Job Training Assistance, you should make sure that you are using the current version of the Code, Handbook and Application Packet.*

The Job Training Assistance Program is funded each year as part of the overall Tribal Budget and funding is limited from year to year. The review of your Application will be categorized by the type of Job Training Assistance you are requesting (e.g. workforce/job training, job and career counseling, clothing allowance, etc.). The type of assistance offered by the Tribe to provide adequate job training assistance for Tribal Members, if any, may not necessarily be the type of assistance initially requested by the Applicant. Job Training Assistance is limited to one (1) time per year.

**Job Training Assistance may be denied if:**

- You do not meet the qualifications for assistance;
- Sufficient funds are not available in the Program Budget or providing the requested assistance would result in the expenditure of a significant amount of the Program Budget that would prevent the Tribe from fulfilling a sufficient number of other Tribal Member requests for Job Training Assistance;
- A more efficient and reasonable means of achieving safe and adequate Job Training is available;
- Achieving the requested Assistance is impractical or unlawful;
- The Tribe lacks the necessary resources to provide the requested Job Training Assistance in a safe and adequate manner; or
- You have a more recent history of receiving Job Training Assistance from the Tribe than other Applicants;
- For any other non-discriminatory reason.

**IMPORTANT NOTICE:**

Receiving assistance from an approved Tribal Assistance Program could impact your ability to qualify for or receive other benefits or assistance from the state or federal government. Please check with your local agency providing state or federal benefits to determine the impact, if any, of receiving assistance from an approved Tribal Assistance Program.

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**TRIBAL LAW & ORDER CODE**  
**TITLE 8, CHAPTER 1, SECTION 307**  
**APPEALS AND REMEDIES**

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**§ 307 Appeals and Remedies.**

- A. Right to Appeal. Any Applicant who has submitted an Application shall have the right to appeal to the Tribal Court of the San Juan Southern Paiute Tribe, provided that the Tribal Court shall only have jurisdiction to address appeals alleging that the Constitution and/or the Law & Order Code has been violated.
- B. Where to File the Appeal. All appeals shall be filed with the Tribal Court pursuant to the appeal procedure established in Title 5 of the Law & Order Code.
- A. When to File Appeal. All initial appeals pursuant to this Article shall be filed within 30 days of the receipt of a notice informing the Applicant that their Application for assistance under a Tribal Program pursuant to this Title has been rejected or within 30 days of an alleged violation of the Tribal Constitution and/or the Law & Order Code.
- B. Remedies. With regard to appeals made pursuant to this Section, the Tribal Court shall have the jurisdiction to order compliance with the Tribal Constitution and/or Law & Order Code. Decisions of the Tribal Administration or Tribal Council shall only be set aside if arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.

*[Legislative History: Enacted by Resolution No. 2018-72, 10/5/2018]*

**NOTICE:**  
**INCOMPLETE APPLICATIONS WILL NOT BE**  
**PROCESSED**

If you do not submit a complete application:

1. A Notice will be mailed to you that informs you that your application is incomplete and it will request that you submit the items needed to complete the application.
2. If you do not provide a response within 30 days from the date of the Notice, any forms and/or photocopied information will be shredded. Any original documents will be mailed back to you at the last address provided on the application.
3. If your application is closed for failure to timely submit the requested documentation, you will be required to submit a new application with all the appropriate documentation in order to reapply for Assistance.

**ALL APPLICATIONS MUST BE SUBMITTED BY**  
**MAIL OR HAND-DELIVERED TO:**

San Juan Southern Paiute Tribe  
ATTN: Job Training Assistance Application  
P.O. Box 2950 (mailing)  
50 South Main Street, Suite 102 (street address)  
Tuba City, Arizona 86045

*You are responsible for ensuring that your application documents are delivered to the Tribe. It is recommended that if you are mailing your documents that you send them by Certified Mail – Return Receipt Requested or by Federal Express.*

**TO TRACK THE PROGRESS OF YOUR APPLICATION,**  
**CONTACT THE TRIBE AS FOLLOWS:**

Mail: San Juan Southern Paiute Tribe  
ATTN: Tribal Administrator  
PO Box 2950 (mailing address)  
50 South Main Street, Suite 102 (street address)  
Tuba City, Arizona 86045

Phone: 928-212-9794

Fax: 928-233-8948

Email: [j.conovaloff@sanjuanpaiute-nsn.gov](mailto:j.conovaloff@sanjuanpaiute-nsn.gov)



## **JOB TRAINING APPLICATION CHECKLIST:**

Use this Checklist to make sure you have submitted all required documentation with the Application.

- Job Training Assistance Application**
  - Complete, sign and date the Job Training Assistance Application. Note: There are two places to sign the Application.
  
- Household Member Addendum**
  - Complete a Household Member Addendum for each person who lives in your household over the age of 18.
  
- Copy of Driver's License or State Issued Identification Card**
  - Provide a copy of your driver's license or state issue identification card. If you do not have one of these, provide a copy of your Tribal Identification Card.
  
- Proof of Employment (If Newly Employed)**
  - Provide a proof of job offer/employment, including the name of the employer with contact information, location of employment, start date and date of first expected paycheck.
  
- Authorization and Consent to Release of Information for Tribal Assistance Programs**
  - Complete the Authorization and Consent to Release of Information and sign before a notary.
  
- Income Information**
  - Provide documents that verify all of the sources of income you stated in the Application. Such documentation may include, but not be limited to: summaries of benefits for TANF, SSI, SSDI, Social Security, and Court orders for child support, etc.
  
- Nightly Rates and Reservation Confirmation for Hotel/Motel (temporary lodging) (\*\* ONLY Required for Applicants Requesting Temporary Work Allowance\*\*)**
  - Applicants applying for Temporary Work Allowance must provide a copy nightly or weekly rates at the hotel, motel or other temporary lodging. The Temporary Work Allowance, if granted, will be for two (2) weeks or until the first paycheck whichever is first. Assistance shall not exceed \$2,100 for lodging and \$.54 for Mileage up to        miles.
  
- Other Supporting Documents**
  - The Tribe may request additional supporting documents or information from Applicant based upon the type of request and information provided in the Application.

# SAN JUAN SOUTHERN PAIUTE TRIBE



**FOR OFFICIAL USE ONLY**

Date Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

## JOB TRAINING ASSISTANCE APPLICATION

*Approved by Tribal Council Resolution No. \_\_\_\_\_ dated \_\_\_\_\_*

### **SECTION 1: APPLICANT INFORMATION**

*Fill out application entirely and complete in black or blue ink only.*

Biographical Information			
Full Name (First Middle Last):			
Maiden Name or Other Names:			
Date of Birth: ____/____/____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: City: _____	State: _____		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower			
Social Security #: _____ - ____ - _____		Tribal Enrollment #:	
Driver's License or State ID #:		State of Issue:	
Mailing Address (P.O. Box or Street): _____			
City: _____	State: _____	Zip Code: _____	
Physical Address (if no street address, provide major cross streets / intersections): _____			
City: _____	State: _____	Zip Code: _____	
<i>Location of Residence: For Applicant's without a physical address for their residence, use the space below to map the location of your primary residence showing major cross streets / intersections:</i>			
Home Phone: (    )    -		Cell Phone: (    )    -	
Email Address: _____			
Emergency Contact Name: _____		Phone: (    )    -	

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<b>Education Information</b>	
Education Attained: <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Technical or Vocation Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Do you have any specialized training or training certificates (e.g. journeyman, precision machining, paralegal, CDL etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what?:	

<b>Current Income and Tax Information</b>	
Wages earned from employment this year (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name(s) of other source(s) of income:	
When was the last year that you filed a federal income tax return?	
Was your income reported to you on: <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> Other: _____	
Do you currently owe any federal or state taxes that are overdue? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2: NEW EMPLOYMENT INFORMATION**

<b>New Employment Information</b>	
Name and address of new employer?	
Your job title:	
Location of your job:	
Name of supervisor or employer contact:	
Phone number of supervisor or contact:	
Date you will receive first paycheck:	
Will you need to relocate for work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start date:	End Date (if any)
Will employment be <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other – see below	
If OTHER, please explain:	

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**SECTION 3: HOUSEHOLD MEMBER INFORMATION**

**Household Member Information  
For Household Members Over the Age of 18**

For each member of your household over the age of 18, please fill out a **HOUSEHOLD MEMBER ADDENDUM** (*provided at the end of this Application*) and submit with this Application. Household Members include those who permanently live with you at your current residence. They may also include those who are **temporarily absent** from the home due to school, work or medical reasons, but who can demonstrate that the residence is their intended permanent home. For each member of your household under 18 fill in the information below.

**Household Member Information  
For Household Members Under the Age of 18**

Name	Date of Birth	Social Security Number	Member of SJSPT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: TYPE OF JOB TRAINING ASSISTANCE REQUESTED**

**WORKFORCE/JOB TRAINING** – Attending training programs or classes that offer the necessary skills required to be successful in a particular area of the workforce.

Describe your need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**JOB AND CAREER COUNSELING** – Guidance, counseling and programs for which the primary objective is to gain insight into potential career options and training.

Describe your need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**CLOTHING ALLOWANCE** – Obtaining the appropriate attire or necessary uniform required for work, training and interviews.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEMPORARY WORK ALLOWANCE** – provides funds for travel, room and board for new employment until the first paycheck, but no longer than two weeks. Assistance shall not exceed \$2,100 for lodging and \$.54 per mile for mileage up to      miles. *Applicant must provide all required documentation listed in the Job Training Assistance Packet to be eligible for Temporary Work Allowance.*

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rental or lease rate per month: \_\_\_\_\_

**OTHER** – Other job training assistance.

Describe your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5: PREVIOUS ASSISTANCE and CONFLICT OF INTEREST STATEMENT**

Previous Assistance and Conflict of Interest Statement
Have you or any member of your household ever received job training assistance from the San Juan Southern Paiute Tribe, another Tribe or Tribal Authority, a federal, state, or local public employment authority such as Veteran’s Affairs? <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
If YES, in what year(s) was employment or job training assistance provided:
If YES, describe the assistance provided:
Do you or your spouse have any immediate relative(s) (e.g. <i>parents, grandparents, children, brothers, sisters</i> ) presently working for or holding office with the San Juan Southern Paiute Tribe? <p style="text-align: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
If YES, provide the name(s) of relative(s), and their relation to you:

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**APPLICANT CERTIFICATION**

I certify that the information and supporting documents provided with this Application are accurate and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable by law and may result in the Tribe seeking to recover the assistance provided to me and/or refusing to provide any future assistance to me in addition to any other remedies available to the Tribe. I also understand that providing false statements or information is grounds for immediate termination of assistance.

I certify that if I receive assistance, I will meet the requirements of the type of assistance provided to me as stated in the Assistance Program Handbook. I understand that if I fail to meet the requirements of the Assistance Program, that the Tribe may seek to obtain repayment of the assistance provided to me.

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Signature of Applicant

Date

**AGREEMENT AND AUTHORIZATION TO SAN JUAN SOUTHERN PAIUTE TRIBE  
FOR RECOVERY OF ASSISTANCE PAYMENTS FROM OTHER SOURCES OF  
TRIBAL INCOME FOR VIOLATION OF TERMS AND CONDITIONS OF  
ASSISTANCE PROGRAM**

I understand and agree that in the event I violate the requirements of the Job Training Assistance Program, that the San Juan Southern Paiute Tribe is authorized to garnish any future sources of income that are due to be paid to me by the Tribe, including, but not limited to, wages, stipends, reimbursements, and/or per capita payments, to recover the value of any assistance provided to me by the Tribe under this Program. By signing, I am providing advance authorization to the Tribe to garnish such payments in the event the Tribal Court determines that I have violated the requirements of the Job Training Assistance Program and has set an amount that is due and payable by me to the Tribe.

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Signature of Applicant

Date

**PRIVACY ACT NOTICE**

THE INFORMATION PROVIDED IN THIS APPLICATION IS TO BE USED BY THE SAN JUAN SOUTHERN PAIUTE TRIBE OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PARTICIPANT OR BORROWER UNDER THE ASSISTANCE PROGRAM. IT IS NOT TO BE DISCLOSED TO ANY OUTSIDE AGENCY EXCEPT AS REQUIRED OR PERMITTED BY LAW. THE INFORMATION PROVIDED IN THIS APPLICATION MAY BE AGGREGATED BY THE TRIBE WITH OTHER TRIBAL DATA FOR STATISTICAL INFORMATION AND ANALYSIS PURPOSES.

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**HOUSEHOLD MEMBER ADDENDUM  
TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18**

RESIDENT # \_\_\_\_ *[insert number]*

<b>Biographical Information</b>	
Full Name (First Middle Last):	
Relationship to Applicant:	
Date of Birth: ____/____/____	Age: ____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #: ____ - ____ - ____	
Enrolled Member of San Juan Southern Paiute Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Tribal Enrollment Number?	
Enrolled Member of another Tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, name of other Tribe?	
Is this Resident Temporarily Absent from the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, state reason why absent: _____ Date of expected return: _____	
<b>Employment Information</b>	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
If YES, name of employer and job title:	
If NO, how long unemployed:	____ years ____ months
Reason for unemployment:	
Name of last employer:	
<b>Income Information</b>	
Wages earned from employment (before taxes):	\$ _____ / per month
Welfare/TANF assistance:	\$ _____ / per month
Court ordered child support:	\$ _____ / per month
Social Security Benefits:	\$ _____ / per month
Type of Social Security Benefits (retirement, SSDI, SSI):	
Unemployment benefits:	\$ _____ / per month
All other income from any other source(s):	\$ _____ / per month
Name of other source(s):	

**SAN JUAN SOUTHERN PAIUTE TRIBE  
 AUTHORIZATION AND CONSENT TO RELEASE OF INFORMATION  
 TRIBAL ASSISTANCE PROGRAMS**



Applicant's Printed Name:	
Birthdate:	
Mailing Address:	
City, State, Zip Code:	
Phone #:	
Email:	

To Whom It May Concern:

As a Tribal Member of the San Juan Southern Paiute Tribe, I have applied for assistance from one of my Tribe's Assistance Programs. As part of my application, the San Juan Southern Paiute Tribe must review my current income and benefits from various sources. I am providing this Authorization and Consent to Release of Information in order to assist my Tribe in obtaining verification of my current income and benefits. My request to release information also includes any associated Protected Health Information that may be related to my various sources of income or benefits I currently receive from another institution or government agency.

By signing below, I hereby authorize the release of information from other institutions and agencies, including, but not limited to, state and federal benefits programs, to the San Juan Southern Paiute Tribe, for the purpose of the San Juan Southern Paiute Tribe evaluating my application for assistance. Release of the information should be provided to:

San Juan Southern Paiute Tribe  
 ATTN: Tribal Assistance Program – [insert name of Applicant]  
 P.O. Box 2950  
 Tuba City, Arizona 86045  
 Phone (928) 212-9794 ~ Fax (928) 233-8948

This Authorization and Consent to Release of Information shall be valid for one (1) year from the date I have signed below.

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

STATE OF \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that s/he executed the same for the purpose therein contained.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_