



Native Employment Works Program (NEW)

The Nooksack Indian Tribe's NEW Program is geared to provide supportive and job retention services to enrolled Nooksack tribal members residing in Whatcom County.

Eligibility for services as follows:

1. A person entering a new permanent part-time or full-time employment
2. Applied within, and no longer than, a six (6) month period of hire date
3. Enrolled in Higher Education and participating in a work study program
4. Fall within the 175% of the current HHS Poverty Guidelines
5. Enrolled Nooksack
6. Reside in Whatcom County

Ineligibilities:

1. Seasonal employment
2. Temporary hire
3. Job transfer

Some services provided include:

One time only: Employment clothing or tools

One time only: Household hygiene products

One time only: Food voucher

One time only: Optical Services

For more information regarding the NEW Program, or to see if you may qualify, please call Nooksack Social services at (360) 592-0135



**AUTHORIZATION FOR RELEASE OF INFORMATION
NEW Program**

I authorize the release of information requested by the Nooksack Tribal Social Services Agency or its agents. The requested information will only be used in the administration of the Nooksack Tribal Social Services Programs, and will not be released to any other person or agency outside of the Nooksack Tribal Social Services Program. This release of information will be in effect while I am an applicant or recipient of Nooksack Indian Tribe's NEW Program, and for any later investigations of my eligibility and other receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Nooksack Tribal and Bellingham Housing Authority, Social Security Administration, local governments, public assistance programs contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, Social Services Departments, Elders Programs, State and Tribal Division of Child Support, State and Tribal TANF Programs, and the Nooksack Legal Department.

I further understand that I may have to sign a Consent for Release of Information with any agency to which I have been referred.

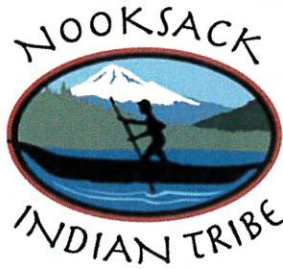
A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Printed Name

Phone Number

Date



Nooksack Indian Tribe
ENROLLMENT DEPARTMENT
Request for Information Form

Processed by: (Employee Only)

____ Roy Bailey

____ Mary Delgado

____ Elizabeth King George

I, _____, (date of Birth): ____/____/____,
request the following information from the Enrollment Department. The request is for the following
individuals:

____ Myself ____ Child(ren): _____
(Must be Parent or legal Guardian)

____ Tribal Enrollment Verification ____ Certificate of Indian Blood (CDIB)

Enrollment Number if known or Social Security Number of each Individual (use back of form if need more room)

Please provide this information to: Nooksack Indian Tribe NEW Program

And send it by: (Check one and fill out)

____ Fax Fax#(____) _____ - _____ Attention: _____

____ Mail: Name: _____

Address: _____

City/State/Zip: _____

____ Email: _____ Attention: _____
Email Address

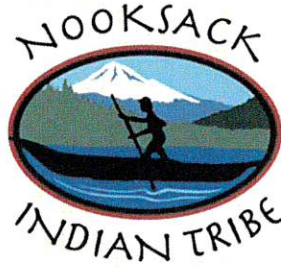
Signature: _____ Date: _____
(Individual requesting release)

Contact Number: (____) _____ - _____

This form is to be filled out by the individual who is requesting information in accordance to Title 63; under 63.05.001(b)(2).
Send this form to the Tribal Enrollment Office via EMAIL enrollment@nooksack-nsn.gov or fax to (360)306-5099 ATT: Enrollment or mail to PO Box 157 Deming, WA 98244 Attention Enrollment.

Office use only:

Date Received: ____/____/____ Date Processed: ____/____/____
Scanned and uploaded by: _____ on (date): _____



Statement of Earnings

Nooksack NEW Program

I hereby authorize my employer to provide the following information regarding my employment to the Nooksack Social Services NEW Program.

Client Name: _____

Client Signature: _____ Date: _____

To Human Resources Director:

In order to provide services to the above client, we need verification of income.

Position Title: _____

Start Date: _____ Hours per week: _____

Rate of pay: _____ Estimated Tips: _____

Pay periods are: Weekly Biweekly Monthly

Temporary employment: Yes No Regular Employment: Yes No

Company Name: _____ Phone: _____

Company Address: _____

Employer Representative Name: _____

Employer Representative Title: _____

Employer Representative's signature: _____ Date: _____

Return completed form to: Sarah Cline | NEW Program Coordinator
PO Box 157
Deming, WA 98244
sarahc@nooksack-nsn.gov