

477 (ADULT) Program 231-534-7767**Intake/ Application Record & IEP**

Needed Documentation for All Clients: Tribal Membership Verification, Proof of Age, Proof of Residency
(a Tribal ID card with your birthdate and address will be plenty)

Eligibility into the GTB 477 Program does not guarantee eligibility for all services. Some services are available to all eligible Tribal Members, and some services are limited to those in financial need or limited by other eligibility requirements.

First Name:	MI:	Last Name:	Date of Intake Application:
Social Security #:	Disability Income: Y/N		DOB:
Phone#:	E-mail Address:		
Physical Address:			
Mailing Address, if different:			
Name of Tribe:			TID#:
Veteran: Y/N	Employed: Y/N	Last wage in the past 6 months: _____	Current Wage: _____
Do you have a High School or Equivalency Diploma: Yes No Have you attended College/University: Yes No			

Name of High School: _____ Name of College/University: _____

Below is the 2025 ANNUAL income eligibility guideline for certain services in this program. Assistance with maintaining employment WILL require proof of income. However, not all services will require this.

Family Size	1	2	3	4	5	6	7	
150% of Poverty line	\$23,475	\$31,725	\$39,3975	\$48,225	\$56,475	\$64,725	\$72,975	Add \$8,250 for each extra person

It is the participant's responsibility to notify the 477 Program of any changes that relate to eligibility.

NEEDS ASSESSMENT

Below is a list of general referrals that are given to all 477 Participants.

Agency Referral	Educational Referral	Assessment Referral
O Money Management Training Referral to NMCAA Emily Marek 231-346-2141 O Mi. Welfare Programs: MDHHS: 517-241-3740 O LCN: 231-994-2271 (Leelanau cash assistance) O BACN: 231-882-9544 (Benzie cash assistance)	O GED/HS Diploma Referral: GTB Tribal School, KMTS-231-534-4459 O Higher Education: GTB Edu: Melissa Alberts: 231-534-7765	O Career Interest Assessment: Referral to: Mynextmove.org/explore/ip or Careeronestop.org (for further assistance, please contact the 477 Program at 231-534-7767)

Please list the things that you need help with to become self-sufficient and/or gain employment. For Example: CDL Training, High School Diploma, Child Care, Work Attire, Etc., if you request tools, Be Specific!

Employer: _____ Employment verified by Case Manager: Y / N

My goal is to minimize and/or overcome the barriers listed above and those stated in my Individual Employment/Training Plan (IEP):

Client Signature: _____

Date: _____

GTB 477 Program
INDIVIDUALIZED EMPLOYABILITY/TRAINING PLAN (IEP) GOALS

This Page will be filled out with a 477 staff member.

Date Activity Started/ Timeline for completion	Specific Activities (short term goals) that I will do to lead to my long-term goal of employment or self sufficiency	Who Will Do The Activity?
/ Today	Step 1: receive referral	Participant
/within 1 week of receiving this form	Submit completed application, Tribal ID and Proof of Income if needed to 477.	Participant
/		Participant
/		Participant
/		Participant
/		Participant
/		Participant
/		Participant

477 PROGRAM SERVICES GIVEN TO ACCOMPLISH PLAN – FILLED OUT BY 477 STAFF

477 Staff will check the approved services being provided.

What Type and Amount of Service?	Who Will Make The Arrangements?	Who Provided the Service?	Who Paid for the Service?
☐ Referral	GTB 477 Director	GTB 477 Program	GTB 477 Program

APPLICANT/PARTICIPANT CERTIFICATION STATEMENT

I live within the GTB Service Area of: Antrim, Benzie, Leelanau, Manistee, Grand Traverse Charlevoix Counties. If Applicable, I certify that I am compliant with the Selective Service Act. This means that I have registered if I was required to do so, or if I did not register, then I did not knowingly and willfully fail to do so.

I am a member of a Federally Recognized Tribe. I am over 18 years of age and I understand that the Grievance Procedures are posted in the Human Resources bldg. and/or available upon request.

I understand that I am not eligible for any services from the GTB 477 program unless I meet the minimum requirements listed above and that additional services may require further documentation. I agree not to duplicate services with any other GTB programs.

I certify that all of the above statements are true, and I understand that it is my burden to prove eligibility upon request. Furthermore, I agree to repay any expense that this program spends due to any dishonesty on my part, over expenditure of purchase orders or that I spend on non-approved items. If I fail to make progress on any part of my IEP, then I understand that this may be grounds for termination from this program.

This certification is applicable to any additions to this IEP.

AUTHORIZATION: I authorize the release of any information, documentation and other material needed to determine eligibility and compliance with the GTB 477 Program.

Client Signature:

Date:

This client is (circle one) eligible / not eligible for the GTB 477 Program:

Staff Signature: _____ Date of Plan: _____