



Lower Elwha Klallam Tribe
General Assistance (GA)

TIMESHEET

High School / College / Vocational Student

I am applying for financial assistance for services for myself, as I am in need. I agree to supply information regarding resource and income and to notify LEKT GA Staff of any changes to my situation within ten (10) days of changes. LEKT GA is authorized to obtain information to establish eligibility.

Participant Information

First Name Middle Last Name Suffix (Jr, Sr, II...)

Current Mailing Address: Phone Number:

Current Physical Address: Email:

1. Did you received any type of funds earned or other, during this reporting period? [] Yes [] No If No, Skip #2
If you marked "Yes", complete 2). Include all income, such as in kind, per capita, SSI, death benefits, retirement, state GAU, employment, inheritance, casino winnings, etc. Attach pay stubs or proof of income. If it is self-employment, attach proof of business cost for allowable deduction of business costs.

Source of Income: Gross Amount: \$ Date Received:
Source of Income: Gross Amount: \$ Date Received:

2. Are you employed or were you during this reporting period? [] Yes [] No
If YES, Where: _____

3. Are you a High School Student? [] Yes [] No
If YES, Attach monthly grades and attendance from School Office

4. Are you a College Student? [] Yes [] No
If YES, Attach class scheduled/grades, at beginning/end of quarter/semester, list weekly attendance on back page

5. If you are a High School or College Student, did you stop attending during this reporting period? [] Yes [] No
If YES, A new ISP is required

6. Are you currently receiving Food Benefits? [] Yes - Amount: \$ _____ [] No

7. Are you currently receiving medical coverage from another source, other than IHS? [] Yes [] No
If YES, What source: _____

8. Were you incarcerated at any time during this reporting period? [] Yes [] No
If YES, What Dates: _____

9. If you are female, did you recently find out you are pregnant? [] Yes (If Yes, apply for TANF) [] No

10. Has your family unit changed, meaning that person has entered, joined your family unit or you got married? [] Yes [] No
If YES, Explain: _____

11. Did you have a change in medical condition since the last report, which would prevent you from attending school? [] Yes [] No
If YES, Attach a completed Physician's Statement or obtain one from staff and a new ISP may be required.

12. Are you or will you be attending Intensive Outpatient Treatment, Detox, or Impatient Treatment? [] Yes [] No
If YES, Attach verification, and a new ISP may be required.

All income must be reported, earned or unearned, to determine continued eligibility. If you are uncertain what to report, please talk to the Case Manager. Participants who make fraudulent misrepresentations in order to obtain or continue to receive assistance will be denied further benefits until the overpayment is repaid and the case may be referred to the LEKT Prosecuting Attorney. By signing this document, I certify the information that I have provided is true and accurate and that I understand the above information. If I am not clear or have questions, I understand I can ask staff at any time.

Participant Signature Date

High School/ College/ Vocational Attendance Log

**Attach a copy of your monthly school attendance printout

Week	High School/ College/ Vocational School/ Phone Number	Total Class Hours for the Week
1		
2		
3		
4		
5		

*All High School/College/Vocational participants are required to attend classes as scheduled.

Appointments for Medical, Dental, Mental Health, and Other Agencies/Providers.

Date	Office/Physician	Phone Number	Purpose of Appointment