



Lower Elwha Klallam Tribe
General Assistance (GA)
EMPLOYABLE PARTICIPANT

TIMESHEET

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.

Monthly GA timesheets received on or before the 15th of the month will be processed as an on-time grant and checks will be mailed out to be received on the 1st day of the month. Paperwork received on or after the 16th and prior to the 1st of the following reporting month will be processed as a late grant and be received on the 15th of the month. Any paperwork received after the 1st of the month will not be processed. If a landlord statement isn't on file a non-shelter grant will be calculated and processed.

Participant Information

First Name	Middle	Last Name	Suffix (Jr, Sr, II...)
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Current Mailing Address:	Phone Number:
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Current Physical Address:	Email:
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- 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: |
- Are you currently employed or were you during this reporting period? ☐ Yes ☐ No
If YES, Where: _____
- Are you a High School or College enrolled Student? ☐ Yes ☐ No
If YES, Attach class scheduled/grades, at beginning/end of quarter/semester, list weekly attendance on back page.
- 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
- Are you currently receiving Food Benefits? ☐ Yes - Amount: \$ _____ ☐ No
- Are you currently receiving medical coverage from another source, other than IHS? ☐ Yes ☐ No
If YES, What source: _____
- Were you incarcerated at any time during this reporting period? ☐ Yes ☐ No
If YES, What Dates: _____
- If you are female, did you recently find out you are pregnant? ☐ Yes *(If Yes, apply for TANF)* ☐ No
- Has your family unit changed, meaning that person has entered, joined your family unit or you got married? ☐ Yes ☐ No
If YES, Explain: _____
- Did you have a change in medical condition, that will prevent you from seeking employment, since last report? ☐ Yes ☐ No
If YES, Attach a completed Physician's Statement or obtain one from staff and a new ISP may be required.
- Are you or will you be attending Intensive Outpatient Treatment, Detox, or Inpatient Treatment? ☐ Yes ☐ No
If YES, Attach verification, and a new ISP may be required.
- Did you apply for SSI during this reporting period or did you receive correspondence from SSI? ☐ Yes ☐ No
If YES, Attach verification and complete appointments section on the back.

REMEMBER TO COMPLETE THE APPOINTMENTS SECTIONS ON THE BACK

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 _____

GED Attendance Log

Week	Location	Total Hours for the Week	Staff Name/ Contact Number	Staff Signature
1				
2				
3				
4				
5				

Employable participants that do not have a high school diploma or GED **are required to attend class or complete homework that is equal to no less than 6 hours per week. Hours can be averaged for the reporting period. Homework has to be issued by an instructor and the homework as listed above. All GED students are required to attend E&T class, unless the time conflicts with E&T class or otherwise exempt as listed in your IRP.

Education and Training Attendance Log

Week	Location	Total Hours for the Week	Staff Name/ Contact Number	Staff Signature
1				
2				
3				
4				
5				

*All employable participants are required to attend E&T class, unless the time conflicts with employment, or other medical/court appointments. Verification must be attached.

Other Appointments Attendance Log

Date	Office/Physician	Phone Number	Purpose of Appointment

** Five Job Contacts Per Week Required; Complete Attached Job Search Form

Employer Contacts and Job Search Activities					
	Date of Contact	Name of Business, Address, Website TERO/Work source Office	How was contact made?	Contact Name and Phone Number	What Happened
Contact 1			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 2			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 3			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 4			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 5			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 6			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 7			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 8			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 9			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
Contact 10			<input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Phone <input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired

Employer Contacts and Job Search Activities					
	Date of Contact	Name of Business, Address, Website TERO/Work source Office	How was contact made?	Contact Name and Phone Number	What Happened
Contact 11			<input type="checkbox"/> In Person		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Online		
			<input type="checkbox"/> Phone		
Contact 12			<input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> In Person		
			<input type="checkbox"/> Online		
Contact 13			<input type="checkbox"/> Phone		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Other:		
			<input type="checkbox"/> In Person		
Contact 14			<input type="checkbox"/> Online		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Phone		
			<input type="checkbox"/> Other:		
Contact 15			<input type="checkbox"/> In Person		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Online		
			<input type="checkbox"/> Phone		
Contact 16			<input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> In Person		
			<input type="checkbox"/> Online		
Contact 17			<input type="checkbox"/> Phone		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Other:		
			<input type="checkbox"/> In Person		
Contact 18			<input type="checkbox"/> Online		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Phone		
			<input type="checkbox"/> Other:		
Contact 19			<input type="checkbox"/> In Person		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> Online		
			<input type="checkbox"/> Phone		
Contact 20			<input type="checkbox"/> Other:		<input type="checkbox"/> Submitted Application <input type="checkbox"/> Not Hiring <input type="checkbox"/> Interviewed <input type="checkbox"/> Follow-up Call <input type="checkbox"/> Hired
			<input type="checkbox"/> In Person		
			<input type="checkbox"/> Online		