



## **EMPLOYMENT ASSISTANCE PROGRAM**

### **Eligibility for Employment Assistance Program:**

1. Must be an enrolled tribal member 18 years of age or older.
2. Assistance payment shall not exceed \$1500.00 for the calendar year (Jan –Dec).
3. Applicant must be in good standing with the Tribe.

**Employment Assistance:** To provide financial assistance to our tribal members who are seeking to obtain and/or retain permanent employment.

### **Scope of Assistance:**

Vehicle purchase, vehicle repairs, DMV fees, etc.

Transportation Assistance -Gas Card yearly max amount \$300.00

Work Clothing, Shoes/Boots, Uniforms, etc. – yearly max amount \$500.00 (must turn in receipts)

Equipment/tools needed for work

And Any other employment related requests approved by the Program Manager.

### **Documentation:**

-Paystub for the past 30 days

-For all requested items, we need quotes attached in order to make payment. If the documentation is not attached, we will not be able to process your assistance.

-Also, please complete vendor form with Name, Address and amount owed to each vendor.



**ENTERPRISE RANCHERIA**  
2133 Monte Vista Ave.  
Oroville, CA 95966  
Phone: (530) 532-9214 Fax: (530) 532-1768

**Employment Assistance Program**

**Type of Service Requesting:**

Job Search \_\_\_\_\_ Retain employment \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

	<b>NAME</b>	<b>DATE OF BIRTH</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Please explain what you are requesting (Gas, Clothing, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please state vendor information below:**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

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For office use only:    Approved \_\_\_\_\_ Denied \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Administrator: \_\_\_\_\_ Date: \_\_\_\_\_