



Request for Assistance

Applicant Information

Date: _____ Phone #: _____

Applicant Name: _____
Last First M.I.

Address: _____

Tribal Affiliation: _____

Employer: _____

- Referral Request Letter Employer Verification Receive Training Guidelines
- Followed Training Guidelines

Registered Date: _____ Receive Date: _____

Obligation:

I am receiving these assistance items: _____ for my job only. If I fail to complete the project that I am hired for or terminate my employment, I will remit payment to the TERO program for the amount of the items and also be placed on Termination 1. This means that I will not be able to receive any kind of assistance or job referrals from this program.

Client Signature Date

Director Signature Date