

Intake Form

Dislocated Fishers Office
2616 Kwina Road, Bellingham, WA 98226
Phone (360) 384-2307 Fax (360) 384-8981



Instruction: Check boxes should be left blank for 'No', and checked or filled in for 'Yes'.

Application Date

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> III
First Name	Middle Initial	Last Name	Other: <input type="text"/>

<input type="text"/>	<input type="text"/>
Date Of Birth (MM/DD/YYYY):	Maiden Name/Alias

Sex Are you a Veteran? How many dependents do you have?

Are you an enrolled member of the Lummi Nation?

Enrollment Number

Have you been dependent on commercial fishing?

Fishing ID

Instruction: If you do not have a fishing id you must attach a letter from your Captain as evidence that you are a commercial fisher.

I have attached a letter from my Captain

Contact Information

Mailing Address

Street/PO Box		
City	State	Zip

Physical Address (if different than mailing address)

Street/PO Box		
City	State	Zip

Other

<input type="text"/>	<input type="text"/>
Primary Contact Phone Number	Message Phone Number

Email Address

Education

High School

Did you graduate high school, or have a GED? → If yes, what year did you Graduate or receive your GED? Year

If no, what was the highest grade you completed? Grade Year

College

Have you attended College? → How many years of College Education do you have?

Do you have a degree? → Year Graduated? What is your highest degree? What was your Major?

Vocational Training

Program/Certificate Name	Year Certificate Awarded

Other Qualifications

- Do you currently have a valid WA drivers license?
- Do you currently have a commercial driver's license (CDL)?
- Do you have reliable transport?
- Are you willing to work outside of the Reservation?
- Are you willing to work outside of Whatcom County?
- Do you have a resume?

Barriers to Employment

Instruction: Indicate any that you feel applies to your situation.

Training/Work Experience

Equipment
 Operator?

Instruction: Indicate all that apply. Circle the Y on the right if you are interested in this type of work . Add more equipment types if necessary

Other:	Job Type	Experience (Months)	Do you have interest in this kind of work?

Instruction: Indicate all that apply. Circle the Y on the right if you are interested in this type of work. Add more job types if necessary.

Other Assistance

Have you received assistance from other programs/institutions? (If yes, indicate which programs)

TERO TANF NWIC Lummi General Assistance

Other

Other

Other

Signature

I certify, to the best of my knowledge, the information stated is true, correct, complete, and made in good faith. I understand that any false statements on this application may affect my eligibility for assistance. I further understand that this application is not intended to be a contract to employment, nor concerning my employment, education, and military history listed on this application.

Signature

Date

For Office Use only

Date Received

Received By:

NWIC Education Evaluation Needed?

Intensive Services Needed?

Date Entered into Database:

Application Attachments

Letter from Fishing Captain

