

Dehcho First Nations
local 695-2610, fax 695-2038
ASETS Local/Short-Term Assistance Application
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Part 1: Basic Eligibility Requirements

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- ASETS funding is available to all First Nations, Inuit and Metis people residing in the Dehcho Region of the Northwest Territories for the last 6 months.
- Applicants must have a career plan in place. Career counseling is available through LTA's, NWT ECE, school counselors or community adult educators.
- Applications must be received at **least 30 days prior to the start of your program**. The 30 days provides adequate time for the LTA office to review the application and make recommendation to the Education Committee.
- Incomplete applications will not be considered for assistance.
- Applicants must provide all sources of household income. Providing false information will result in the applicant and their spouse being ineligible for funding for a period of 2 of more years or until the funds falsely received are returned.
- Applicants must investigate the cost of registration and textbooks/supplies to ensure all costs are captured on the budget plan.
- An accurate budget must be prepared. Please note, ASETS funding provides for basic expenses only.
- Car payments, credit card payments, loans, etc. are not eligible for ASETS funding as they are personal expenses not related to education or training.
- Applicants who failed to complete previous trainings are not eligible to receive further funding for a two year period or until funds owed to the program are repaid.
- **DFN members who reside outside the Dehcho Region:**
 - are required to apply to the nearest ASETS holder to the community you are residingIf the DFN member who resides outside the Dehcho Region is denied funding from all outside sources, they may then apply to the Local Training Authority (LTA) office in their member community. Denial letters from the outside funding sources must be attached to the DFN ASETS application.
- The ASETS program does not sponsor clients who are attending high school.
- The ASETS program will not sponsor an applicant who quit their average earning employment.
- The ASETS program will not sponsor applicants who are employed full time, unless their employment is in jeopardy without specific training.

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Part 2: Career Plan

Part 2 must be completed with the help of a career counselor. Career counseling is available from the LTA's, NWT ECE, school counselors or adult educators in your community.

Name of Career Counselor	
Agency	
Date of Career Counseling	

What are your career objectives and is it appropriate, does it fit with respect to your interests and natural abilities?

What skills and/or education do you need to reach your career objective?

Where can you acquire these skills and/or education?

How long will it take you to acquire these skills and/or education?

What have you done to date to achieve this objective? Outline the planning you have done to achieve this objective?

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Part 3: Personal Information (entered into HRSDC Contact IV Database)

1.Social Insurance Number:		
2.Surname:	3.First Name:	4.Initial:
5.Date of Birth:	6.Gender: Male_____ Female_____	
7.Home address: Box #		
8.Community:	9.Territory/Province:	10.Postal Code:

11.Phone:	Fax:	Email:
12.Abandon Group: First Nation___ Inuit___ Metis___	13. Marital Status: Married/Common Law___ Single___ Other___	
Spouse receiving financial benefits? Yes___ No___		
Spouse Name:	Spouse SIN:	

14.Dependant(s) - only one parent may claim dependant(s)	Date of Birth	Living with me	Relationship
Names (First and Last)			

15.Highest Grade Completed:	Year:
School:	16.Community:

17:Language(s) Spoken:	18.Disability: Yes___ No___
19.Barriers to Employment:	
20.Income Support Client: Yes___ No___	21.Drivers License: Yes___ No___ Class of License_____
22.Have you received Employment Insurance benefits within the last 3 years? Yes___ No___	
23.Are you currently receiving Employment Insurance benefits: Yes___ No___	
24.Do you require Childcare: Yes___ No___ If yes - please apply to the nearest ECE for a Child Care User Subsidy application	

PROGRAM APPLIED FOR:

Program:	Institute:	
Location:	Accepted___ Confirmation Pending_____	
Start Date:	End Date:	Ticket___ Certificate___
Registration/Tuition:	Books/Supplies	

BANKING INFORMATION (all funding will be deposited directly into a CIBC account – or mailed):

Transit Number:	Account Number:
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Part 4: Release Agreement & Applicant's Declaration

- In connection with my application for funding, I authorize Dehcho First Nations community organization to request information regarding my academic progress and to request written documentation from an educational institution including official transcripts.
- I hereby consent to the sharing of any information regarding my training and employment status and any aspect of this application, which may affect the Contribution Agreement between HRSDC and Dehcho First Nations Aboriginal Skills and Employment Training Strategy (DFN ASETS).
- I hereby apply to the DFN ASETS for financial assistance and declare and certify that:
 - The information contained in this application is complete and true in every aspect.
 - False statements may result in the termination of benefits, the recovery of benefits already paid and/or my ineligibility to receive any type of funding from the DFN ASETS for a period of two years.
 - If I am suspended, released or do not complete my program, as described in the proposed activities, I will be required to reimburse the DFN ASETS for the full amount of financial assistance received and that I may become ineligible for any type of funding from the DFN ASETS for a period of two years.
 - I will inform the Local Training Authority Coordinator and/or DFN ASETS of any changes to my funding from other sources as outlined above.
 - The DFN ASETS can at any time request verification of dependants residing with you or in which you are provided a monthly allowance.
 - The information contained in this document is shared with Human Resources Services Development Canada. The applicant has the right, under the Privacy Act, to obtain this information from Canada.

I have read and understood the above agreement.

Applicant's signature _____ Date(yy-mm-dd) _____

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Application Received and Reviewed by:

LTA's signature _____ Community _____ Date _____

Right to Appeal: Clients applying for ASETS financial assistance have the right to appeal a decision of non-approval. Please discuss any questions or concerns with your LTA Coordinator or LTA Committee.