



COW CREEK CAREER CENTER

Continued Employment Assistance Program



2371 NE Stephens St.
Suite #100
Roseburg, OR 97470
Phone: (541) 677-5575
Fax: (541) 677-5574

Email: info-education@cowcreek-nsn.gov

ABOUT


This program is for Tribal members to apply to for assistance with continued supplies related to their employment.

Each applicant is reviewed individually and funding is based on the request and budget of the program. Supplies funded are generally referred to as uniforms, required clothing, shoes, tools and equipment. Items cannot be “consumable”.

Each request has a lifetime limit of \$250.

ELIGIBILITY

- Cow Creek Tribal Member
- Must be employed for at least one year or longer.

 *Does not have to reside in the seven county service areas*

REQUIRED DOCUMENTATION

- Completed “Employment Assistance Program” Application
- Dated letter from employer on official letterhead listing what supplies and quantity are needed for employment, please make sure it is specific.

Can be mailed, faxed or e-mailed to Cow Creek Gov’t Offices, Attn: Cow Creek Career Center

- Dated receipt (reimbursement), or dated on-line purchase(s)
Funds can only be disbursed within the month of the application along with dated letter from employer.

PAYMENT OPTIONS

- Tribal member can purchase items directly and be reimbursed. Remember to check for date of purchase and items listed are relevant.
- Tribal member can purchase online with Amazon.com or store website. This option **MUST** show proof of shipment received.
- Tribal Workforce Development Program no longer offers direct payment to store purchases.

DEADLINE

Allow approximately two weeks for processing. Funding will be received through your rapid pay card.

**Please return all forms to:
Cow Creek Career Center**



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Employment Assistance Program Application



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Email: info-education@cowcreek-nsn.gov

Name: _____
First Middle Last

Tribal Enrollment Number: _____

Phone Number: _____

Email: _____

Mailing Address: _____
Street Address or P.O. Box

City State Zip

EMPLOYMENT INFORMATION

Start Date of Employment: _____

Length of Existing Employment: _____

Name of Employer: _____

Employer Phone Number: _____

Employer Address: _____

Supervisor Name: _____

Supervisor Email: _____

REQUIRED LETTER FROM EMPLOYER

A letter on official letterhead from your employer is required to process this request. The letter must include the following:

- Your job title
- Employment start date and length of employment
- A list of required supplies that you need for employment. This must include the item and quantity.

I certify that the above information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

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