



# COW CREEK CAREER CENTER

*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 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

 *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 preferred method of payment.*

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



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## Employment Assistance Program Application

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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
- 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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