

STOI 477 PROGRAM APPLICATION
FOR
General Assistance and/or WIA Programs

Box 358
Wellpinit, WA. 99040
(509) 458-8000

232 E. Lyons Ave
Spokane, WA. 99208
(509) 533-1360

Welcome to the Spokane Tribe of Indians 477 Program. The services provided are made possible through federal grants, which require at least 1 piece of documentation from the following list to make eligibility determination. *Additional documentation may be required depending on your particular household situation.*

For items 1-5 provide 1 source and for 6- 8 provide all verifications of income for the past 12 months.

1. **Identification:**
Birth Certificate Drivers License State Picture I.D.
2. **Native American Indian Blood and/or Tribal Enrollment**
Tribal Enrollment Card CIB (Certified Indian Blood)
3. **Social Security Card.** OR Lost card receipt from Social Security Office filing for a replacement card.
4. **Registration with Selective Service (only for male applicants 18 yrs. To 26 yrs. old).**
Selective Service letter Wallet-size Registration Acknowledgement Internet print-out
5. **ALL Applicants 18 Yrs. old and older must provide ONE of the following:**
Employed: Proof of Employment (pay stub, letter, or completed proof of employment form).
Education: Proof of Enrollment in an Education Facility & Proof of Financial Award for Education.
6. **Proof of Residence (must include your name, address, and dated within last 30 days)**
Landlord Statement (*Completed by Landlord or Property Owner*)
7. **Denial letter(s) from:**
State DSHS
Unemployment (apply by phone @ 1-800-318-6022 or on-line @ www.esd.wa.gov)
8. **ALL INCOME SOURCES FOR THE LAST 12 MONTHS MUST BE PROVIDED for EVERYONE in your household. Examples of this type of documentation include:**

Pay stub or Letter from employer	Any Tribal Assistance Specify: _____
Social Security Benefit letter	Retirement Benefit Letter
DHS Food Stamps or TANF Printout	Child Support Document
Gas/Oil/ Land Lease papers	Notarized Statement of Support
Unemployment Benefit letter	Alimony papers
Self Employment	Federal Financial Aid/Grant papers (PELL and/or Tribal)

You can expedite the process by providing complete information and documentation. **Applications will not be considered complete until all denial letters are received.** When all processes are complete you will be forwarded to the Employment & Training Department.

ASSISTANCE APPLYING FOR: (Check all that apply) <input type="checkbox"/> General Assistance <input type="checkbox"/> WIA Adult – Support Services/Employment <input type="checkbox"/> WIA Youth – Support Services/Employment	DATE
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PERSONAL INFORMATION

NAME (LAST, FIRST, MI)		DATE OF BIRTH	SOCIAL SECURITY #
MAILING ADDRESS (P.O. BOX, CITY, STATE, ZIP)			
PHYSICAL ADDRESS			
HOME PHONE	CELL #	MESSAGE CONTACT NAME & #	
TRIBAL AFFILIATION	ENROLLMENT #	IF NOT ENROLLED, CHECK ONE: <input type="checkbox"/> Descendent <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Indian	
TRIBAL AGENCY (NAME, STREET, CITY, STATE, ZIP)			
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE # and EXPIRATION DATE	

BACKGROUND INFORMATION

ARE YOU RECEIVING ANY SERVICES FROM THE FOLLOWING PROGRAMS: (Check all that apply) <input type="checkbox"/> DCFS <input type="checkbox"/> P-CAP <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> HUD Housing <input type="checkbox"/> SSI <input type="checkbox"/> TAPIO Counseling <input type="checkbox"/> CASA/GAL <input type="checkbox"/> WIC <input type="checkbox"/> Pre-Natal Care <input type="checkbox"/> GA/GAU <input type="checkbox"/> TANF <input type="checkbox"/> Other: _____			
DO YOU FEEL ANY OF THE FOLLOWING SITUATIONS APPLY TO YOU: (Check all that apply) <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Lack of Child Care <input type="checkbox"/> Lack of Work Skills/History <input type="checkbox"/> Lack of Education <input type="checkbox"/> Ongoing Physical or Mental conditions <input type="checkbox"/> Other: _____			
DO YOU HAVE ANY OUTSTANDING FINES OR WARRANTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF SO, ARE ANY OF THE FINES OR WARRANTS DRUG AND/OR ALCOHOL RELATED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes on either of the previous questions complete the following:			
County/Court	Charges	Fine and/or Amount Due	
VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	VETERAN/OTHER ELIGIBLE <input type="checkbox"/> VETERAN ERA <input type="checkbox"/> OTHER VET <input type="checkbox"/> ELIGIBLE PERSON <input type="checkbox"/> PERS GULF	MILITARY SERVICE DATE ENTERED DATE RELEASED	BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER HONORABLY DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATE GRADUATED 	IF NO HIGHEST GRADE COMPLETED 	SCHOOL (Name & Address)
GED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATE RECEIVED 	IF NO TESTS TAKEN IN LAST 2 YRS. 	FACILITY (Name & Address)
ARE YOU CURRENTLY ENROLLED IN ANY EDUCATIONAL PROGRAMS TO COMPLETE DIPLOMA/GED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Home Alliance <input type="checkbox"/> Even Start/ABE <input type="checkbox"/> Other _____			
HAVE YOU ATTENDED COLLEGE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATES 	FIELD OF STUDY/ DEGREE RECEIVED 	FACILITY (Name & Address)
HAVE YOU ATTENDED A VOCATIONAL SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATES 	FIELD OF STUDY/ DEGREE RECEIVED 	FACILITY (Name & Address)

EMPLOYMENT HISTORY

<input type="checkbox"/> Check here if you have never worked.			
DO YOU HAVE ANY OF THE FOLLOWING CURRENT, VALID SPECIAL LICENSES: <input type="checkbox"/> CDL <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Food Handler's <input type="checkbox"/> Flagging Card <input type="checkbox"/> Other _____			
LAST PLACE OF EMPLOYMENT			
EMPLOYER NAME 			
EMPLOYER ADDRESS 			PHONE #
START DATE 	END DATE 	FINAL RATE OF PAY 	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
JOB TITLE 	SUPERVISOR NAME 	SUPERVISOR TITLE 	
DUTIES 			
REASON FOR LEAVING 			

INCOME

HOUSEHOLD INCOME: Begin by listing yourself and then list all people, you provide financial support for or Receive support from, usually consisting of your spouse and your children. If you support a person 18 yrs. or older and claim that person on your taxes they are apart of the household also. All income needs to be submitted, including cash payments, gifts of support, etc. (If you file income tax together, you are considered a household.)

PLEASE CHECK ALL THAT APPLY TO YOU:

- Single Individual Single-Parent Family Two-Parent Family
 Non-Custodial Parent (Must provide Legal documents)

ALL HOUSEHOLD MEMBERS

NAME	AGE	RELATIONSHIP	TRIBAL AFFILIATION	Do You Want Benefits for this Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	Self	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALL HOUSEHOLD INCOME

NAME	SOURCE OF INCOME	MONTHLY AMOUNT OF INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL # in HOUSEHOLD TOTAL HOUSEHOLD INCOME FOR PAST YEAR \$ _____

IF YOU ARE CLAIMING ZERO INCOME FROM ANY SOURCE, YOU MUST EXPLAIN HOW YOU PROVIDE FOR AND/OR SUPPORT YOURSELF: (This section must be completed for consideration of eligibility)

UNIFORM GRIEVANCE & APPEALS PROCEDURE

The Spokane Tribe of Indians Employment and Training Department has established a uniform grievance and appeals procedure applicable to all participants within the program engaged in any type of activity included under the Public Law 102-477 Plan, and Employment and Training Department. The procedure insures due process and establishes a series of levels of review. All complaints are reviewed based on program procedures and official documentation.

Step 1: Informal/Verbal complaint – resolve informally with the staff member.

Step 2: Written complaint if Step 1 is unsuccessful. The written complaint will be received, date stamped, and delivered to the Assistant Director. The Assistant Director will investigate and respond to the complaint within ten (10) working days from receipt of complaint.

Step 3: Appeal Committee if the participant feels the complaint is not resolved; the written complaint must be forwarded to the Director. The Director will convene an Appeal Committee to review and respond to the complaint within ten (10) working days. The Committee will notify the participant of their decision within that ten (10) day period. All decisions made by the Appeal Committee are final. The Appeal Committee will be comprised of the Director, a program manager, and a program specialist.

DRUG FREE WORKPLACE / NO FIREARMS ALLOWED

The Spokane Tribe of Indians Employment and Training Department maintains a safe and secure drug free workplace and does not allow illegal substances, drug paraphernalia, or fire arms upon its property. This policy applies to employees and guests. Anyone found in violation of this policy and/or breaking the law will be subject to appropriate actions including removal from the building or grounds, termination or suspension of services, and appropriate legal procedures.

CONFIDENTIALITY

Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all Employment & Training staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

RELEASE OF INFORMATION

I certify that the information given in this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination from the program and may result in prosecution under law. I also hereby authorize Employment & Training staff to obtain or release information included in this application as it pertains to my eligibility for services, and/or assistance sought on my behalf from other social services programs, for verification of information that I have provided, and/or reporting purposes.

INDIVIDUAL PLAN OF SERVICE: I further understand that the DETERMINATION OF ELIGIBILITY does not guarantee Services and that not all services will be financial in nature. I agree to work together with my assigned Career Development Specialist to develop and prepare an EMPLOYMENT & TRAINING PLAN which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services. By my signature below, I indicate my agreement to abide by the policies and procedures set forth, and release of information as necessary to verify information, provide, and/or obtain services on my behalf.

Applicant Signature

Date

Parent or Legal Guardian Signature IF Applicant if Under 18

Date



**Spokane Tribal 477
Employment & Training
Landlord/Manager Statement**

CLIENT MUST COMPLETE THIS PORTION:

Shared Living with family or friends (please provide address below):

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please note: All correspondence and checks will be sent to the above address.

I certify all information that I have given is true and correct to the best of my knowledge. I hereby authorize my Property Owner or Authorized Manager to provide the following information regarding my rental or lease agreement to the Spokane Tribal 477 Employment & Training program.

Print Name: _____ Signature _____ Date _____

PROPERTY OWNER OR AUTHORIZED MANAGER MUST COMPLETE THE FOLLOWING:

The Spokane Tribal 477 Employment & Training program is in the process of determining this client's eligibility. Please provide the information requested below. Complete all sections below with only the information you know to be true. Write "unknown" to questions you cannot answer (Please don't leave any box blank.).

Physical Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date Moved In: _____ Date of Lease Expiration: _____

Name of Person Paying Rent: _____ Current Rent Amount: \$ _____

Does the Tenant Pay a Portion of the Rent? Yes No If Yes, how much? _____

Property Owner or Authorized Manager's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Property Owner or Authorized Manager's Signature: _____ Date: _____



Spokane Tribal P.L. 102- 477 Program Services

Application for P.L. 102-477 Program Services

Instructions: Please fill out the form completely. Based on your request for services we will provide you with the proper Program application to determine your eligibility. Your application will be screened with an intake specialist and an appointment will be scheduled within 10 business days.

Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apartment/Unit#

_____ City County State Zip Code

Phone: _____ Social Security Number: _____

Gender (please circle): Male Female

Marital Status (please circle): Single/Never Married Married/Living Together
Married/Separated Widowed Divorced

What are you applying for?

- ____ Tribal TANF: ____ Cash assistance (family or care-taker relative); ____ WEX/OJT wage employment;
 ____ Medical/Food; ____ Legal services; ____ Drug & Alcohol treatment
 ____ Childcare Services
 ____ Higher Education or Adult Vocational Training
 ____ Youth Services: ____ Youth Activities (ages 7-18); ____ Youth Employment (ages 14-21);
 ____ Youth Educational Assistance (age 3- 18)
 ____ General Assistance (cash assistance) for low income individuals
 ____ WIA Adult for low-income individuals (Employment, Training or Support Services)

	Yes	No
Are you a Citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a male born after 1959 have you registered with selective services?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 30 days have you received TANF assistance from another State or source?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or someone in your family a member of a federally recognized tribe?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive food stamps?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive subsidized housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive medical assistance from the State?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received TANF benefits? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>

What is your current employment status?

_____ Employed _____ Unemployed _____ Not in the work force

Education

Education Level (please circle one):

Dropout Student HS-GED Post HS Bachelors Degree Higher

Current Education Status Post Secondary (please circle one):

Not Applicable Full Time Part Time Accepted

If applicable, have you applied for a pell grant?

NA Yes No

If applicable, do you have a higher ed unmet financial need?

Income

I, my spouse, or someone I'm applying for has income:

Yes No

If yes, please complete the following section:

***gross mo. amount = dollar amount before taxes

	Self receiving the amt?	Gross monthly amount	Adult 2 receiving the amt?	Gross monthly amount
Employment Income				
Unemployment Benefits				
Social Security				
Supplemental Security Income (SSI)				
Child Support or Spousal Maintenance				
Veterans Admin (VA) or military benefits				
Labor and Industries (L&I) or insurance benefits				
Per Capita				
Other:				

Resources

In addition to the items listed below, other examples of resources include cash, money held by others, sales contracts, livestock, crops, and business equipment.

Type of Resource	Self receiving resource?	Where is resource? (bank, etc)	Amount or value	Adult 2 receiving resource?	Where is resource? (bank, etc)	Amount or value
Checking account(s)						
Savings or credit union acct(s)						
CD or money market account(s)						
Trusts or annuities						
Stocks or bonds						
Mutual Funds						
Retirement Fund or IRA						
Burial funds, plans, or plots						
Life Insurance						
Property						

Per Capitas						
Vehicles						
Prize Money						
Other:						
Other:						

General Household Information

List everyone in your household even if you are not applying for them

Name (First, Middle, Last)	How is this person related to you?	Date of Birth	U.S. Citizen Yes/ No	Highest grade or Degree	Tribal Affiliation
	Self				

CERTIFICATION - I certify that the information provided on this application is true to the best of my knowledge. I am aware that the information provided on this application is subject to review and verification, and that I am required to provide documents to support this application.

Applicant Signature and Date Signed
Parent/Guardian Signature and Date (for applicatns under 18 years of age)



SPOKANE TRIBE OF INDIANS
Tribal 477/TANF PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

Authorization for access to the records of:

Last Name	First Name	Middle	Date of Birth
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The following information may help in locating records:

Client Identification Number (CIF#)	Location of Service Wellpinit
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Please release my information to the following organization:

Spokane Tribal 477/TANF Program

AUTHORIZATION FOR RELEASE:

I authorize the following programs to release information from my records. I understand that information may be provided verbally or by computer data transfer, email, fax, hand delivery or mail.

- Public/Private/Enterprise/Tribal Human Resources Department(s)
- Spokane Tribal Casino Human Resources Department(s)
- DSHS Medical, Mental and Chemical Dependency Records
- Vocational Rehabilitation program(s) and all other HHS programs
- Tribal Enrollment Department(s)
- Tribal TANF(s) and other State Programs
- Labor and Industries
- Public/Private/Tribal School and/or College Systems
- Washington And All Other States Employment Security Department
- Department of Licensing
- Tribal/State/Federal court documents/records
- Social Security Administration
- Tribal Forestry/Forest Development Program
- Legal Services/Attorney(s)
- Medical Health Records
- Other: _____

I understand and agree to the release of the information authorized in this form. The consent is valid for twelve (12) months from the date of authorization.

Printed Name	Authorized by (Signature)
Date Signed	Telephone Number

You may be eligible for

unemployment benefits

if you lose your job

Log onto www.esd.wa.gov to apply

To apply for unemployment, you will need:

- Your Social Security number
- Names and addresses of everyone you worked for in the last two years
- Dates you started and stopped working for each employer
- Reasons you left each job
- Your alien registration number if you are not a U.S. citizen

If you were in the military within the last 24 months, we will also ask you to fax or mail us a copy of your discharge papers (Form DD214).

You can apply online unless:

- You worked in two or more states in the last 24 months
- You worked in only one state other than Washington in the last 24 months
- You were totally disabled for at least 13 consecutive weeks due to a work-related injury or a non-work related injury or illness, AND you were released by your doctor within the last 12 months

You can also apply for unemployment over the phone

Call 1-800-318-6022 (TTY 1-800-365-8969). We are available to help you Monday through Friday from 8:00 a.m. to 5:00 p.m., except on state holidays. We may be open extended hours during peak periods.

If your Social Security number ends with:

0 thru 3, call Monday 4 thru 7, call Tuesday 8 thru 9, call Wednesday

Please call on your designated day. If you miss your day, you may call on Wednesday, Thursday, or Friday of the same week without any delay in payment. Customers with active claims may call any day of the week.

You must look for work each week that you claim benefits

Visit WorkSource to find all the FREE resources you need to find a job. These include workshops, computers, copiers, phones, fax machines, Internet access, and newspapers. Log onto www.go2worksource.com to find the office nearest you.

If your work hours have been reduced to part-time, you may qualify for partial unemployment benefits.

If you have been unemployed due to a work-related injury or non-work-related illness or injury and are now able to work again, you may be eligible for special unemployment benefits.

Employers are legally required to post this notice in a place convenient for employees to read (see RCW 50.20.140).

The Employment Security Department is an equal opportunity employer and provider of programs and services. Auxiliary aids and services are available upon request to persons with disabilities. Auxiliary aids may include qualified interpreters and telecommunications devices (TTY) for hearing or speech impaired individuals. Individuals with limited English proficiency may request interpretive services free of charge to the customer in order to conduct business with the department.





VERTICAL IDENTITY

Vertical Identity · P.O. Box 74554, Phoenix, AZ 85087
(602) 899-1606 Fax: (602) 899-1698 info@verticalidentity.com

CONSENT TO BACKGROUND CHECK

In connection with my application for eligibility to receive assistance from **the Spokane Tribe of Indians**, I understand that a background inquiry is to be made on myself to verify that I have not been convicted of or committed a felony or act which may disqualify me from receiving **Spokane Tribe of Indians** assistance. I understand that an individual convicted of certain types of felonies; is a fugitive felon; or a probation/parole violator; is ineligible to apply for/receive Spokane Tribal 477/TANF assistance. The types of felonies which would result in my disqualification have been explained to me.

I authorize, without reservation, any party or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I have the right to make a request to the consumer reporting agency, **Vertical Identity, PO Box 74554, Phoenix, AZ 85087 (602) 899-1606**: upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within one year preceding my request.

I hereby authorize procurement of the above information for the purpose of determining my eligibility for assistance. I understand that, in compliance with the Spokane Tribal 477/TANF Plan and the Fair Credit Reporting Act, the information related to my Spokane Tribal 477/TANF assistance may not be released to a third party, unless I sign a notarized Release of Information form authorizing the release of information to the third party.

I acknowledge I have been made aware of or given a copy of my consumer rights under the Fair Credit Reporting Act.

Field Office:	
Applicant Name (First Middle Last):	
Drivers License #	State of Issue:
Social Security #:	Date of Birth:
Address:	

X _____ DATE _____
APPLICANT SIGNATURE



- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture