

# CONFEDERATED SALISH AND KOOTENAI TRIBES

## DHRD-WIA (Workforce Investment Act)

### APPLICATION

DHRD’s WIA Program is designed to assist participants (must be enrolled in a Federally Recognized Tribe or 1<sup>st</sup> Generation CSKT Descendant and living on the Flathead Reservation) with Temporary Employment (Work Experience) to gain the necessary skills to obtain employment on your own. On-the-Job-Training is available for employers- WIA will reimburse ½ the wages for a period of 3 – 6 months. At the end of the Training the Employer will be required to pick the participant up permanently.

If applying for employment related assistance (job bonus, clothing, gas, etc) you will need to provide proof of employment. All transportation (vehicle repair, gas, etc) must have proof of insurance, registration, and driver’s license). The WIA Program is not designed to assist with school expenses (tuition, fees, books, supplies). We do not have it in our budget.

**PLEASE STATE TYPE OF ASSISTANCE YOU ARE SEEKING FROM WIA (work experience, OJT, work clothing, etc) \_\_\_\_\_**

**If you are applying for any type of support service or WIA employment assistance, application must be completed in its entirety, to include the following:**

- Social Security Card** (applications are available from the DHRD Receptionist)
- Picture ID**
- Proof of Tribal Enrollment**
- Proof of Residency** (Light bill, rent receipt, box receipt, telephone bill. Etc).
- Income Verification** (Last 6 months)
- Participant resume** (if you need assistance WIA can help)
- Current TABE Test<sup>1</sup> within on (1) year** (This is a federal guideline- You must have this)
- If you are applying for any type of transportation assistance, you must meet income eligibility (see below); provide a valid Montana Driver’s License, Proof of Registration and Proof of Insurance.**
- Complete a Background Investigation** – (see Personnel on Tuesday or Thursday – make sure you turn in your yellow slip)
- Every applicant must sign up for Leadership Mentoring 4 Weeks** (sign up with the DHRD receptionist)

#### Income Eligibility Guidelines<sup>2</sup>

Size of Family Unit	Income cannot exceed
1	\$12,455
2	\$16,756
3	\$21,057
4	\$25,358
5	\$29,659
6	\$33,960
7	\$38,261
8	\$42,562

\_\_\_\_\_  
WIA Applicant Signature

\_\_\_\_\_  
Date

<sup>1</sup> TABE Tests are often used by potential employers in determining suitability for a specific job. In certain instances, a TABE test may substitute for a High School Diploma or GED (as advertised).

<sup>2</sup> Income guidelines revised- 1/23/2009 – (15% over 2009 LLSIL Poverty Guidelines)

# CONFEDERATED SALISH AND KOOTENAI TRIBES DHRD – WIA

DATE OF APPLICATION: \_\_\_\_\_

**PLEASE PRINT**

## SECTION I

NAME: \_\_\_\_\_ SEX:  Male  Female  
LAST FIRST M.I.

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

HOME/MESSAGE

Who referred you to this program? \_\_\_\_\_

Are you an enrolled member of any Tribe?  Yes  No

If yes, Name of Tribe: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Are you a descendant of any Tribe?  Yes  No

If yes, Name of Tribe: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No if no, PLEASE SPECIFY: \_\_\_\_\_

Do you have a disability or impairment?  Yes  No

If yes, please Specify: \_\_\_\_\_

Are you a resident of Montana? (If lived here more than 30 days)  Yes  No

## SECTION II: EDUCATION and/or TRAINING

TYPE OF SCHOOL	NAME & ADDRESS	DATES ATTENDED	DEGREE DIPLOMA OR CERTIFICATE
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HIGH SCHOOL			
TECHNICAL OR VOCATIONAL TRAINING INSTITUTE			
COLLEGE			

Do you have a GED?  Yes  No If yes, date received? \_\_\_\_\_

Are you currently enrolled at any school full time?  Yes  No

Are you scheduled to return next quarter?  Yes  No

What is highest grade you completed in school? \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No DL #: \_\_\_\_\_

CLASS/TYPE

Do you have Transportation?  Yes  No

### SECTION III: PRIOR WIA PARTICIPATION

Have you ever participated in WIA before? \_\_\_ Yes \_\_\_ No if yes, complete (A)-(E)

(A) Sponsoring Organization	(B) City	(C) State	(D) Program Activities	(E) Dates of participation	
				From	To

### SECTION IV: FAMILY DATA

Number of people who reside in the household including self:

	Name of Family Member(s)	Age	Date of Birth	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

### SECTION V: EMPLOYMENT HISTORY

Have you worked in the last 13 weeks? \_\_\_ Yes \_\_\_ No

Hourly Wage? \$\_\_\_\_\_ In the last 12 months? \_\_\_ Yes \_\_\_ No

Are you working part-time, but seeking full-time? \_\_\_ Yes \_\_\_ No

Describe all jobs held, starting with the most recent position; (include military jobs)

Employer: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Telephone # of Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Hourly rate: \$\_\_\_\_\_

\_\_\_\_\_ Full-time \_\_\_ Part-time Hours per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List other experiences and voluntary work: \_\_\_\_\_

Types of work preferred: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## SECTION VI: HOUSEHOLD INCOME

Have you or any household member received earned income in the past six (6) months? (List all sources of income from current and past employment)

Employer	Amount received
1. _____	\$ _____ /Month
2. _____	
3. _____	

Have you or any member of your household received any of the following benefits in the past six (6) months? Please answer with a “yes” or “no” and the amount received.

	Yes/No	Amount received
AFDC/ WELEFARE		\$
TRIBAL GENERAL ASSISTANCE		\$
TWEP OR EARNED BENEFIT		\$
SOCIAL SECURITY		\$
SSI (Supplemental Security income)		\$
VA (Veteran’s Administration) BENEFIT		\$
UNEMPLOYMENT COMPENSATION BENEFIT		\$
WORKMAN’S COMPENSATION		\$
RAILROAD RETIREMENT		\$
GOVERNMENT RENSION		\$
FOSTERCARE BENEFITS		\$
MILITARY BENEFITS		\$

Have you or any member of your household received any of the following (in the last 6 months):

	Yes/No	Amount received
PELL GRANT		\$
SEOG (supplemental equal opportunity grant)		\$
AVT (adult vocational training)		\$
GUARANTEED STUDENT LOAN		\$
COLLEGE WORK STUDY		\$
VETERANS EDUCATIONAL		\$

**SECTION VII: PERSONAL DATA**

Have you ever been arrested? \_\_\_Yes \_\_\_No    Convicted? \_\_\_Yes \_\_\_No

Are you a single parent? \_\_\_\_\_ or A parent in a two-parent family? \_\_\_\_\_

Are you currently participating in the Jobs Program? \_\_\_Yes \_\_\_No

Are you registered for the Military Selective Service? \_\_\_Yes \_\_\_No

Veterans Status: (please answer “yes” or “no”)

1. Have you ever served on active duty in the U.S. Military services? \_\_\_\_\_

2. Are you a Vietnam Era Veteran (1964-1975)? \_\_\_\_\_

3. Did you receive an honorable discharge? \_\_\_\_\_

**YOUR APPLICATION CANNOT BE PROCESSED UNTIL YOU HAVE ANSWERED  
ALL QUESTIONS.**

**I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE INFORMATION I HAVE PROVIDED IS SUBJECT TO IMMEDIATE TERMINATION IF I AM FOUND INELIGIBLE AFTER ENROLLMENT AND MAY BE PROSECUTED FOR FRAUD AND/OR PERJURY. I ALLOW RELEASE OF THIS INFORMATION FOR VERIFICATION PURPOSES AND I UNDERSTAND THAT PORTIONS OF THIS APPLICATION MAY BE RELEASED TO PROSPECTIVE JOB SITES TO BE USED AS A BASIS FOR POSSIBLE EMPLOYMENT.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF INTAKE OFFICER

\_\_\_\_\_  
DATE



# PARTICIPANT RECORD

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

## ELIGIBILITY VERIFICATION

APPLICATION: \_\_\_ Completed \_\_\_ Signed by Participant \_\_\_ Signed by Intake Officer \_\_\_ Updated  
NATIVE AMERICAN STATUS: \_\_\_\_\_ ENROLLMENT #: \_\_\_\_\_  
ECONOMIC STATUS: \_\_\_ Economically Disadvantaged \_\_\_ Underemployed \_\_\_ Unemployed  
\_\_\_ Retraining eligible \_\_\_ Upgrading Eligible \_\_\_ Handicapped  
Participant Earned Income \$ \_\_\_\_\_ for Six Months- Source: \_\_\_\_\_  
Participant Unearned Income \$ \_\_\_\_\_ for Six Months- Source: \_\_\_\_\_  
# in Family: \_\_\_ and Income \$ \_\_\_\_\_ for Twelve Months- Source: \_\_\_\_\_  
Poverty Level or LISII Standard: \_\_\_\_\_ for # in Family: \_\_\_\_\_

SIGNATURE OF VERIFIER: \_\_\_\_\_ DATE: \_\_\_\_\_

Activity: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Time Used: \_\_\_\_\_ WKS

Training/Work Title: \_\_\_\_\_ Total Wages or OJT Paid: \_\_\_\_\_  
Supportive Services Provided: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Classroom Training Provided: \_\_\_\_\_ Classes: \_\_\_\_\_

## TERMINATION STATISTICS

1. ENTERED UNSUBSIDIZED EMPLOYMENT ( ) Direct (No training or subsidized employment)  
TOTAL \$ \_\_\_\_\_ ( ) Indirect (After training/subsidized employment)  
A. ( ) Also attained employability enhancement
2. ATTAINED EMPLOYABILITY ENHANCEMENT ONLY  
TOTAL \$ \_\_\_\_\_ ( ) Entered non-section 401 training  
( ) Returned to full-time school  
( ) Completed major level of education  
( ) Completion of worksite training objective  
( ) Attained basic/occupational skills proficiency
3. OTHER TERMINATIONS REASON: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

## PLACEMENT INFORMATION

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Start Date: \_\_\_\_\_ Wages per Hour: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Outreach Counselor

# TERMINEE STATISTICAL INFORMATION

PARTICIPANT NAME: \_\_\_\_\_

SS #: \_\_\_\_\_

\_\_\_\_ Male      \_\_\_\_ Female

\_\_\_\_ Under 22      \_\_\_\_ 22-29      \_\_\_\_ 30-54      \_\_\_\_ 55 or over

\_\_\_\_ School drop out      \_\_\_\_ Currently enrolled high school student

\_\_\_\_ High School graduate or GED      \_\_\_\_ Post high school attendee

\_\_\_\_ Single head of household w/dependants under age 18

\_\_\_\_ Disabilities      \_\_\_\_ Offender

\_\_\_\_ Reading skills below 8<sup>th</sup> grade

\_\_\_\_ Multiple barriers to employment

\_\_\_\_ Unemployed 15 or more weeks or prior 26 weeks      \_\_\_\_ Not in labor force

\_\_\_\_ Public Assistance Recipient

\_\_\_\_ Veteran

\_\_\_\_ Average weeks of participation

\_\_\_\_ Average hourly wage prior 52 weeks per program

\_\_\_\_ Average hourly wage at termination

\_\_\_\_ Participation in training/other programs (such as higher Ed, AVT, state WIA, TWEP, Ironworkers, JOBS, etc.)

**WIA  
ASSESSMENT FORM**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

PERSONAL INFORMATION:      AGE: \_\_\_\_\_

- MALE     FEMALE     VETERAN  
 SINGLE HEAD OF HOUSEHOLD W/DEPENDENTS UNDER 19 yrs  
 UNEMPLOYED 15 OR MORE WEEKS OF PRIOR 26 WEEKS  
 NOT IN LABOR FORCE (HAVE NOT WORKED IN PAST 7 DAYS)  
 IN LABOR FORCE

EMPLOYMENT/TRAINING GOAL:

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EDUCATION:

- HIGHEST GRADE COMPLETED     HS DIPLOMA     GED  
 VOCATIONAL TRAINING       POST SECONDARY

WORK EXPERIENCE: (AS RELATED TO EMPLOYMENT/TRAINING GOAL)

POSITION                      EMPLOYER                      AMOUNT OF EXPERIENCE

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RESULTS OF TABE SURVEY:

- READING GRADE EQUIVALENT  
 MATHEMATICS GRADE EQUIVALENT  
 LANGUAGE GRADE EQUIVALENT  
 SPELLING GRADE EQUIVALENT

BARRIERS TO EMPLOYMENT:

- SCHOOL DROPOUT     MATH SKILLS BELOW 8<sup>TH</sup> GRADE  
 LIMITED ENGLISH     READING SKILLS BELOW 8<sup>TH</sup> GRADE  
 DISABILITIES  
 LACKS SIGNIFICANT WORK HISTORY  
 LONG TERM AFDC  
 JOBS PROGRAM PARTICIPANT  
 LONG TERM GA (RECEIVED BENEFITS FOR ANY 24 OR MORE OF PAST 30)  
 PREGNANT/PARENTING TEEN  
 HOMELESS       OFFENDER       SUBSTANCE ABUSE

# 90 DAY

# PENALTY

## DHRD Programs – Cash / General Assistance

If you refuse, quit, or are terminated due to your not wanting to work, your not wanting to accept the starting wages with out having the required training and/or the education, not showing up, reporting to work late, not calling in, not doing the job you were hired to do, etc. You and your whole family will need to serve a penalty period of 90 days. The 90 days will start the day you apply for services (after each refusal, quit, or are termination from employment) not the day you refused, quit or are terminated from your employment.

This applies to anyone who is applying or currently receiving DHRD assistance.

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Client Signature

Date

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Case Manager

Date

<sup>1</sup> This includes accepting work for WIA Work Experience and failing a drug test for DHRD's WIA Program