

CONFEDERATED SALISH AND KOOTENAI TRIBES

Work Experience APPLICATION

DHRD's Program is designed to assist participants (must be enrolled in a Federally Recognized Tribe or 1st 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- DHRD 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 and all documentation listed below for self and family. All transportation (vehicle repair, gas, etc) must have proof of insurance, registration, and driver's license).

The 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 TANF / WIA employment assistance, application must be completed in its entirety, to include the CURRENT following items:

- Social Security Card on ALL household members (applications are available from the DHRD Receptionist)
- Picture ID on all Adults
- Proof of Tribal Enrollment on all household members
- Proof of Residency mailing & Physical (Light bill, rent receipt, box receipt, telephone bill. Etc).
- Income Verification for all household members (Last 6 months)
- Resume on all adults (if you need assistance WIA can help)
- Current TABE Test¹ on all adults 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 on all adults – (see Personnel on Tuesday or Thursday – make sure you turn in your yellow slip)
- If applicable all male applicant must registered or be registered with Selective Services www.sss.gov/status**
- Every applicant must sign up for Leadership Mentoring 4 Weeks (sign up with the DHRD receptionist)

Income Eligibility Guidelines²

Size of Family Unit	Income cannot exceed
1	\$14,611
2	\$23,946
3	\$32,877
4	\$40,580
5	\$47,894
6	\$56,013
7	\$64,132
8	\$72,251

Head of Household signature

Date

¹ 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).

² Income guidelines revised- 3-25-2016 – (LLSIL Poverty Guidelines hh over 6 + \$8,119 (difference between HH 5 and 6)

CONFEDERATED SALISH AND KOOTENAI TRIBES

DHRD – Work Experience TANF/WIA

DATE OF APPLICATION: _____

PLEASE PRINT

SECTION I

NAME: _____ DOB: _____ SEX: ___ Male ___ Female
LAST FIRST M.I.

Current mailing Address: _____
Box/Street Town Zip Code

Current Physical Address: _____
Street Town Zip Code

Current Phone #: _____ Current Cell #: _____ Current e-mail: _____

SECTION II: FAMILY DATA

Household members including self (Must provide-Enrollment, SS cards and Birthcertificates):

FIRST NAME	LAST NAME	RELATION SHIP	DATE OF BIRTH	SS #	ENROLLMENT #	TRIBE	INCOME
		Head of Household					

Who referred you to this program? _____

REASON YOU APPLIED FOR WIA

Type of assistance you are looking for: _____

What is your education/training objective? _____

What is your employment objective? _____

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 III: EDUCATION and/or TRAINING

TYPE OF SCHOOL	NAME & ADDRESS	DATES ATTENDED	DEGREE DIPLOMA OR CERTIFICATE
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 IV: 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 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: _____ **Position/Title:** _____

Start date: _____ End date: _____ Full/Part-Time _____ Hr per Week _____ Rate of Pay: _____

Address of Employer: _____ Employer phone #: _____

Duties: _____

Reason for leaving: _____

Employer: _____ **Position/Title:** _____

Start date: _____ End date: _____ Full/Part-Time _____ Hr per Week _____ Rate of Pay: _____

Address of Employer: _____ Employer phone #: _____

Duties: _____

Reason for leaving: _____

Employer: _____ **Position/Title:** _____
Start date: _____ **End date:** _____ **Full/Part-Time** _____ **Hr per Week** _____ **Rate of Pay:** _____
Address of Employer: _____ **Employer phone #:** _____

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. _____	_____

Are you or any member of your household receiving or have received any of the following benefits in the past six (6) months? Please answer with a “yes” or “no”, who, how often and the amount received.

	Yes/No	Person Receiving	How Often	Amount
TANF/AFDC/ WELEFARE				\$
GENERAL ASSISTANCE				\$
TWEP/EARNED BENEFITS				\$
SOCIAL SECURITY				\$
SSI (Supplemental Security income)				\$
VA (veteran's Administration) Benefit				\$
UNEMPLOYMENT BENEFIT				\$
WORKMAN'S COMPENSATION				\$
RAILROAD RETIREMENT				\$
GOVERNMENT RENSION				\$
FOSTERCARE BENEFITS				\$
MILITARY BENEFITS				\$

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

	Yes/No	Person Receiving	How Often	Amount
PELL GRANT				\$
TRIBAL HIGHER EDUCATION SCHOLARSHIP				
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/SPOUSE

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 8th 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:

EDUCATION:

- HIGHEST GRADE COMPLETED HS DIPLOMA GED
 VOCATIONAL TRAINING POST SECONDARY

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

POSITION EMPLOYER AMOUNT OF EXPERIENCE

RESULTS OF TABE SURVEY:

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

BARRIERS TO EMPLOYMENT:

- SCHOOL DROPOUT MATH SKILLS BELOW 8TH GRADE
 LIMITED ENGLISH READING SKILLS BELOW 8TH 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

Confederated Salish and Kootenai Tribes

INTERAGENCY

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIA, SYEP, LIEAP, NEW, Welfare 2 Work, FEMA, Indian Elderly Program, Vocational Rehabilitation Program.

I/We, authorize the above named programs to share, exchange and give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Program in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:

- 1. Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
- 2. Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
- 3. Tribal Health and Human Services - THHS (Mental Health, Alternate Resource, WIC, Substance Abuse program), etc.
- 4. Tribal Education Department – TED (educational awards, grades, referrals), etc.
- 5. Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
- 6. Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
- 7. Salish Kootenai Housing Authority – SKHA (Rent amount, household compositions, lease compliance, residency), etc.
- 8. Public Schools – (verify attendance of minor children in general school and at IEP sessions)
- 9. Tribal Police – (CPS referrals and outstanding warrants.), etc.
- 10. Probation Adult/Juvenile –(Truancy, Community services and other requirements)
- 11. Tribal Court – Community Services and Court Orders, etc.
- 12. Division of Lands – (verify Land Lease),etc.
- 13. Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
- 14. MT Children’s Health Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
- 15. Tribal Enrollment – _____
- 16. Social Security Administration, MT Disability Bureau, Veteran’s Administration – Verify income
- 17. CSKT Tribal Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
- 18. EMPLOYER NAME: _____ ADDRESS: _____ PHONE _____
- 19. Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
- 20. State TANF Programs (to get the number of months for the Federal Time Clock) _____
- 21. Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
- 22. CSKT Individual Indians Monies Account need current balance for _____
- 23. Per-Capita statements _____
- 24. Passages Fatherhood Program
- 25. Child Support Enforcement Division
- 26. Other _____
- 27. Potential employers found by DHRD TANF-WIA list

I/We understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my/our family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand the I/We may cancel this Consent for Release of Information, in writing at any time.

Print Name - Applicant/Parent or Guardian

Date

Sign Name

Date

Witness

Date

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM
_____ / _____ / _____ **TO** _____

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant/Parent or Guardian Signature

Date

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.

Client Signature

Date

Case Manager

Date

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

