PROGRAM APPLICATION

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MONTANA UNITED INDIAN ASSOCIATION
WORKFORCE INNOCATION AND OPPORTUNITY ACT
ELGIBILITY DOCUMENTATION

Please bring in the following documentation for your application to be complete. Incomplete files will not be considered for funding.

PROOF OF ENROLLMENT/DESENDENCY

- ☐ Tribal CIBD or BIA 4432 ***OR-***
- ☐ Birth certificate ***OR-***
- ☐ Tribal enrollment certificate ***OR-***
- ☐ Community recognition (By at least 2 elders) ***OR-***
- ☐ Tribal descent form

HOUSEHOLD INCOME STATEMENT *(All sources for 12 months prior to application) Use a Combination* of the following:

- ☐ Most recent W-2's
- ☐ Most recent tax returns
- ☐ Wage stubs
- ☐ Unemployment insurance records
- ☐ Employer contacts

PROFF OF OTHER INCOME *(All sources for 12 months prior to application)*

- ☐ TANF-Cash assistance
- ☐ SNAP
- ☐ Workers compensation
- ☐ Social Security/SSI Disability
- ☐ General assistance

IF CLAIMING DISABILITY

- ☐ Doctors statement OR-
- ☐ Vocational rehabilitation documentation

IF MAILE, 18 YEARS OF AGE OR OLDER

- ☐ Selective Service Registration Number (To be verified by MUIA or online application)

IF A VETERAN

- ☐ DD-214 Or-
- ☐ Discharge papers

The following additional documentation is required for those seeking Classroom Training Assistance:

SCHOOL INFORMATION

- ☐ Tuition statement and financial aid award letter for current semester/year
- ☐ Current/upcoming class schedule
- ☐ Transcript
- ☐ Textbook list

WIOA Application

MONTANA UNITED INDIAN ASSOCIATION

Social Security Number:	**Date of Birth:**
Last Name: (Middle Initial)	**First Name:**
Physical Address:	

City:	**State:**	**Zip:**

Phone: Home	**Cell:**	**E-Mail:**

Gender: ☐ Male ☐ Female ☐ Not Answered

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Common Law

US Citizen: ☐ Yes ☐ No	**Tribal Affiliation/Native Hawaiian:**

Education Information:

☐ Not Attending School -H.S. Graduate ☐ In School, H.S. or Less ☐ In School, Postsecondary School

☐ Not Attending School-H.S. Dropout ☐ In School, Alternative School

Highest Grade Completed:	**Outcome:**

Post Secondary School:	**Degree Pursuing:**	**Expected Graduation Date:**

Secondary Contact:

Contact Name/Relation: Phone:

Family Size:	**Dependents 18 & Under:**	**Monthly Family Income:**

Pre-Program Employment Status:

☐ Employed ☐ Not Employed ☐ Not in Labor Force

☐ Employed but received notice of termination of Employment or Military Separation

Employer/Company Name:	**Layoff Date (Month/Day/Year):**

Start Date:	**Hourly Wage:**	**Hours Worked Per Week:**

Selective Services (Male Born After 12/31/1959):

☐ Yes, Registered Male ☐ No Not a Registered Male ☐ Exempt - Including Females

Veteran Status:

☐ Not a Veteran or Eligible Spouse ☐ Yes, Served->180 Days ☐ Yes, Served <-180 Days

☐ Yes, Eligible Spouse or a Veteran ☐ Do Not Disclose

Veteran Information:

DD-214 Verified: ☐ Yes ☐ No

Service Dates:

Served From: _____ Served To: _____

Unemployment Insurance Claim Status:

☐ Claimant ☐ Exhaustee ☐ Neither Claimant nor Exhaustee

Disability: ☐ Yes ☐ No ☐ Do Not Disclose

Category of Disability: ☐ Physical Chronic ☐ Vision Related ☐ Cognitive ☐ Physical Mobility ☐ Hearing Related ☐ Mental or Psychiatric ☐ Learning

Public Assistance (In The Last 6 Months):

☐ General Assistance (GA) From State or Local Government

☐ Temporary Assistance to Needy Families (TANF)

☐ Supplemental Security Income (SSI-SSA Title XVII)

☐ Social Security Disability Insurance (SSDI)

☐ Food Stamps (Food Stamp Act of 1977)

☐ Foster Child Payments

☐ Benefits From Tribal Work Experience Programs (TWEP)

☐ Benefits From USDA Commodity Program

Barriers:

☐ Homeless

☐ Ex-Offender

☐ Low Income

☐ Single Parent

☐ English Language Learner

☐ Substance Abuse

☐ Displaced Homemaker

☐ Basic Skills Deficient/Low Levels of Literacy

☐ Long-term Unemployed

☐ Individual with a Disability

☐ Other Significant Barrier to Employment

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject. to review and verification and I may have to provide documentation to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud if I intentionally supplied inaccurate or misleading information. I allow the release of this information for verification purposes and understand that it will be used to determine. eligibility. I have been advised of the Privacy Act of 1974 and my rights to file and complaint.

_____

Signature of Applicant **Printed Name of Applicant** **Date**

_____

Signature of Interviewer **Printed Name of Interviewer** **Date**

INDIVIDUAL EMPLOYMENT PLAN (IEP)

Name:_____ Date:_____

Education			
Degree Held	☐ NA	1.	2.
Licenses Held	☐ NA	1.	2.

Assessments		
MCIS Assessments	Completed ☐Yes ☐No	Date Completed:

Chosen Occupation
1.

Goals Necessary to Obtain Chosen Occupation		Due Date
Goal 1.		
Goal 2.		
Goal 3.		

Factors Identified			
Things I may need help with in order to obtain employment in my chosen occupation.	☐Transportation ☐Housing ☐Childcare	☐Tools ☐Work Clothes ☐Training	☐Resume ☐Interviewing ☐Job Search

Short Term Goals		Due Date
Goal 1.		
Goal 2.		
Goal 3.		

MONTANA UNITED INDIAN ASSOCIATION
WORKFORCE INNOVATION AND OPPORTUNITY ACT
AUTHORIZATION FOR RELEASE OF INFORMATION & REFERRAL

I hereby Authorize the release, or exchange of my individually identifiable information from the checked entities below.

- ☐ Unemployment insurance
- ☐ Job Service
- ☐ Job Corps
- ☐ County Health Department
- ☐ Office Of Public Assistance
- ☐ Veteran Administration Programs
- ☐ Educational Opportunity Center
- ☐ Adult Education Center
- ☐ Montana State University
- ☐ University of Montana
- ☐ Indian Development & Educational Alliance
- ☐ North American Indian Alliance programs
- ☐ Indian Health Board of Billings
- ☐ Indian Family Health Clinic
- ☐ Helena Indian Alliance
- ☐ Family Connections Montana
- ☐ Local Training Program/WIOA
- ☐ Montana Rural Employment Opportunities
- ☐ Center for Mental Health/Mental health services
- ☐ Chemical dependency services
- ☐ SNAP/TANF programs
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Energy/Emergency Food Assistance
- ☐ Experience Works
- ☐ Goodwill/Good Samaritan
- ☐ Local Shelter
- ☐ Montana United Indian Association
- ☐ YWCA
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Special restrictions or conditions:

_____

_____

This Authorization for release of information is valid from the date of my signature, until revoked in writing by me or by _____ (date or NA), whichever occurs first. I understand that cancelling this authorization does not apply to any information already shared as a result of the original authorization. A copy of this Authorization for release of information may be used for all purposes as if it were an original.

Name:

_____

(First) (Middle) (Last)

Address:

_____

(City) (State) (Zip)

_____

Signature **Date**

Pursuant to the federal privacy act of 1974, disclosure of your soda/ security number is not required, and your failure to provide it will not disqualify you from participation in any of the above programs except Unemployment Insurance. However, providing your social security number will minimize confusion regarding other individuals with the same name and allow speedier access to your records and information related to your participation on the above programs.

AUTHORIZATION/WAIVER

I, _____ (PRINT NAME)

(Please check one of the following)

- ☐ AUTHORIZE
- ☐ DO NOT AUTHORIZE

The Montana United Indian Association to use my image, name and educational/employment achievements for publication, solicitation and/or promotion of programs operated under the Montana United Indian

MONTANA UNITED INDIAN ASSOCIATION
WORKFORCE INNOVATION AND OPPORTUNITY ACT

GRIEVANCE PROCEDURES

A. Policy:

The intent and purpose of the following grievance procedure, which shall be made available to all employees/customers of the agency, is to provide for the presentation and equitable adjustment of grievance.

1. Grievance shall consist of all matters of disagreement arising out of the employer-employee/customer relationship where there is no applicable policy, where there is a deviation from established policy, or where agency policy is considered to be unfair.
2. Each grievance shall be presented to the appropriate party here-in-after indicated for the initiation of a grievance within fourteen (14) working days after the occurrence for the grievance or the be deemed to have been waived by the aggrieved party provided, however.
    a. That such fourteen (14) working day period may be extended for a period not to exceed ten (10) working days un cases of vacation, sickness, and leaves od absences; or
    b. If the grievance occurs when the employee/customer aggrieved is absent from work due to vacation, sickness, lay-off, or leave of absence, such fourteen (14) day period shall not commence until the employee/customer returns to work.

Step 1: Any employee/customer who believes that he/she has a justifiable request or complaint shall discuss the request or alleged complaint with his/her Project, Director/Supervisor.

1. The Project Director/Supervisor shall give aggrieved employee/customer an answer as fast as possible, but in any case, within five (5) working days.

Step 2: If the sought-after redress has not been achieved at this point and the employee/customer desires to grieve further, he/she shall reduce his/her grievance to and submit it to the Executive Director.

1. The Executive Director shall have five (5) days to review the grievance and make his/her decision, in writing to the employee/customer.
    a. A grievance reduced to writing shall state what the exact grievance is, what exact redress is sought, and any other specific information. A general statement is not acceptable.

Step 3: If the sought-after redress has not been achieved by step 2, and the aggrieved employee/customer desires to grieve further, the grievance shall be presented to the Personnel Committee, sitting as grievance committee, within seven (7) working days of the step 2 decision.

1. The Grievance committee shall review the grievance in the presence of the aggrieved employee/customer and/or his/her representative and the Project Director/Supervisor.
2. The Committee shall call any witness deemed appropriate and either party may produce any witness or documents relevant to the issue to aid in the solution of the grievance.
3. The Committee shall render a decision, In the writing within five (5) working days after close of the meeting.

Step 4: In order for the grievance to be considered further, the aggrieved employee/customer or his/her representative shall, within (5) working days following the disposition of the grievance in Step 3.

1. Serve the Chairman of the Personnel Committee notice of appeal to the full Board of Directors of the agency.

Step 5: The Chairman of the Personnel Committee shall notify, in writing, the Chairman of the Board within five (5) days, setting forth the request taken by the Personnel Committee.

B. Arbitration: The Board of Directors shall convene within ten (10) days of receipt of the request as an impartial Arbitration Board to hear the grievance.

1. The Arbitration Board shall call any witness deemed appropriate and either party may produce any witness or documents relevant to the issue to aid in reaching an impartial decision.

C. Exception: The decision of the Board of Directors of the agency, sitting as the Arbitration Board,

1. Shall be the final action of the grievance procedure and shall be binding upon both parties with the exception of complaints in connection with the Workforce Innovation and Opportunity Act Program operated by the agency.
2. At the option of the complainant, may be filed with the; Grant Office, Employment and Training Administration, United States Department of Labor pursuant to 20 CFR, part 636.

Name: _____

Date: _____

CLIENTS MAY REQUEST A COPY OF THE GRIEVANCE PROCEDURE FOR THEIR RECORDS.

WIOA Client Agreement

1. I recognize that I will be responsible for paying back loans if my plan requires me to go into debt for training (i.e. student loans).
2. I have read and do understand the information presented concerning my chosen career and the demand for it in the community, and understand services are not guaranteed. This is not an entitlement program.
3. I understand that it is my obligation to maintain contact with my case manager at least once a month for the duration of my enrollment in the program.
4. I understand that WIOA-funded services are not guaranteed. This is not an entitled program and I do not have legal rights to access the services or automatic access to the resources identified.
5. It has been explained to me and I agree that the ultimate goal is my placement in unsubsidized employment leading to self-sufficiency. I understand my responsibility to work toward this goal.
6. I have helped create this career plan and I intend to participate and succeed in all of the activities we have planned. If I have problems, I will ask for help. If I want to change any parts of the plan, including my career goal, I will tell my case manager and together we can make the changes.
7. It has been explained to me and I agree that the ultimate goal is my placement in unsubsidized employment leading to self-sufficiency. I understand my responsibility to work toward this goal. My failure to meet the conditions of the agreement can result in my closure from the program.
8. I understand that a case manager may follow up with me at least quarterly for one year after my enrollment in the program has been closed, and that my case manager will collect employment information from me.
9. WIOA is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities. If you believe that you have been treated unfairly during your participation, you may file a grievance within 180 days from the date of the alleged occurrence. You may file a grievance directly with the service provider or with the State WIOA Equal Opportunity Officer, Joe Rangitsch, by email at DLIWSDComplaintSystem@mt.gov or by mail to: Department of Labor & Industry PO Box 1728 Helena, MT 59624 -1728. For more detailed information visit wsd.dli.mt.gov/wioa/equal-opportunity.

_____Date:_____
Signature of Client

_____Date:_____
Signature of Case Manager