PROGRAM APPLICATION

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MONTANA UNITED INDIAN ASSOCIATION WORKFORCE INNOVATION 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
- ___ Employment Hire Letter

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 the 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

☐ 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.

Short Term Goals To Obtain Occupation		Due Date
Goal 1.		
Goal 2.		
Goal 3.		

Barriers 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

Long Term Goals to Obtain Occupation		Due Date
Goal 1.		
Goal 2.		
Goal 3.		

MONTANA UNITED INDIAN ASSOCATION

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

AUTHORIZATION FOR RELEASE OF INFORMATION & REFFERAL

RELEASE OF INFORMATION FOR ELIGIBILITY	**Initial Here**	*Initials*

I Authorize The release of my information to Montana United Indian Association as necessary to determine my eligibility for the Workforce Innovation and Opportunity Act (WIOA) Adult program and services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services. This authorization to gather information about me and share necessary and pertinent personal information about me is given with understanding that the information will be used in a confidential and responsible manner.

RELEASE OF INFORMATION FOR EDUCATIONAL INSTITUTION	**Initial Here**	*Initials*

I Authorize The release of my current and past educational records from high schools, colleges, universities and training schools to Montana United Indian Association. I understand that under the Family Education Rights and Privacy Act of 1974 (FERPA), which is a federal law that protects the privacy of student education records that Montana United Indian Association must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.

RELEASE INFORMATION FOR EMPLOYMENT	**Initial Here**	*Initials*

I authorize the release of my current and past employment information to Montana United Indian Association. Such records include information related to my job.

CERTIFICATION & ACKNOWLEDGEMENT	**Initial Here**	*Initials*

I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the WIOA Program and may result in criminal actions. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for WIOA. I further understand and agree that my information on this application can be shared with other agencies.

Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.

Please read carefully, initial each release/acknowledgment, sign and date.

Signature of Client | Printed Name of Applicant | Date

Revised January 2025

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