



Bois Forte Reservation Workforce Innovation & Opportunity Act Application

Application Date: _____

The type of assistance you are applying for: (Supportive Services or Employment Needs)

Name: _____
Last First Middle

Address: _____
Street City State Zip County

Social Security No: ____/____/____ Telephone No. () _____

Date of Birth: _____ Age: _____ Gender: ____ M ____ F

Have you ever participated in WIA? ____ No ____ Yes, if so, when? _____

ETHNIC GROUP: (Check one)

____ White ____ Black ____ Hispanic ____ Asian or Pacific Islander

____ Alaskan Native ____ Native American, if so, what is your Tribal Affiliation or

Enrollment Number: _____

EDUCATION:

Are you a High School Graduate who has not attended college or enrolled in a College or Vocational School? ____ Yes ____ No

Are you a High School Dropout? ____ Yes ____ No

Have you received your General Education Diploma? (GED) ____ Yes ____ No

Are you currently a student? ____ Yes ____ No

Are you a College or Vocational School attendee or graduate? ____ Yes ____ No

List all schools attended: (high school & college)

Name of School:	Address:	Courses:	Graduate:

WORK HISTORY: (List your last two employment positions)

Employer name & address: _____
 Start date: _____ End date: _____ Position: _____
 Starting salary: _____ Ending salary: _____ Hours per week: _____
 Reason for leaving: _____

Employer name & address: _____
 Start date: _____ End date: _____ Position: _____
 Starting salary: _____ Ending salary: _____ Hours per week: _____
 Reason for leaving: _____

INCOME SECTION:

Have you received a layoff or termination notice prior to applying? _____ Yes _____ No
 Are you an eligible unemployment compensation claimant? _____ Yes _____ No
 Have you exhausted an unemployment compensation claim? _____ Yes _____ No

LIST ALL PERSON(S) IN HOUSEHOLD CURRENTLY EMPLOYED

NAME	EMPLOYER & ADDRESS	LENGTH	HOURS/WEEK

****REPORT ALL EARNINGS COUNTING BACK FROM TODAY'S DATE FOR THE PAST SIX MONTHS***

INCOME TYPE	EARNING AMOUNTS
1. Gross Wages / Salary	
2. Alimony / Child Support	
3. Social Security	
4. Assistance (MFIP or Food Stamps)	
5. Disability / Social Security (SSI)	
6. Unemployment Compensation	
7. Workman's Compensation	
8. Other (Specify)	
TOTAL:	

LIST ALL PERSON(S) DEPEDENT UPON THE ABOVE INCOME

NAME	AGE	SOCIAL SECURITY NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

Total Number of Adults _____

Total Number of Children _____

BARIERS TO EMPLOYMENT: (Answer the following questions)

Are you a U.S. Citizen?	Yes _____	No _____
Are you a Selective Service Registrant?	Yes _____	No _____
Are you a single parent w/dependents under the age of 18?	Yes _____	No _____
Are you an offender or an ex-offender?	Yes _____	No _____
Are you a person with disabilities?	Yes _____	No _____
Are you a pregnant or parenting teen?	Yes _____	No _____
Are you homeless?	Yes _____	No _____
Are you a long-term public assistance recipient?	Yes _____	No _____
Do you have a driver's license?	Yes _____	No _____
Do you own a vehicle?	Yes _____	No _____
Do you have a limited English Language proficiency?	Yes _____	No _____
Do you have limited math proficiency?	Yes _____	No _____
Is childcare a problem?	Yes _____	No _____
Have you served in the Military?	Yes _____	No _____
If so, when? _____		

Are there any other factors you feel may be barriers from you getting and/or keeping a job?
(For example: personal, financial, legal, etc.)

CERTIFICATION:

I certify that the information provided is true to the best of my knowledge. I certify the information I have provided will be used to determine eligibility and is subject to external documented verification and may be release for such purposes. I know I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

I also authorize the Bois Forte WIA program to obtain verification that I am an enrolled member in the Bois Forte Reservation to determine my eligibility for services and financial assistance.

*Signature

Date

TO BE COMPLETED BY BOIS FORTE ENROLLMENT OFFICER

I do hereby certify that the above named applicant is an enrolled member of the Bois Forte Band of Chippewa Indians of the Minnesota Chippewa Tribe according to available records.

Certifying Official Signature

Date



**Bois Forte
Reservation Tribal council
13090 Westley Drive Dr.
Nett lake, MN 55772
(218) 757-3124 fax (218) 757-3126**

Workforce Investment Act Adult

If you are interested in applying for the Bois Forte Workforce Investment Act Program, you must complete all of the questions contained on the application to the best of your knowledge and send one verification item from each of the categories listed below. If the category does not pertain to you, you do not need to send anything for that category. Once a participant is eligible, the service(s) must be able to be reported to the Department of Labor. Please see attachment for list of eligible services.

*****Please note that without the verifications, your application is incomplete and will be mailed back to you- which will delay the process, and ONLY one item is needed from each category. Also the WIA Program is NOT an emergency service program and is limited to those activities identified on page 6 of this application.**

Date of Birth- Birth Certificate, MN Drivers License, MN Picture ID or Tribal ID: One of these items is needed to prove that the participant is in fact the age and who they say they are.

Employment Eligibility- Social Security Card, MN Picture ID/Driver's License, Birth Certificate: Our office needs one of these items to verify that the participant is in fact a United States Citizen and are employable.

Family Size- Public Assistance Record, Income Tax Returns or MA/Health Insurance Cards: One of these items is to verify how many are living in the household.

Address/Residency- Recent Rent Receipt, Recent Utility Bill or Voter Registration Card: This is used to verify that a participant is actually living where they claim they are living.

Selective Services/Vet Status- S.S. Registration Card, S.S. Acknowledgement Letter or DD214 Discharge Documents: A participant only needs to send verification for this item if he/she has been in the service- in which case this would be used to verify the participant's status with the Selective Services.

Tribal Affiliation- Tribal ID, Birth Certificate or Letter from Tribe or BIA: Because to be enrolled in the WIA Program a participant must be an enrolled Bois Forte Band Member having a Tribal Affiliation will ensure us that all participants are in fact Bois Forte Band Members.

Public Assistance- MFIP Notice of Determination, Public Assistance/MA Card or Statement from Caseworker: A participant only needs to send verification for this item if he/she has been receiving public assistance for the last 6 months- in which case this would be used to verify income.

Unemployment Status- Termination/Lay Off Notice, Unemployment Documents, Copy of Unemployment Check or Workforce Center Registration: A participant only needs to send verification for this item if he/she has been receiving unemployment for the last 6 months- in which case this would be used to verify income.

Income (ALL HOUSEHOLD MEMBERS)- Income Tax Returns with W2's, Public Assistance Records, Statement from Employer, Worker's Comp. Documents, Pay Stubs, Unemployment Documents or Social Security Documents: A participant needs to send verifications from ALL sources of income within the household. If there is no income coming in to the household you do not need to send verification from this category. However, you do need to write a short letter explaining how you get by day to day with no sources of income. To be eligible to receive funding through the WIA Program a household must be within the Economically Distressed Income Limits Table that is updated and mailed to our office by our Workforce Investment Act Program Specialist each time an update is made to the table.

Eligible Activities

1. Career Counseling
2. Initial assessment of skills, aptitudes abilities and supportive service needs
3. Job search and placement
4. Comprehensive and specialized testing assessment
5. Development of an individual employment plan
6. Dropout prevention activities
7. Group counseling
8. Individual counseling and career planning
9. Other services identified in the approved 2 year plan
10. Short-term pre-vocational services
11. Try out employment
12. Work experience in the public or private sector
13. Adult basic education, GED attainment, literacy training, and English language training or intensive services
14. Customized training conducted with a commitment by an employer or a group of employers to employ an individual upon successful completion
15. Entrepreneurial and small business development technical assistance and training
16. Job readiness training
17. Occupational skills training
18. On the job training
19. Programs that combine workplace training with related instruction, which may include cooperative education programs
20. Skill upgrading and retaining
21. Training programs that are operated by the private sector

*****It is very important that if you are requesting any type of assistance with your vehicle that you send in copies of your registration, current Insurance card AND a copy of your valid Driver's License to the WIA Office. With no copies and verifications, no assistance that pertains to your vehicle can be approved.**

*****In place for the new grant cycle you must live within 30 miles of the Bois Forte Reservation and also a 3 Unit requirement. These are classes or meetings that will give WIA participants an opportunity to learn skills that will help them attain employment and become self sufficient working citizens.**

Below is an action plan to help us better assist you in achieving goals you set for yourself. You must fill out the document as it is part of the WIA process.

***REMINDER** This program is designed to further your employment, to retain employment or to help find you employment. Additional meetings for the program will apply.

Goal:

Current job status:

WIA Services Requested (please state thoroughly what it is you are requesting from WIA):

Action Plan (what it is you plan on doing to achieve your goal):

Potential Employer(s)

Name of employer: _____

Address: _____

Contact Name: _____

Contact Number(s): _____

Brief Job Description:

Estimated time for call back:

Other:
