



**INDIAN CENTER, INC. WORKFORCE  
INNOVATION & OPPORTUNITY ACT  
INTAKE APPLICATION**

Site Information

**APPLICATION DATE**

- Field Office 1, Lancaster-County, CM1
- Field Office 2, Douglas-County, CM2
- Field Office 3, Scottsbluff-County, CM3

(Please Print)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
**NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER**

3. \_\_\_\_\_  
**MAILING ADDRESS. CITY, STATE, ZIP**

4. \_\_\_\_\_  
**TELEPHONE / AND ALTERNATE TELEPHONE NUMBER**

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
**GENDER BIRTHDATE AGE MARITAL STATUS**

9. \_\_\_\_\_  
**TRIBE ENROLLED**

10. \_\_\_\_\_  
**EMAIL ADDRESS**

**VETERAN STATUS**

11. Are you a veteran?  Yes  No
12. If male, born after 12/31/60 and 18 years old, **SELECTIVE SERVICE NUMBER:** \_\_\_\_\_  
Selective Service Registration letter attached? \_\_\_\_\_
13. **Eligible Veteran Status**  Yes  No

**EDUCATION LEVEL**

14. **EDUCATION:** What is the highest level of Education you have completed?  
 HS Dropout  HS Student  GED/HS Diploma  Post HS/College/Vo-Tech  
 VT (AA/AS)  BA  BS  MS/MA  Ph D  Reason for Dropping out of HS: \_\_\_\_\_

**INCOME INFORMATION**

15. **UNEMPLOYED:** Have you been unemployed for the past 7 days?  YES  NO  
If yes: last date worked \_\_\_/\_\_\_/\_\_\_ & Wage: \_\_\_\_\_  
Have you made specific efforts to find a job?  Yes  No  
Do you receive unemployment?  Yes  No



16. **UNDER EMPLOYED:** (less than 40 hours a week)  Yes  No  
 If yes, hours per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

17. **PUBLIC ASSISTANCE RECIPIENT:**  Yes  No

(If yes, check all applicable items :)

- Temporary Assistance to Needy Families (TANF)  General Assistance  Food Stamps  
 USDA Commodity Program  Social Security  Disability Insurance  Supplemental Security Income  Veteran Benefits  Foster Child Payments   
 Other: \_\_\_\_\_

18. **BARRIERS TO EMPLOYMENT:** (Check all that are applicable)

- Grantee Determined Barrier  Displaced Homemaker  Limited English  Offender  
 Pregnant/Parenting Youth  Basic Skill Deficiency  Homeless  Disability  Low income  
 Long term unemployment  Lacks work history  Single Head of Household  
 Substance Abuse  High School Dropout  Other \_\_\_\_\_

19. **FAMILY INCOME:** List all family members regardless of income and complete all items.

Family Member	Age	Relationship	Source of Income	Prior 6-month Income

20. **PRIOR WIOA PARTICIPATION:** Have you ever participated in WIOA before  Yes  No (If yes complete information below)

Sponsoring Agent	City	State	Program Activity	Enrollment Term

RECERTIFICATION: I certify that since the date of the initial application, the applicant has not obtained full-time permanent employment, and none of the information provided has changed, except as indicated.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**EMPLOYMENT/WORK EXPERIENCE INFORMATION**

21. **EMPLOYMENT HISTORY:** List below the last three employers, naming the most recent first.

Employer Name & City/State	Supervisor	Job Title	Duties	Dates Employed	Salary

22. **CERTIFICATION:** 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 documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrolled and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it may be used to determine eligibility.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# EMPLOYMENT DEVELOPMENT PLAN

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

DATE: \_\_\_\_\_

## EMPLOYMENT/EDUCATIONAL GOALS

PRIMARY GOAL

30 DAY SHORT TERM GOAL

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## ASSESSMENTS

CASAS RESULTS: Reading \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

COPS RESULTS (OR GED PRE-TEST SCORES) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ Date \_\_\_\_\_

High School Diploma: \_\_\_\_\_

Name of High School, City, State, Year

G.E.D. \_\_\_\_\_

Agency/School Name, City, State, Year

## ASSETS AND BARRIERS

Please List Job Skills and Experience: \_\_\_\_\_

Please List Educational Training Background: \_\_\_\_\_

Please List Work Characteristic Behaviors: \_\_\_\_\_

Please List any Physical Considerations: \_\_\_\_\_

What's keeping you from work now? \_\_\_\_\_

## PLAN OF SERVICES

SPECIFIC PROGRAM PARTICIPATION  GED  Job Search Assistance  College

Other (explain)

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## CERTIFIED STATEMENT

I discussed and agreed to the above goals, assessments and plan of action with the **WORKFORCE INNOVATION & OPPORTUNITY ACT PROGRAM** representative. I understand the **Employment Development Plan (EDP)** is a plan, not a contract and that services offered may change based upon grant funding.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WIOA REPRESENTATIVE

\_\_\_\_\_  
DATE



## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Indian Center, Inc. **WORKFORCE INNOVATION & OPPORTUNITY ACT PROGRAM**, to obtain the following information: EMPLOYMENT AND/OR EDUCATION RECORDS. The information can be mailed and/or faxed to one of the following addresses checked below:

**LINCOLN-MAIN OFFICE** Indian Center, Inc,

Workforce Innovation & Opportunity Act Program  
Attn: Jessica James-Grant, WIOA Director  
Email: jjames@icindn.org  
1100 Military Road, Lincoln, NE 68508  
Phone: 402-438-5231, Fax: 402-438-5236

**OMAHA-SITE OFFICE** Indian Center, Inc.

Workforce Innovation & Opportunity Act Program  
Attn: Cuba Dabney, Native American WIOA Site Manager  
Email: cdabney@icindn.org  
Ames Plaza, 5752 Ames Avenue, Omaha, NE 68104  
Phone: 402-932-3351, Fax: 402-934-2153

**SCOTTSBLUFF-SITE OFFICE** Indian Center, Inc.

Workforce Innovation & Opportunity Act Program  
Attn: Juanita "Jina" Red Nest, WOIA Site Manager  
Email: jrednest@icindn.org  
115 W. Railway St., Scottsbluff, NE 69361  
Phone: 308-632-5100, Fax: 308-632-5145

Client Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Client Signature: \_\_\_\_\_

WIOA Staff Representative: \_\_\_\_\_



INDIAN CENTER, INC. WORKFORCE  
INNOVATION & OPPORTUNITY ACT

## RELEASE OF TRIBAL ENROLLMENT

DATE: \_\_\_\_\_

DEAR ENROLLMENT CLERK:

Please send a Certification of Degree of Indian Blood, which includes my enrollment number to one of the checked addresses:

- LINCOLN-MAIN OFFICE** Workforce Innovation & Opportunity Act Program  
Attn: Jessica James-Grant, WIOA Director  
1100 Military Road, Lincoln, NE 68508  
Phone: 402-438-5231, 110, Fax: 402-438-5236, Email: jjames@icindn.org
- OMAHA-SITE OFFICE** Workforce Innovation & Opportunity Act Program  
Attn: Cuba Dabney, Native American WIOA Site Manager  
Ames Plaza, 5752 Ames Avenue, Omaha, NE 68104  
Phone: 402-932-3351, Fax: 402-934-2153, Email: cdabney@icindn.org
- SCOTTSBLUFF-SITE OFFICE** Workforce Innovation & Opportunity Act Program  
Attn: Jina Red Nest, WIOA Site Manager  
115 W. Railway St., Scottsbluff, NE 69361  
Phone: 308-632-5100, Fax: 308-632-5145, Email: jrednest@icindn.org

Enrollee's Name:

\_\_\_\_\_

Father's Name:

\_\_\_\_\_

Mother's Name:

\_\_\_\_\_

Tribal Affiliation:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

Client Signature:

\_\_\_\_\_



# INTAKE CHECKLIST

Client: \_\_\_\_\_ Intake Date: \_\_\_\_\_

## Intake Check List

- All Forms and Signatures Completed?
- Business Card, Eligibility Information, & Grievance Procedure Provided?
- EDP and Releases of Information Completed?

### Program Activities:

- CRT: Basic Education participation in basic classroom training; GED classes, Remedial Education, High School, Higher Education assistance
- CRT: Job Skills occupational classroom training (college/Vo-tech) to provide technical skills for specific job type
- Job Search: Resume development, Computer lab, On-line job applications
- Work Experience: participated in work experience Activities/Tryout Employment
- Training Assistance/Support Services TA: counseling and testing, job coaching, transportation, work clothing, identification, referrals, etc.

<p style="text-align: center;"><b><u>Identification / Age</u></b> <b><u>(Must check one)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Driver's License</li> <li><input type="checkbox"/> School or State ID</li> <li><input type="checkbox"/> Tribal ID</li> <li><input type="checkbox"/> Other ID</li> </ul>	<p style="text-align: center;"><b><u>Proof of Residence</u></b> <b><u>(Must check one)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utility Bill</li> <li><input type="checkbox"/> Rent Receipt</li> <li><input type="checkbox"/> Voter's Registration</li> <li><input type="checkbox"/> Other Proof _____</li> </ul>
<p style="text-align: center;"><b><u>Verification as Native American, Alaska Native, or Native Hawaiian</u></b> <b><u>(Must check one)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tribal Enrollment Card</li> <li><input type="checkbox"/> CDIB Card or Letter</li> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Tribal Documents</li> <li><input type="checkbox"/> Other _____ (i.e., Self Attestation Form)</li> </ul>	<p style="text-align: center;"><b><u>Selective Service</u></b> <b><u>(Required for males age 18-25)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Registration Card</li> <li><input type="checkbox"/> Other Proof _____</li> <li><input type="checkbox"/> Not Registered</li> <li><input type="checkbox"/> Letter from Sel. Service</li> <li><input type="checkbox"/> Phone Confirmation</li> <li><input type="checkbox"/> Online Registration</li> </ul>
<p style="text-align: center;"><b><u>Low Income</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pay Stubs</li> <li><input type="checkbox"/> Public Assistance Document</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Social Service Emergency Disaster</li> <li><input type="checkbox"/> Homeless</li> <li><input type="checkbox"/> Individual with Disability</li> <li><input type="checkbox"/> 70% LLSIL</li> </ul>	<p style="text-align: center;"><b><u>Unemployed</u></b> <b><u>(Must check one)</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unemployed</li> <li><input type="checkbox"/> Letter from State Unemployment Office</li> <li><input type="checkbox"/> Received Layoff Notice/Dislocated</li> <li><input type="checkbox"/> Unemployed Self Attestation Form</li> </ul>
<p style="text-align: center;"><b><u>Underemployed</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underemployed</li> <li><input type="checkbox"/> Working less than full time</li> <li><input type="checkbox"/> No advancement potential with current employer w/o training</li> </ul>	



**INDIAN CENTER, INC. WORKFORCE INNOVATION &  
OPPORTUNITY ACT PROGRAM**  
GRIEVANCE PROCEDURE  
(revised April 2015)

**Notice of Rights to Grievance Procedure**

I understand the right to file a Grievance if it is believed that there was not proper assistance, treatment, services or consideration given by the Workforce Innovation & Opportunity Act Program and/or Indian Center, Inc. staff, and that I have the following rights:

- (A) I have the right to file a complaint against Workforce Innovation & Opportunity Act Program Indian Center, Inc. the complaint must be in writing.
- (B) I have the right to a formal resolution of the complaint by meeting with the Program Director within five (5) workdays of the occurrence of the grieved action.
- (C) If an informal resolution cannot be reached with the Program Director I will be notified, in writing, and a date set for a fair hearing with the Executive Director of Indian Center, Inc. within five (5) workdays.
- (D) I shall be notified of the decision, in writing, within five (5) workdays from the date of the hearing with a statement of solution of the complaint.
- (E) If I am not satisfied with the Executive Director's decision, I have the right to a hearing with the Indian Center, Inc. Board of Directors at their next regularly scheduled meeting. I will be notified of the date in writing.
- (F) After the hearing with the Indian Center, Inc. Board of Directors, I will be notified in writing within five (5) workdays of their decisions with a statement of solution of the complaint.
- (G) I have the right to amend the complaint before the hearing with the Executive Director and/or the Indian Center, Inc. Board of Directors.
- (H) After the Grievance Procedure at Indian Center, Inc. has been exhausted, I have the right to file a written complaint with:

Grant Officer  
U.S. Department of Labor  
200 Constitution Ave., NW, ROOM 4641  
Washington, DC 20210

(I) Discrimination complaints filed under provisions of WIOA Section 188 may be directed or mailed to the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, N.W., Washington, D.C. 20210 in accordance with 29 CFR Part 37.

**Please sign to acknowledge that you have read Indian Center, Inc WIOA grievance procedure policy**

**Signature:** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_





# UNEMPLOYED SELF ATTESTATION FORM

Site Information:

\_\_\_ LNK Field Office 1, \_\_\_ OMA Field Office 2, \_\_\_ SCB Field Office 3

I, \_\_\_\_\_ attest that I am currently unemployed. I have been unemployed since, \_\_\_\_\_. For the past (6) months my income has been approximately \$\_\_\_\_\_ from the income following sources (list all sources of income):

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I do not have documentation because: \_\_\_\_\_

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I do have the following documentation attached: \_\_\_\_\_

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Participant Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Unemployed Self Attestation Form