



**ACTION FOR EASTERN MONTANA
EMPLOYMENT & TRAINING**

P.O. Box 1309 * 2030 N. Merrill * Glendive, MT 59330
(406) 377-3564 * (800) 227-0703
* Fax (406) 377-3570 * Hearing Impaired (406) 377-3573

SERVING EASTERN MONTANA COUNTIES

**WIOA YOUTH
EMPLOYMENT AND TRAINING**

Attached is the application that must be completed before you submit it to our office. If you have any questions on how to complete the application, please call 1-800-227-0702 or 406-377-3564 and ask for someone in the Employment and Training Department. We will be happy to assist you.

The following information **must** be submitted with your application **prior** to acceptance. Please check off below once you have attached the following information to your application. Failure to provide the required documents in a timely fashion may result in a delay in the application process.

- _____ Copy of the Social Security Card
- _____ Copy of your Birth Certificate.
- _____ Your Child’s Birth Certificate (If applicant has children).
- _____ Proof of Income for the last six (6) months for every member listed in the household. *Pay Stubs, Proof of SNAP (Food Stamps), Proof of Cash Assistance, etc.*
- _____ Tribal Enrollment (If applicable).
- _____ Copy of applicant’s Identification (school, driver’s license, Tribal I.D., etc.)

The ultimate goal of your participation is your placement in unsubsidized employment, leading you to self-sufficiency. The WIOA funded services are not guaranteed. This is not an entitlement program. Enrollment is limited to the available space in each county.

Action for Eastern Montana is an equal employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

DEPARTMENTS

- *STRATEGIC DEVELOPMENT
- *WEATHERIZATION
- *FUEL ASSISTANCE
- *EMERGENCY ASSISTANCE
- *HEAD START
- *ENERGY SHARE
- *EMPLOYMENT & TRAINING
- *HOUSING PROGRAMS
- *AREA 1 AGENCY ON AGING
- *SENIOR COMPANION

LAST NAME: _____ FIRST: _____ Middle Initial _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

COUNTY: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PHONE NUMBER(S): _____

How many family members live in your household? _____ Highest Grade Completed? _____

Name and City of Last School Attended or currently attending: _____

Check All That Apply

- _____ School Student
- _____ High School Graduate
- _____ Dropped Out of School
- _____ Received GED

- _____ Offender (Past or Present)
- _____ Disabled/Resource Student
- _____ Parenting or Pregnant
- _____ College Student

What is your Ethnic Group?

- _____ White
- _____ Black
- _____ Hispanic
- _____ Asian/Pacific Islander

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Pacific Islander

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 that 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 and/or perjury if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes, and understand that it will be used to determine eligibility. I have been advised of equal opportunity and appeal rights and the Privacy Act of 1974.

Signature of Applicant

Date

Signature of Parent or Guardian
(If Applicant is under 18 years of age)

Date



PARENT/GUARDIAN PROGRAM PARTICIPATION CONSENT FORM

This form is to be completed by all parent(s)/guardian(s) of youth / applicants under the age of **eighteen (18)**, prior to enrollment and participation in the WIOA Youth Employment & Training Program.

In order to support the attainment of a secondary school diploma or its recognized equivalent, entry into postsecondary education, and career readiness for participants, the program shall provide occupational elements consisting of—

- (A)** Paid and Unpaid Work Experiences that have as a component academic and occupational education, which may include—
 - (i) employment opportunities available throughout the school year;
 - (ii) pre-apprenticeship programs;
 - (iii) internships and job shadowing;
 - (iv) on-the-job training opportunities;
- (B)** Occupational Skill Training, which shall include priority consideration for training programs that lead to recognized postsecondary credentials that are aligned with in-demand industry sectors or occupations in the local area involved, if the local board determines that the programs meet the quality criteria described in Section 123;
- (C)** Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;
- (D)** Leadership Development Opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social and civic behaviors, as appropriate;
- (E)** Supportive Services;
- (F)** Adult Mentoring for the period of participation and a subsequent period, for a total of not less than 12 months;
- (G)** Follow Up Services for not less than 12 months after the completion of participation, as appropriate;
- (H)** Comprehensive Guidance And Counseling, which may include drug and alcohol abuse counseling and referral, as appropriate;
- (I)** Financial Literacy Education;
- (J)** Entrepreneurial Skills Training;
- (K)** Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services; and

I certify that I am the parent/guardian of the youth / participant whose signature appears below. I give my consent to have my child be enrolled in and participate in one or more of the above activities of the WIOA Youth Employment & Training Program. I understand that my child will be subject to all federal child labor laws while participating under this program. I further understand that my child may not be enrolled in the youth program if I do not give my consent for my child to participate.

Parent/Guardian's Signature	Date	Youth's Signature	Date
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AUTHORIZATION FOR RELEASE OF INFORMATION

Date _____

To whom it may concern:

I, _____, (if under 18 years of age, please see Parental Consent below), being familiar with my right to privacy under the Federal Privacy Act of 1974, and the Montana Right of Privacy Provisions in Article II, Section 10 of the Montana Constitution, do hereby waive my right to privacy and specifically authorize and request that you release the following specific information from my file in your agency:

- (1) Education Records (including: Enrollment, Grades, Attendance, Etc.);
- (2) Employment Verification: Wage & Attendance Records;
- (3) Income Verification (Household and/or Individual, Etc.);
- (4) Other _____

and provide this information only to:

Action for Eastern Montana
Employment & Training
2030 N. Merrill
P O. Box 1309
Glendive, MT 59330

Participant's Signature: _____
 Last Four of SS#: _____
 Address: _____

Parental Consent For Release of Information as listed above, if Applicant is under 18 years of age.

Signature of Parent/Guardian

Note: This Form Must be witnessed OR notarized

Witness: _____

Title: _____

The above information was sent as requested this ____ day of _____, 2015.

(Signature)

(Title)

AEM BASIC HOUSEHOLD INTAKE FORM

SECTION "A" – Please fill in Section "A" using the codes listed in Section "B".

NAME:			Social Security Number	Relationship To Head of Household	Birthdate M/D/Y	A g e	S e x	R a c e	Tribal Member Y or N	Veteran Y or N	Disabled Y or N	Health Insurance Type	In School Y or N	Employment Status	Last Grade Completed
Last	First	Middle													

(If Additional space is needed please use back of this sheet.)

SECTION "B"

<u>RELATIONSHIP</u> (to head of household)	<u>SEX</u>	<u>RACE</u>	<u>DISABILITY</u>	<u>INSURANCE</u>	<u>EMPLOYMENT STATUS</u>
0 – Self 1 – Spouse 2 – Child 3- Foster Child 4 – Grandchild 5 – Parent 6 – Grandparent 7 - Related Other 8 – Non-Related	M – Male F - Female	B – Black A – Asian C – White H – Hispanic I – American Indian	1 – Mentally 2 – Hearing Impaired 3 – Deaf 4 – Speech Impairment 5 – Visual Impairment 6 – Emotionally 7 – Orthopedic	Md – Medicaid Mc – Medicare P – Private N - None	F – Full Time P – Part Time N – Not Employed U - Unemployed

** Did you move into the State of Montana within the past 12 months? _____ No _____ Yes If yes, what date? _____

SECTION "C" - Monthly Income (Please Check Appropriate Range) _____ \$0 - \$500 _____ \$501 to \$1,000 _____ \$1,001 to \$1,500 _____ \$1,501 +

Mailing Address: _____ City, State, Zip Code: _____

Physical Address: _____ Phone Number: _____

YOUTH APPLICANT STATEMENT INSTRUCTIONS

WIA.14

In order to utilize the applicant statement as documentation, the following requirements must be adhered to:

1. The applicant statement form, or facsimile, must be utilized.
2. A corroborative contact or witness must be indicated on the statement. The corroboration may be via witness signature or supporting telephone verification form. In those rare instances when an applicant cannot obtain a satisfactory witness or provide a telephone contact, the applicant needs to explain why such corroboration is not possible.

ATTENTION APPLICANT: Please use the statement to address the following:

- | | |
|---------------------------------|--|
| 1. Income | 5. Offender |
| 2. School Dropout | 6. Serious Barrier to Employment (Other at-risk youth) |
| 3. Homeless & Runaway Youth | 7. Youth with Disabilities (5%) |
| 4. Pregnant and Parenting Youth | 8. Out-of-School Youth Status |

EXAMPLES: "I certify, under penalty of perjury, that I

"have received no income from any source during the past six months, that I have been unemployed during that time, and have been supported by donations/contributions from relatives and friends."

I am a high school dropout.

I have my HiSet (GED) or diploma and am not currently attending school.

I am living with ***, there are ***** people living in this home.**

I have been homeless since ***.**

I am *** months pregnant.**

I am the parent of ***.**

I have had problems with the law.

This should be corroborated by the person(s) providing the support.

I would like to be in this program because *****

I am having a difficult time finding employment because *****

YOUR STATEMENT HAS TO BE IN YOUR OWN WORDS.

If you are have any questions, contact the Case Manager.

APPLICANT STATEMENT

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I _____

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.

Applicant's Signature Date

CORROBORATING WITNESS SIGNATURE

Applicant's Address:

WITNESS' RELATIONSHIP TO APPLICANT

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following priority for service criteria:

SIGNATURE OF CERTIFYING OFFICIAL

DATE

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title IB of the Workforce Investment Act of 1998 (WIOA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIOA Title IB-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title IB-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think you have been subjected to discrimination under a WIOA Title IB-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The State WIOA Title I Equal Opportunity Officer
Suzanne Ferguson, Montana Department of Labor and Industry
P. O. Box 1728, Helena, Montana 59624
e-mail address: sferguson@mt.gov
(406) 438-3552 / TDD/TTY (406) 444-0532 Fax: (406) 444-3037

OR YOU MAY CONTACT THE CIVIL RIGHTS CENTER BY WRITING: The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If you do not receive a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If you receive a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your complaint with CRC within 30 days of the date on which you received the Notice of Final Action.

I have read and understand the above policy

Print Name of participant

Signature of participant

Date

Distribution: Original in the participant's file; copy to participant

Alternate Format for Visual Impairment? Yes ___ No ___ N/A ___

Revised 10/13

DOLI is an Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities