



Ponca Tribe of Nebraska

Workforce Innovation and Opportunity Act- Indian/Native American Program

Participant Intake Packet

ELIGIBILITY REQUIREMENTS FOR WIOA-INA PROGRAM

- Indian/Native American, defined as enrolled in a federally-recognized or state-recognized tribe, or is eligible for Indian Health Service care as determined by Ponca Health Services;
- A Resident of Nebraska (except Thurston, Burt, and Richardson counties, and the Santee Sioux Reservation area of Knox county); or, a Resident in Charles Mix county, SD (excluding residents of the Yankton Indian Reservation).
- Eighteen years or older.

An eligible participant also must be any *one* of the following:

- Unemployed and *Actively Seeking Employment*;
- Under-employed, as defined in 684.130: “an individual who is working part-time but desires full-time employment, or who is working in employment not commensurate with the individual’s demonstrated level of educational and/or skill achievement”;
- A low-income individual, as defined in sec. 3(36) of WIOA: eligible for cash benefits such as SNAP or TANF;
- The recipient of a bona fide lay-off notice which has taken effect in the last six months or will take effect in the following six-month period, who is unlikely to return to a previous industry or occupation, and who is in need of retraining for either employment with another employer or for job retention with the current employer; or
- An individual who is employed, but is determined by the grantee to be in need of employment and training services to obtain or retain employment that allows for self-sufficiency.

Please bring all eligibility documents and completed forms to the eligibility screening. If you are unable to print the WIOA Intake Packet from home, visit your local American Job Center, Library, or your closest Ponca Tribe of Nebraska office (in Lincoln, Omaha, Norfolk, Sioux City, or Niobrara), or call and request a packet via mail. All eligibility documents and completed form must be provided at, or completed at, your scheduled screening; if you need assistance with acquiring a document or completing the form, please call for a pre-screening appointment.

ALL applicants must provide OR complete the following documents 1-12:

- 1. Identification/Age: Birth certificate, Driver's License, School or State ID, Tribal ID, Other ID
- 2. Verification of Native American: Tribal enrollment card, CIB, Birth certificate, tribal documents, other
- 3. Proof of Residence: Utility bill, Rent receipt, Voter registration, Other proof
- 4. Proof of Low Income: Pay Stubs, Public Assistance documents, Homeless, Individual w/ disability, Unemployed, Letter from State Unemployment Office, Received layoff notice/dislocated, Underemployed, Working less than full time, No advancement potential with current employer w/o training
- 5. Selective Service: Registration card, Letter from Selective Service, Phone confirmation, Not registered
- 6. Current Resume (in progress)
- 7. Participant Information Form
- 8. Participant Responsibility Form
- 9. Consent for Release of Information
- 10. Grievance Procedure
- 11. Equal Opportunity Rights Statement
- 12. PTN Confidentiality Policy

IF APPLICABLE, provide documents 13-16:

- 13. Selective Service Registration verification (for males born after 1960 and who lived in the US before 26 years old)
- 14. Veteran Status (DD214, Military ID)
- 15. Offender Status (Court order, Police Report, Letter from Probation Officer, Institutional ID)
- 16. Verification of Disability (letter from DRS or Disability Agency, or Doctor's letter re disability)

INCOME/ELIGIBILITY VERIFICATION

- Public Assistance verification: SNAP Notification Letter or TANF information

Note: If you are receiving public assistance, you do NOT need to bring the documents listed below

OR

- Income verification, based on the following chart: 6 months' pay stubs, bank statements, SSI/SSDI statement, W2s, etc. of ALL family members in the household **who are working** during the last 6 months

Monthly Household Income Limit by Family Size at Time of WIOA-INA Program Enrollment (Based on 2023 Poverty Guidelines-Federal Register)

Household Size	Gross Yearly Income
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

- Family size verification (most recent tax return, lease, etc.)

OR

- Verification of disability—if applicable: Letter from DRS or Disability Agency or a Doctor's letter regarding disability
- Verification of Homelessness—if applicable: Letter from shelter, etc.
- Verification of Unemployment (letter from State Unemployment Office; Received Layoff Notice/Dislocated Worker notice; Unemployed Self-Attestation form--attached)

PERSONAL INFORMATION

Application Date _____

Last Name: _____

First Name, MI: _____

Social Security
Number: _____

Email Address: _____

Tribal
Enrollment: _____

Phone Number: _____

Gender: _____ Birth Date: _____

Marital Status: _____

Address: _____

City, State, Zip: _____

VETERAN STATUS: Are you a veteran? ___yes ___no

If male, and born after 1/1/1960, you must be registered for the Selective Service.

Letter attached: ___yes ___no If no, we will provide assistance in Selective Service registration.

EDUCATION

Completed high school or GED? ___yes ___no

If no, indicate last grade completed: _____

Type of College degree earned: ___AA/AS ___BA/BS

___PhD ___Professional Degree

Major: _____

Name of College: _____

City, State, Zip: _____

College Courses Taken: _____

Other Vocational Training? ___yes ___no

If yes, what? _____

Other Industry-Recognized Credentials? ___yes ___no

If yes, what? _____

Are you currently a student? ___yes ___no

Major/Course of Study: _____

Name of institution: _____

City, State: _____

EMPLOYMENT INFORMATION

Are you currently employed? ___yes ___no

Current/Most Recent Employer: _____ Job Title: _____

City, State: _____ Duties: _____

Start Date: _____ End Date: _____ Wage/Salary: _____ Hours per week: _____

Reason job ended: _____

Did you collect unemployment insurance from your most recent job? ___yes ___no

Are you currently collecting unemployment insurance? ___yes ___no

Occupation(s) desired: _____

Other comments related to your eligibility or employment: _____

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 be required to provide additional documents to support this application. I am also aware that I am subject to immediate termination from the WIOA-INA program 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:** _____

FACTORS THAT AFFECT YOUR ABILITY TO FIND AND KEEP EMPLOYMENT

Please check all that apply to you:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> Offender | <input type="checkbox"/> Basic Skills Deficiency | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Low Income | <input type="checkbox"/> Long-term Unemployment | <input type="checkbox"/> Unstable Housing |
| <input type="checkbox"/> Lack Work History | <input type="checkbox"/> Single Head of Household | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> In need of GED |
| <input type="checkbox"/> Knowledge of Occupations | <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Unable to Relocate | <input type="checkbox"/> Physical/Mental Health Concerns |
| <input type="checkbox"/> In Need of New Skills/Experience | <input type="checkbox"/> In Need of Training | <input type="checkbox"/> Lack of Work References | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> In Need of Resume and/or Cover Letter | <input type="checkbox"/> Recently Moved | <input type="checkbox"/> Unable to Meet Basic Needs | <input type="checkbox"/> In need of Identification |

Are there any other factors affecting your ability to find and/or keep a job?

What are you good at doing? (e.g., strengths, likes, skills)

What is your primary employment and/or education goal? Please be specific.

Ponca Tribe of Nebraska Workforce Innovation and Opportunity Act (WIOA) PARTICIPANT RESPONSIBILITY FORM

- Eligibility Requirements:** Eligibility Requirements are outlined on Page 1 of the Intake Packet. Documents will be collected to verify eligibility prior to enrollment and services.

- Program Objectives:** The goal of the WIOA Program is employment and training. WIOA Vocational Training Specialists will connect participants with job developers, workshops, job fairs, certification programs, state WIOA programs, and possibly training programs to assist in reaching an employment goal.

- Responsibilities of Participants:** Participants are responsible for maintaining monthly contact with his/her Vocational Training Specialist and notifying the VTS of anything effecting employment or services being provided by the program. If a participant is not in contact with their VTS for more than 90 days during enrollment, the WIOA case will be closed and he/she may not be eligible for enrollment in the future.

- Length of Participation:** Program participation varies based on the employment and training needs of each participant, but is generally less than one year. Re-entry into the program after one year requires recertification with relevant employment and income changes.

- Individual Counseling/Vocational Guidance:** WIOA Vocational Training Specialist will provide vocational guidance to include review of Labor Market Information (LMI) to identify in-demand jobs in the area and will discuss services needed to assist participants in finding employment.

- Individual Employment Plan (IEP):** WIOA Vocational Training Specialist will work with participant to create and IEP outlining the services needed to find and retain employment and to act as a guide while in the program.

- Assessments:** Participants will need to complete work interest and aptitude testing. These assessments are available on O*Net and NEWorks. More information on these assessments will be provided by the Vocational Training Specialist.

- Validation of employment or employment verification:** Participant will provide Vocational Training Specialist with validation of employment once obtained to include paystubs, offer letter, or bank statements (if applicable).

- Training:** After completing assessment(s), IEP, and job development, participant may request training if determined appropriate. Training must be in-demand based on the area's LMI and take into consideration the participant's experience, education, and skills. Training providers and courses must be listed on the Eligible Training Provider (ETP) List and should be completed in one year. Trainings should be related to an industry-recognized credential that will assist participant in meeting his/her employment goals as outlined in his/her IEP.

- The following must be completed PRIOR to starting WIOA-INA funded training:**
 - Financial Award Analysis: Completed by the training provider and participant to outline courses and total costs.
 - Customer Request for Training: Completed by the participant to outline the purpose for training and the courses requested.
 - Training Agreement: Reviewed and signed by the Vocational Training Specialist and participant to outline understanding of training participation requirements.
 - Validation of training: Participants will provide status updates while in training and provide copies of any transcripts, grades, or certificates received.
 - Letter of Authorization: A signed letter of authorization must be completed by the WIOA Program Director to approve training. If training is taken without signed approval prior to the start date, participant will be responsible for the training costs.
 - Credential: Upon successful completion of training, participant will complete at least one of the required industry-recognized licenses or credentials and provide verification to the Vocational Training Specialist.

- 12 months follow-up after exit:** participant will be contacted once a month by the Vocational Training Specialist for an update on status. During that time, if participant's employment status changes, job development services will be available.

- Attempted Fraud:** If, at any time, it is found that a participant has committed fraud to receive assistance or has attempted to defraud any program, the participant must be immediately terminated. All circumstances relative to the fraudulent act or attempt to defraud, along with the termination date, must be documented and maintained in the participant record.

I UNDERSTAND THE ABOVE WIOA-INA REQUIREMENTS AND PROVISIONS

Applicant Signature: _____ **Date:** _____

Interviewer Signature: _____ **Date:** _____

RELEASE OF INFORMATION

I, _____ authorize the Ponca Tribe of Nebraska Workforce Innovation and Opportunity Act Program, to obtain information pertaining to my Employment and/or Education History, Transcript, or Records. The information can be mailed and/or faxed to one of the following addresses:

<p>Lincoln Office: Ponca Tribe of Nebraska Attn: Lisa Agans 1600 Windhoek Drive Lincoln, NE 68512</p> <p>Contact Information: Office: 402-438-9222 Cell: 531-893-3931 lagans@poncatrIBE-ne.org Fax: 402-438-9226</p>	<p>Ralston (Omaha) Office: Ponca Tribe of Nebraska Attn: Colleen Plasek 5805 South 86th Circle Omaha, NE 68127</p> <p>Contact Information: Office: 402-315-2765 Cell: 402-689-6992 cplasek@poncatrIBE-ne.org</p>	<p>Norfolk Office: Ponca Tribe of Nebraska Attn: Bianca Marino 1800 Syracuse Avenue Norfolk, NE 68701</p> <p>Contact Information: Office: 402-371-8834 bmarino@poncatrIBE-ne.org Fax: 402-371-7564</p>
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Applicant's Social Security Number: _____

Applicant Signature: _____ Date _____

Interviewer Signature: _____ Date: _____

RELEASE OF TRIBAL ENROLLMENT INFORMATION

Date: _____

Dear Enrollment Clerk:

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

Lincoln	<input type="checkbox"/> Ponca Tribe of Nebraska Workforce Development Program Attn: Lisa Agans 1600 Windhoek Drive Lincoln, NE 68512	Email: lagans@poncatribе-ne.org Phone: 402-438-9222 Fax: 402-438-9226
Omaha/Ralston	<input type="checkbox"/> Ponca Tribe of Nebraska Workforce Development Program Attn: Colleen Plasek Program Director <input type="checkbox"/> 5805 South 86 th Circle Omaha, NE 68127	Email: cplasek@poncatribе-ne.org Phone: 402-315-2765
Norfolk	<input type="checkbox"/> Ponca Tribe of Nebraska Workforce Development Program Attn: Bianca Marino 1800 Syracuse Avenue Norfolk, NE 68701	Email: bmarino@poncatribе-ne.org Phone: 402-371-8834 Fax: 402-371-7564

Enrollee's Name: _____

Enrollee's Father's Name: _____

Enrollee's Mother's Name: _____

Enrollee's Tribal Affiliation: _____

Date of Birth: _____ Social Security Number: _____

Enrollee's Signature: _____

UNEMPLOYMENT SELF-ATTESTATION FORM

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

- _____
- _____
- _____
- _____
- _____
- _____

I do NOT have documentation of income because:

I DO have the following documentation attached:

Applicant Signature: _____ **Date:** _____

Interviewer Signature: _____ **Date:** _____

GRIEVANCE PROCEDURE POLICY

Complaints and Grievances: A complaint may be filed by any person or organization affected by the local Workforce Development System, including but not limited to program participants, contractors, WIOA staff, local area staff, one stop partners, service providers, One Stop Partner staff, applicants for program participation, labor unions, and community based organizations.

- **Filing Deadline:** Non-criminal complaints and grievances of a nondiscriminatory nature should be filed as soon as possible and shall be filed within 180 days of the alleged occurrence.
- **How to File a Complaint:** Complaints shall be submitted in writing and contain the following:
 - Full name, legal address, phone number of the complainant, and email address if available.
 - Full name, address of the person or entity against whom the complaint is made.
 - A clear statement of the facts and date(s) of the alleged violation.
 - If known, the specific areas of Indian/Native American WIOA, its regulations, or other terms or conditions believed to have been violated.
 - A statement as to whether or not the complaint has been filed anywhere else.
 - If the complainant is represented by an attorney or other representative of the complainant's choice, the name, address and phone number of the representative.
 - Must state the relief or remedial action sought.
 - Copies of documents supporting or referred to in the complaint must be attached to the complaint.
 - The complaint must be signed and dated by the complainant.
 - The written complaint is to be given to: Ponca Tribe of Nebraska Human Resources Department.
 - If the complainant is unable to provide a written statement, an alternative method of obtaining written documentation from the complainant shall be pursued, which may include assistance by agency staff or the local service provider.
- Complaints and grievances of a non-discriminatory nature including criminal may be sent to:

Ponca Tribe of Nebraska Human Resources
1600 Windhoek Drive
Lincoln, NE 68512

- Issues of equal opportunity and discriminatory may be sent to:

Nebraska Department of Labor Equal Opportunity Officer
PO Box 94600
Lincoln, NE 68509-4600

NDOL.EOComplaints@nebraska.gov

Please sign to acknowledge that you have read and understand the Ponca Tribe of Nebraska's Grievance Procedure Policy.

Applicant Signature: _____

Print Name: _____ Date: _____