

Physical location:
 2640 West Point Rd.
 Green Bay, WI 54304
 Mailing: P.O. Box 365
 Oneida, WI 54155



Telephone: 920.490.3939
 1.800.216.3216
 Fax: 920.490.6803
 Website: www.oneida-nsn.gov
 Email: Economic_Support@oneidanation.org

Application/Eligibility Form WIOA Program

Applicant name:			Date of Application:		
Address:		County:		How long have you lived there?	
Phone Number:		Date of Birth:		Social Security Number:	
Email:		Tribal Affiliation:		Enrollment Number:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>	
Highest School Grade Completed:		Currently in School?		If Yes, Where:	
Do you have: GED/HSED <input type="checkbox"/> HS Diploma <input type="checkbox"/> College Degree <input type="checkbox"/>		Do you have a valid driver's license?			
Do you own a vehicle?		If 18 year old male, have you registered w/ selective service?		Veteran Status:	
Are you a convicted felon?		If yes, what year:			
Other criminal convictions?		If yes, what year:			
If you answered "YES", does it stop you from getting a job?			Getting a better job?		
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, when was the last date you worked?			
Do you provide more than 50% towards the support of any person other than yourself? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you receive more than 50% of our support from family members living with you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you been in a Job Training Program?			If yes, when?		
Do you consider yourself: Unemployed <input type="checkbox"/> Under employed <input type="checkbox"/>					

Below list all the jobs you have held over the last 12 months. List your current, or most recent, employer first. Please provide **ALL** information as completely and accurately as possible.

Employer Name and Address	Hours worked/week	Pay Rate/Hour	Date Started	Date left	Reason for leaving

Do you, or any household members receive any of the following?

	Y	N		Y	N
W-2 or TANF			Food Share or Food Distribution		
Supplemental Security Income (SSI)			Unemployment Benefits		
Badger Care/ Medical coverage			Workers Compensation/Unemployment		

Household income: list yourself and if married, your spouse. Only include other family members if you provide more than 50% of their support, or if you receive more than 50% of your support from them.

Family Member Name	Relationship	Income in the last 12 months	Source of listed income (wages, per capita, etc..)

Are you related to any staff person working in the WIOA (Workforce Innovation Opportunities Act) Employment and Training Program? If yes, what is the name of that staff person? _____

CERTIFICATION: I certify that I have reviewed the application and the information provided is, to the best of my knowledge, true and accurate. I am aware the information I have provided is subject to review and verification and I must provide verification documentation, when requested, to support the above information. I understand that refusal to provide requested documentation will result in denial of services and termination from the program. I am further aware that I am subject to immediate termination if I am found to have knowingly provided false information that has led to the expenditure of funds for direct services to me, or in my behalf and that all legal means available may be utilized to recover those costs from me.

Print Name of Applicant _____ Date _____

Applicant Signature _____ Date _____

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WIOA Barriers Assessment

Barriers are difficulties that you feel are beyond your control and often get in the way of what you want. Barriers can come from anywhere and are different for everyone. The following is a list of possible barriers. Check those that apply to you so that your case worker can properly assist you in reaching your goals.

Basic Education	
<input type="checkbox"/>	I do not have a High School Diploma, GED, or HSED
<input type="checkbox"/>	I have difficulty with reading or cannot read
<input type="checkbox"/>	I have a hard time understanding what I read
<input type="checkbox"/>	I have difficulty with math
<input type="checkbox"/>	I have or had a Learning Disability in school
<input type="checkbox"/>	I have trouble concentrating or staying focused
<input type="checkbox"/>	I am dyslexic
<input type="checkbox"/>	Find out what skills & experience I have that I can use in a job
<input type="checkbox"/>	Prepare for job interviews
<input type="checkbox"/>	Write a resume
<input type="checkbox"/>	Learn about different jobs & what jobs are available
<input type="checkbox"/>	Get more training

Personal, Home, and Family Life	
<input type="checkbox"/>	I have concerns about or need help with basic needs (housing, food, clothing, ect)
<input type="checkbox"/>	I am having difficulty paying my bills
<input type="checkbox"/>	I have a hard time keeping or remembering appointments
<input type="checkbox"/>	I am frequently late for appointments or events
<input type="checkbox"/>	I have a hard time managing time
<input type="checkbox"/>	I have concerns/problems in relationships
<input type="checkbox"/>	I am having difficulty with parenting and/or would like help with parenting skills
<input type="checkbox"/>	I have recently lost a friend or family member
<input type="checkbox"/>	I am pregnant
<input type="checkbox"/>	I have concerns for family members
<input type="checkbox"/>	I have difficulty making new friends
<input type="checkbox"/>	I have difficulty locating affordable housing
<input type="checkbox"/>	I have difficulty managing my finances
<input type="checkbox"/>	Other fear/concerns:

Legal Issues	
<input type="checkbox"/>	I have felony convictions
<input type="checkbox"/>	I have previous/pending charges making it difficult to find employment
<input type="checkbox"/>	Concerns/questions about child support:
<input type="checkbox"/>	Other concerns regarding legal issues:

Physical/Mental Health	
<input type="checkbox"/>	I am currently being treated for a physical condition
<input type="checkbox"/>	I am currently being treated for a mental health condition

CONT. Physical/Mental Health	
	I have concerns/needs with vision issues
	I have concerns/needs with dental issues
	I have concerns/needs with hearing issues
	I need assistance with medication
	I have/had issues with alcohol or other drugs
	Someone in my family has/had issues with alcohol or other drugs
	I have questions about counseling services
	I have concerns dealing with grief
	I have concerns with dealing with anger

Transportation	
	I don't have a valid driver's license
	I don't have a vehicle
	I need repairs to my vehicle
	I have little or no knowledge of public transportation
	I live outside of the city and there isn't a bus available

Child Care	
	I don't know where to get child care
	I can't afford child care
	I have children with different schedules
	I need all day/overnight child care
	My child needs specialized care

Other areas of concern	

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WIOA Program Agreement for Reimbursement of Expenses and Advances

Name of Participant: _____

Requesting Reimbursement for: _____

Amount: _____

I, the above identified consumer, understand that if fail to complete the educational goals or WIOA Program for which my application, registration, tuition, fees, and other expenses have been paid by the Oneida WIOA Program, I am required to repay the total cost of any and all the expenses paid on my behalf.

I further understand that if I fail to meet this obligation as written, all lawful means of collection will be followed for recovery of said costs.

I will not be reimbursed for purchases not in my IEP. I understand I must provide receipts for all items approved that I am requesting for reimbursement.

I understand all terms and provisions of this agreement and I am signing this agreement willingly, knowingly, and free from coercion, duress, or promises of any kind.

Participant Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Attach the receipts to this form

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Workforce Innovation & Opportunity (WIOA)

Authorization to Disclose and Release Information

I, _____ DOB _____, do hereby consent to authorize the release of information from any of the following sources to Oneida WIOA Program.

- | | |
|---|--|
| <input type="checkbox"/> Oneida Central Accounting | <input type="checkbox"/> Oneida Human Resources |
| <input type="checkbox"/> Oneida Economic Support | <input type="checkbox"/> Oneida Social Services |
| <input type="checkbox"/> Oneida Enrollment Office | <input type="checkbox"/> Oneida Higher Education |
| <input type="checkbox"/> Oneida Vocational Rehabilitation | <input type="checkbox"/> Enrollment Office(s) |
| <input type="checkbox"/> Other: _____ | |

This Release of Information authorizes disclosure and discussion of agency records or case notes of above-named individual(s) for the purposes of:

- | | |
|--|---|
| <input type="checkbox"/> Eligibility Determination | <input type="checkbox"/> Individual Plan for Employment |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Other: _____ |

I understand that I may rescind this authorization at any time by notifying the Oneida WIOA Program in writing. I understand that any information collected will be kept confidential.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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WIOA Program Participant Grievance or Complaint Procedure

Participants of the Workforce Innovation and Opportunity Act (WIOA) Program have a right to file a complaint or grievance if they feel their rights have been violated while a participant of the program. The complaint and grievance procedure shall be done as follows:

1. If a participant in a WIOA program has a grievance or complaint, the first step is to try to resolve it orally by talking to their immediate Supervisor on the work site. If the problem is not resolved after an informal oral discussion, the participant may submit his/her grievance in writing within 10 days of the alleged occurrence to the WIOA Program Director. After the review of the grievance (which may include interviewing the various parties), the Director shall render a judgment within ten (10) working days.
2. If within 15 days of the complaint filing date the grievance continues the Governmental Services Department (GSD) Area Manager of the Oneida Nation will review the complaint.
3. If the judgement is not satisfactory to the parties, he/she may file a grievance with the U.S. Department of Labor for a final determination (Procedures will follow those at 20 Code Federal regulations 636.3).

U.S. Department of Labor
200 Constitution Ave NW
Room N-4643/122
Washington, D.C. 20210

Discrimination complaints filed under the provisions of WIOA Section can be directed or mailed to the Director, Civil Rights Center, U.S. Dept of Labor, Room 4123, 200 Constitution Avenue NW, Washington D.C. 20210 in accordance with 20 CFR, Part 37.

I have read and understand my rights under the Oneida WIOA Program.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____