

Dear WIOA Applicant:

Your application **must** be complete when submitted. Please ensure all required documents are attached. (**FEDERAL GUIDELINES ARE FOLLOWED**):

- Social Security Card (copy), names must match ID.
- Current Tribal Enrollment (copy), names must match ID.
- Birth Certificate or valid Driver License
- **INCOME VERIFICATION:** for the past 6-12 months. Must be recent wage stubs with year-to-date. You must include spouse/common-law spouse wages (Federal Income Guidelines are followed).
- **ECONOMICALLY DISADVANTAGED:** Current SNAP/TANF, Food Distribution (Commodity), SSA, Unemployment or General Assistance (GA) award letters. You may be eligible for services with this information. **IF** you have no income, you must provide 'no income statement' from the GA and Welfare offices.
- **PROOF OF RESIDENCY:** A current bill from either of the following: electric, water, housing, or cable, something with your physical address on it. **IF** the bill is not in your name, provide whom the bill is under where you reside plus a statement that you live in the home only. (Do not include the dollar amount of what you pay, we do not need that information).
- **For Male Applicants Only:** Selective Service Registration/Verification (Males 18-24 years of age).
- **For Veteran's Only:** DD-214 Certificate of Release or Discharge from Active Duty, Discharge Documents
- **WORK EXPERIENCE ONLY:** Provide a current resume, HiSET/High School diploma or college transcripts.

**\*FOR SUPPORT SERVICES AND/OR CLASSROOM TRAINING\***

**SUPPORTIVE SERVICES** (work clothing, tools, etc): Submit an **official hire letter on business letter head with the start date, rate of pay and position title.** Hand written notes will not be accepted. If you are a contract employee, you must provide the entire official copy of your contract. If approved, services are a one-time assistance during the program year.

**CLASSROOM TRAINING** (tuition/training): Submit a current class schedule, letter of acceptance, Unmet Needs/Needs Analysis form, and/or tuition statement.

**OTHER TRAINING:** Submit a current acceptance letter, tuition (billing) statement or training information with dates of expected attendance with contact name, address and telephone numbers. Your name must appear on the training information prior to any payments being made.

**HiSET:** Submit certificate and scores for stipend.

Incomplete applications will NOT be accepted. It is your responsibility to follow-up on your application. Intake forms will follow after the above is completed. Faxed applications will not be accepted, must be the original application on file for audit purposes. This program does not do repetitive services. One time assistance for same worksite. FEDERAL INCOME GUIDELINES ARE FOLLOWED. If you have questions or need assistance, call 477-6221 or 6238, or email: [wia@cheyennation.com](mailto:wia@cheyennation.com)



**Northern Cheyenne Employment & Training**  
 PO Box 368 – 614 Little Wolf Street  
 Lame Deer, MT 59043  
 Phone (406) 477-6221/6238  
 Fax (406) 477-8577  
[wia@cheyennenation.com](mailto:wia@cheyennenation.com)

Complete entire application. Use blue/black pen. **Do not use pencil or other color.**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Address (PO Box) – Physical Unit Apt./House #  
 \_\_\_\_\_  
City/Town State ZIP Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Offender: \_\_\_\_\_ Yes \_\_\_\_\_ No Handicap: \_\_\_\_\_ Yes \_\_\_\_\_ No

Check all that apply to you:

<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law	<b>Last Grade Completed:</b>	<b>Education Level at Enrollment:</b> <input type="checkbox"/> In school: Alternative school <input type="checkbox"/> In school: Post HS <input type="checkbox"/> Not attending school: HS Dropout <input type="checkbox"/> Not attending school: HS Graduate	<b>Employment at Enrollment:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Employed but received termination notice <input type="checkbox"/> Not employed
<b>Veteran:</b> _____ Yes _____ No Preference: <input type="checkbox"/> Transitioning Service Member <input type="checkbox"/> Campaign Veteran <input type="checkbox"/> Disabled Veteran  <b>Selective Service:</b> (Required for Males ages 18-25) <input type="checkbox"/> Registration Card <input type="checkbox"/> Online registration <input type="checkbox"/> Postal verification of registration	<b>Public Assistance Recipient Information:</b> <input type="checkbox"/> GA (General Assistance) <input type="checkbox"/> TANF (Temporary Asst to Needy Families) <input type="checkbox"/> SSI/SSA (Supplemental Security Income) <input type="checkbox"/> SSDI (Social Security Disability Insurance) <input type="checkbox"/> SNAP (Supplement Nutrition Assistance) <input type="checkbox"/> Foster Child Payment <input type="checkbox"/> Commodities (Food Distribution Program) <input type="checkbox"/> Other Public Assistance  Explain: _____		<b>Barriers:</b> <input type="checkbox"/> Basic Skills Deficiency <input type="checkbox"/> Low Income <input type="checkbox"/> Long term unemployed <input type="checkbox"/> Offender <input type="checkbox"/> Single-Head of Household <input type="checkbox"/> Pregnant/Teen parent <input type="checkbox"/> Limited English <input type="checkbox"/> Disability <input type="checkbox"/> Lack work history <input type="checkbox"/> Abuse: _____ <input type="checkbox"/> Homeless <input type="checkbox"/> Displaced homemaker <input type="checkbox"/> Other: _____

Enrolled in a Federally Recognized Tribe?  YES  NO Tribe name: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

**LITTLE WOLF AND MORNING STAR** - *Out of defeat and exile they led us back to Montana and won our Cheyenne homeland that we will keep forever.*

## Education

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

High School \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Jr High: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

List three professional (supervisor, teacher, etc) references. **No Relatives.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

To add more jobs, use an additional blank page.

# Personal Information Form

## Contact Information

Home Telephone #: \_\_\_\_\_ Message: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

## District You Reside in:

Lame Deer      Ashland      Busby      Muddy      Birney

## Type of Family Income for Household

Must provide verification: Award Letters or wages

Number of household \_\_\_\_\_ Total Income for past 6-12 months (yr.): \$ \_\_\_\_\_

SNAP/TANF      SSI/SSA      Self Wages      General Assistance (GA)  
 Food Distribution      Parent(s) Wages      Per Capita payments      Parents Unemployment Benefits

## Family Member Composition

#	Name:	Relationship:	Date of Birth:	Income Source:
1		Self		
2				
3				
4				
5				
6				
7				
8				

## Types of Field work interested in:

List by # of your first choice (1, 2, 3, 4) or only *indicate* if one choice by checking it

Clerical (office work)     
  Janitorial     
  Maintenance     
  Laborer

Other: \_\_\_\_\_

### Disclaimer and Signature

My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury the all of the above information is true and complete. I agree that any information I have supplied is subject to verification of eligibility. I understand the falsification of any item is grounds for termination from the Northern Cheyenne Workforce Innovative Opportunities Act (WIOA), Section 166 Program and may result in action to recover any compensation paid to me while participating in the program.

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

WIOA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Staff Use Only:

Low Income:	Unemployed:	Underemployed:
<input type="checkbox"/> Pay stub <input type="checkbox"/> Public Assistance Document <input type="checkbox"/> Other Documentation <input type="checkbox"/> Social Services Emergency Disaster <input type="checkbox"/> Homeless <input type="checkbox"/> Individual with disability <input type="checkbox"/> 70% LLSIL	<input type="checkbox"/> Unemployed-self attestation <input type="checkbox"/> Letter from state unemployment office <input type="checkbox"/> Received layoff notice/dislocated	<input type="checkbox"/> Underemployed <input type="checkbox"/> Working less than Full-time <input type="checkbox"/> No advancement potential with current employer without training.



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## Assistance Request Form

I, \_\_\_\_\_ am currently requesting assistance for:  
 (Print your name)

Check one:

<input type="checkbox"/>	Seeking employment through WIOA
<input type="checkbox"/>	Seeking a job verification signature from WIOA
<input type="checkbox"/>	Seeking Supportive Services (Work Clothing, tools, etc), complete information below:
Name of Employer:	
Address of Employer:	
Current Job Title:	
Current Rate of Pay:	Official Start Date:

<input type="checkbox"/>	Seeking Classroom Training:
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Name of College/Training Facility:	
Address of College/Training Facility:	

Type of Assistance requesting: (Check all that apply)					
<input type="checkbox"/>	Tuition Fees	<input type="checkbox"/>	Books/Supplies	<input type="checkbox"/>	HiSet Fees/Stipend

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

WIOA Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_