

Penobscot Nation Department of Education & Career Services Workforce Investment Opportunity Act (WIOA)

12 Wabanaki Way, Indian Island, ME 04468
Telephone: (207) 817-7348 or (207) 817-7345 Fax Number: (207) 817-7369

APPLICATION FOR SERVICES

**Please answer all questions on this application and return to your tribal WIOA administrator.
Applications with missing information or blank answers will be considered incomplete.**

1. _____ 2. _____
Last Name First Name M.I. Date of Birth

3. _____ 4. _____
Residential Address City State Zip Code Social Security Number

5. _____ 6. _____
Mailing Address (if different) City State Zip Code Telephone Number

7. Please list other names (maiden, legal name change etc.) that you have used: _____

8. Tribal Affiliation: Penobscot Passamaquoddy Maliseet Micmac Other _____

9. Sex: Male Female 10. Marital Status: Single Married Divorced Separated Widowed

11. Total Number of Your Dependent Children: _____ 12. Total Number of People Living In Your Household: _____

13. What is the total combined income of **all** people residing in your household for the previous year:
\$ _____ Please attach pay stubs, SSI, unemployment or other means of income.

14. Have you registered with selective service if required (males only): Yes No N/A

15. Are you a Veteran: Yes No

16. Are you presently: employed full-time employed part-time unemployed received lay-off notice
If employed, how many hours per week do you work? _____

17. Have you been unemployed for a period of up to 15 weeks at any time during the previous six (6) months: Yes No

18. If you are unemployed, have you actively searched for a job: Yes No

19. What is your present hourly wage or what was the last hourly wage that you received: \$ _____

20. Are you presently receiving (check all that apply and attach current verification):

- SNAP (Food Stamps)
- General Assistance
- TANF
- Unemployment Compensation
- Subsidized Housing
- SSI
- None
- Other: _____

21. Educational Background (please check **only one box** that currently best applies to you):

- Current college student either attending or between sessions
- Attended Post High School, not currently enrolled
- High School Diploma
- GED/HiSET year completed: _____ (please indicate if you are currently working towards this)
- High School Dropout

22. Last grade or degree completed: _____

23. Do you have a physical or mental disability, physical limitation, health diagnosis, allergies (etc.) that we should be aware of when placing you in a work site or training program? Yes No
(If yes, please attach verification and/or explain on a separate piece of paper)

24. Do you have any of the following barriers to employment (check all that apply):

- School Dropout
- Limited English Language Proficiency
- Individual with a Disability
- Offender
- Basic Education Skills Deficiency
- Receive State/Tribal Assistance
- Homeless
- Substance Abuse
- Displaced Homemaker
- Pregnant or Parenting Youth
- Single Head of Household with Dependents under Age 18

25. Please list an alternate contact person and phone number you can be reached at:

Name: _____ Number: (____) _____

26. Available Services: Please check the service(s) you are applying for:

- Basic Educational Skills* through area adult education programs, including high school diploma/HiSET.
- Career Skills & Exploration* in cooperation with Maine Employment Services or other career services.
- Classroom Training* assistance through area post-secondary institutes and training programs
- Work Experience* training slots with local area employers

Please read the following before signing this application form.

I grant permission to the Penobscot Nation Department of Education and Career Services to conduct a criminal background check, if needed. I also agree to have a physical examination, if needed, which includes drug testing, at the expense of the Penobscot Nation Department of Education and Career Services, prior to my final selection for employment or training program.

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENT: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program. This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the U.S. Department of Labor. Response to this request is required to obtain a benefit. "I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I agree to provide the Penobscot Nation WIOA program with all information that is requested in regard to this application. I understand that my social security number will only be used for administrative purposes and that all information contained on this information will be treated as confidential."

Applicant's Signature _____

Date _____

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CLASSROOM TRAINING APPLICATION

1. _____
Last Name First M.I.

2. _____
Social Security Number

3. _____
Mailing Address City State Zip Code

4. _____
Telephone #

• **CLASSROOM TRAINING PROGRAM THAT YOU ARE REQUESTING ASSISTANCE FOR:**

5. Requesting assistance for 20____-20____ (check all that apply): Academic Year Fall only
 Spring only Summer
6. Name and address of institution you will attend: _____

7. Will attend: Full-time Part-time _____
8. Type of program: Certificate Diploma Associate Degree Bachelor Degree Other
9. Date of Initial Enrollment: _____ 10. Expected Date of Graduation: _____
11. Date you will start classes: _____
12. Training program or college major you will be enrolled in: _____
13. How many total credit or clock hours are required to earn your degree or to complete the program? _____
14. How many hours have you earned to date? _____
15. What year student are you considered in this program? 1st 2nd 3rd 4th 5th more
16. Will you live: On-campus Off-campus With Parents
17. Have you applied for Financial Aid through the school you will be attending? Yes No

If "Yes", when did you apply? _____ If "No", is financial aid available? _____

Please note that financial assistance will only be granted by the WIOA program to those eligible students who have applied for campus based financial aid, provided that financial aid is available.

Please read the following before signing this application.

USE OF FUNDS: "I declare that I will use any funds awarded to me by the Penobscot Nation's WIOA program for training and/or educational purposes only in connection with my attendance at the above named institution."

Applicant's Signature

Date

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WIOA Income Verification Form

Applicant's Name: _____

Please verify your eligibility for participating in the WIOA program by checking all of the appropriate boxes given below. This form must be returned with your application along with proof of income.

2015 Federal Income Guidelines:

Family Size	Annual Income
1	\$15,121
2	\$24,786
3	\$34,026
4	\$41,994
5	\$49,562
6	\$57,952
7	\$66,342
8	\$74,732

Add \$8,390 for each additional person.

Please check all that apply:

- I verify that my household income is at or below the above federal guidelines. A copy of a recent payroll check stub, or a copy of a filed income tax form is attached for all household members.
- I verify that I am currently unemployed. Proof of unemployment or verification of receipt of other public assistance (TANF, Food Stamps, Subsidized Housing, General Assistance, etc.) is attached.
- I verify that I am currently under-employed, either working part-time or earning minimum wage. A copy of a recent payroll check stub is attached for all household members.
- I verify that no person in my household is working and that no person is receiving public assistance.

 Signature of Applicant or Guardian if under 18

 Date