



Ponca Tribe of Oklahoma Education & Training Department

Scholarship ▪ Graduate ▪ Adult Ed. ▪ WIOA
121 White Eagle Drive ▪ Ponca City, Oklahoma 74601 ▪ Tele: (580) 763-0120 ▪ Fax: (580) 763-0126

WIOA INTAKE FLOW CHART

1. Please complete this application using **blue** or black ink.
2. In order for the Ponca Tribe of Oklahoma Workforce Innovation and Opportunity Act Program (WIOA) to determine eligibility for services, you are required to submit at **LEAST ONE OF EACH** of the following verification documents along with your completed application:

VERIFICATION DOCUMENTS:

- Proof of age/DOB: Birth Certificate, Driver's License, or State Identification
- Proof of Residence: Utility Bill, Rent Receipt, Head of Household Letter (showing physical address)
- Degree of Indian Blood: Tribal card, Certificate of Degree of Indian Blood (CDIB), or BIA Certification
- Family Income: Pay Stub, Unemployment Documents, Public Assistance Documents, Head of Household Letter with Utility Bill (gas, water, electric, or rent receipt only)
- Male Applicants: Males born after January 1, 1960, and 18 years or older must provide proof of Selective Services Registration, Veterans Status.
- Proof of Education: All participants must provide High School Diploma or Equivalency (G.E.D.), or for youth, a school progress report for the 4th quarter.

CLASSROOM TRAINING APPLICATION

- Proof of Enrollment: Letter from Registration or Schedule
 - Test Scores: TABE, SAGE, GED Pre-test, Key Train
3. Once a file for the application is completed, eligibility will be determined.
 4. Selected eligible applicants are referred to a Counselor for Orientation, RSJ1 Reading Assessment Test, Math Test, and completion of Employment Development Plan (EDP).
 5. If the participant is found to be ineligible after enrollment into the program, the participant will be terminated immediately.

*Applicant is required to update application every 45 days.
After 1 year, a new application will need to be filled out.*

WORKFORCE INNOVATION & OPPORTUNITY ACT APPLICATION

WIOA (Adult)

_____ Employment
 _____ Classroom

WIOA SYSP (Youth)

_____ Employment
 _____ Classroom Training

Please answer the following questions:

| | Last | First | Middle | Maiden |
|----------------|------|-------|--------|--------|
| Legal Name: | | | | |
| Also known as: | | | | |

| | | | |
|---|--|--|---|
| Social Security Number: | Date of Birth: | Age: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Mailing Address: | City | State | Zip Code |
| Residential Address: | City | State | Zip Code |
| Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No | Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Home Phone Number: | Cell Phone Number: |
| Tribal Affiliation: | CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name & Address of Relative or Friend: | | Relationship to Applicant: | Home or Cell Phone Number: |
| <i>Family Status</i> _____ Married _____ Divorced _____ Widow _____ Separated _____ Single (no dependents) _____ Single (w/dependents under age 18) Number of dependent children _____ | <i>Previous Program Participation</i> What Program? _____ Location: _____ Dates: _____ _____ Never been a participant of this program. | <i>Males 18 & Older</i> Selective Service Registration #: _____ _____ Not registered _____ Active Branch: _____ _____ Veteran _____ Disabled | |

Education and Training Background:

| | | | |
|--|---|--|--|
| Dropout (Grade): <input type="checkbox"/> Yes <input type="checkbox"/> No | High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No | GED: <input type="checkbox"/> Yes <input type="checkbox"/> No | College or Vocational: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|--|

Post-Secondary Institutional Training:

| | | | |
|----------------------|--------------|--|--|
| Name of Institution: | | | |
| Course Name: | Description: | Length of Training: _____/____/____ to ____/____/____ | Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: | | | |

| | | | |
|----------------------|--------------|---|--|
| Name of Institution: | | | |
| Course Name: | Description: | Length of Training: ____/____ to ____/____ | Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: | | | |

| | | | |
|----------------------|--------------|---|--|
| Name of Institution: | | | |
| Course Name: | Description: | Length of Training: ____/____ to ____/____ | Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Explain: | | | |

Public Assistant Recipient (Check all that you receive)

- TANF
- WIC
- FOOD STAMPS
- COMMODITIES
- GA
- SSI
- VOC-REHAB
- BIA/TRIBAL ASSISTANCE

Labor Force Status (Check all that apply)

- EMPLOYED ____ FULL-TIME ____ PART-TIME
- RECENTLY UNEMPLOYED
- LONG TERM UNEMPLOYED (15+ weeks)
- REGISTERED WITH EMPLOYMENT OFFICE
- CURRENTLY RECEIVE UNEMPLOYMENT COMPENSATION
- COMP. CLAIMANT
- UNDEREMPLOYED
- NEVER WORKED

Experience Background (most current to at least 5 years):

| | | | |
|-----------------------------|-----------|-----------------|--|
| Name & Address of Employer: | | | |
| Position: | Wages \$: | Hours per week: | Employed from: ____/____ to ____/____ |
| Reason for Leaving: | | | |

| | | | |
|-----------------------------|-----------|-----------------|--|
| Name & Address of Employer: | | | |
| Position: | Wages \$: | Hours per week: | Employed from: ____/____ to ____/____ |
| Reason for Leaving: | | | |

Skills and Abilities (Check all that apply to what you can do)

| | |
|--|--|
| <p style="text-align: center;"><u>OFFICE/CLERICAL</u></p> <p><input type="checkbox"/> TYPING _____ WPM</p> <p><input type="checkbox"/> SHORTHAND _____</p> <p><input type="checkbox"/> 10 KEY _____ KSPH</p> <p><input type="checkbox"/> FILING</p> <p><input type="checkbox"/> OFFICE EQUIPMENT (Copy, Fax, Phone, etc.)</p> <p><input type="checkbox"/> COMPREHENSIVE SOFTWARE</p> <p><input type="checkbox"/> BOOKKEEPING/PAYROLL</p> <p style="text-align: center;"><u>OPERATE MACHINERY</u></p> <p><input type="checkbox"/> TRUCK/VAN NOT REQUIRING CDL</p> <p><input type="checkbox"/> LARGE TRUCK REQUIRING CDL</p> <p><input type="checkbox"/> HEAVY EQUIPMENT (Dozer, Front End, etc.)</p> <p><input type="checkbox"/> TRACTOR (Plowing, Mowing, Etc.)</p> <p><input type="checkbox"/> COMMERCIAL SEWING MACHINE</p> <p><input type="checkbox"/> WELDING/CUTTING</p> <p><input type="checkbox"/> OIL FIELD/DRILLING</p> | <p style="text-align: center;"><u>LABOR/OTHER</u></p> <p><input type="checkbox"/> AUTO MECHANIC</p> <p><input type="checkbox"/> SMALL ENGINE MECHANIC</p> <p><input type="checkbox"/> MACHINIST</p> <p><input type="checkbox"/> ELECTRICAL WIRING</p> <p><input type="checkbox"/> ELECTRONIC REPAIR (TV, VCR, Radio)</p> <p><input type="checkbox"/> ASSEMBLY LINE WORK</p> <p><input type="checkbox"/> LAW ENFORCEMENT/SECURITY</p> <p><input type="checkbox"/> SUPPLY/INVENTORY/STOCK</p> <p><input type="checkbox"/> FARM LABOR</p> <p><input type="checkbox"/> CARPENTRY</p> <p><input type="checkbox"/> BRICKLAYER/MASONRY</p> <p><input type="checkbox"/> CONCRETE WORK</p> <p><input type="checkbox"/> PLUMBING</p> <p><input type="checkbox"/> BUILDING MAINTENANCE, GROUNDKEEPER</p> <p><input type="checkbox"/> CULINARY ARTS</p> <p><input type="checkbox"/> CHILD CARE</p> |
| List anything else you have experience doing and/or would like to do on a job: | |
| List special licenses, certificates, or other credentials earned or acquired: | |
| How far are you willing to travel to accept a job? _____ Ponca City _____ White Eagle _____ Out of Town | |

Needs Assessment (What brought you to this office)

| | |
|---|--|
| <p style="text-align: center;"><u>EMPLOYMENT</u></p> <p><input type="checkbox"/> Direct Job Placement</p> <p><input type="checkbox"/> Work Experience</p> <p><input type="checkbox"/> Employability Enhancement</p> <p><input type="checkbox"/> Pre-Employment Skills</p> <p><input type="checkbox"/> Job Search/Development</p> <p><input type="checkbox"/> Job Search/Assistance</p> <p style="text-align: center;"><u>EDUCATION</u></p> <p><input type="checkbox"/> Remedial Education</p> <p><input type="checkbox"/> GED</p> <p><input type="checkbox"/> Vocational Training Class</p> <p><input type="checkbox"/> Apprenticeship/Pre-Apprentice</p> <p><input type="checkbox"/> 2 – year degree</p> <p><input type="checkbox"/> 4 – year degree</p> | <p style="text-align: center;"><u>OTHER*</u></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Housing</p> <p><input type="checkbox"/> Child Care</p> <p><input type="checkbox"/> Health Medical</p> <p><input type="checkbox"/> Social Service Referral</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center;"><i>*This office does not necessarily offer all services, but may offer a referral to a corresponding agency.</i></p> |
|---|--|

Please check all that apply:

| | |
|--|---|
| <p><input type="checkbox"/> Reading/Math level below 7th grade</p> <p><input type="checkbox"/> High Risk Youth</p> <p><input type="checkbox"/> Pregnant/parenting teen</p> <p><input type="checkbox"/> Single w/dependents under 18</p> <p><input type="checkbox"/> No post-secondary education</p> | <p><input type="checkbox"/> Handicapped/disabled</p> <p><input type="checkbox"/> Area resident less than 30 days</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Offender</p> <p><input type="checkbox"/> Medical problems</p> |
|--|---|

| | |
|---|--|
| <input type="checkbox"/> Long term TANF recipient <input type="checkbox"/> No employment for field client trained in <input type="checkbox"/> Lacks pre-employment skills <input type="checkbox"/> Lacks significant work experience | <input type="checkbox"/> Substance abuse <input type="checkbox"/> Homeless <input type="checkbox"/> Workman's comp. recipient <input type="checkbox"/> Other (explain): _____ |
|---|--|

Family Income

- List yourself and all members of your family.
- Indicate the relationship of each individual to the applicant.
- Complete income and source column for each family member based on their income during the last 6 months.
**A handicapped adult is considered a family of one and needs to only complete the applicant information.*

| NAME | RELATIONSHIP TO APPLICANT | TRIBE | INCOME FOR THIS MONTH | INCOME RECEIVED FROM? | HOW MUCH DO YOU EXPECT TO RECEIVE IN THE NEXT 6 MONTHS? |
|------|---------------------------|-------|-----------------------|-----------------------|---|
| | Applicant | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Certification

Must be signed and dated by applicant, applicant's parent/guardian (if under 18), and Intake Counselor.

I CERTIFY THAT the information provided on all pages of this application is true to the best of my knowledge as of the application date below. I am aware that the information I have provided is subject to review and verification and that I will have to provide supportive documentation as requested. I agree that I am subject to immediate termination if I am found ineligible after enrollment due to fraud and/or perjury, and may be subject to prosecution.

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Intake Counselor signature: _____ Date: _____

RESIDENCE VERIFICATION FORM

Date: _____

Re: _____

This is to acknowledge that _____

resides at my residence:

Street Address: _____

Mailing Address: _____

Applicant

Date

Head of Household

Date

Higher Ed/WIOA Director

Date