

Prescreening sheet

What county do you live in?

Are you currently working?

Are you an enrolled member of a tribe? Or your parents?

Do you have a valid picture ID?

Do you have proof of your address?

Do you have your Social Security card?

Are you single or head of household?

Do you have a criminal record? If so, explain

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MINNEAPOLIS AMERICAN INDIAN CENTER
WORKFORCE INNOVATION & OPPORTUNITY ACT
1530 EAST FRANKLIN AVENUE
MINNEAPOLIS, MINNESOTA 55404
(612) 879-1710 or 1-800-486-8797

APPLICATION FOR PARTICIPATION

This application is only to provide preliminary information; it does not certify your eligibility. A determination of eligibility will be made at the time of your intake.

TO THE APPLICANT

If you are interested in applying for the MAIC/WIOA Program, carefully read and complete all questions contained in the application. Complete each question on this application to the best of your knowledge and ability.

Please complete this application in **blue or black ink only!** If you make a mistake, draw a line through the incorrect answer, insert the correct answer, and initial the correction. Do not write over or erase answers.

This application must be filled out completely and accurately or a determination of eligibility cannot be made. An incomplete application will be returned to you.

Please mail the completed application along with copies of all that applies to your household from the enclosed *REQUIRED VERIFICATION LIST*. Your application will be processed sooner if you mail your application and verification to us promptly.

Please attach a brief note stating what type of assistance you are requesting, such as classroom training or job development. If you are attending school, please indicate what school and course of study. It would also be helpful to include a copy of your ACCUPLACER test scores, financial aid award letter, and class schedule.

Please feel free to call the MAIC/WIOA office with any questions, at the numbers above.



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EMAIL: _____ DATE _____

PERSONAL DATA

NAME _____ SEX: Male Female
ADDRESS _____ PHONE: () _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
BIRTH DATE _____ AGE _____ S.S.# _____
MO/DATE/YEAR

DO YOU QUALIFY AS NATIVE AMERICAN, ALASKAN NATIVE, OR HAWAIIAN
NATIVE AND ABLE TO PROVIDE VERIFICATION? YES NO

PARENTAL LINEAGE YES NO

TRIBAL AFFILIATION: _____

RESERVATION ENROLLED: _____

CITY/STATE: _____

PRIOR PARTICIPATION IN A TRAINING PROGRAM? YES NO

ARE YOU CURRENTLY PARTICIPATING? YES NO

IF SO, WHERE? _____

DATES OF PARTICIPATION _____

LABOR FORCE STATUS

EMPLOYED: FULL TIME PART TIME
HOURLY WAGE: _____ HOURS PER WEEK: _____

UNEMPLOYED-LAST DAY WORKED _____ / _____ / _____

ARE YOU RECEIVING UNEMPLOYMENT BENEFITS? YES NO

NOT IN LABOR FORCE

IN SCHOOL: NAME OF SCHOOL: _____

ECONOMICALLY DISADVANTAGED

YES NO TANF / MFIP YEAR EFFECTIVE: _____

YES NO SSI (SUPPLEMENTAL SECURITY INCOME)

YES NO OTHER PUBLIC ASSISTANCE TYPE: _____

YES NO DISABILITY-IF YES, STATE TYPE: _____

FAMILY MEMBERS AND INCOME

HOW MANY IN HOUSEHOLD? _____ HOW MANY DEPENDENTS? _____

Family Member	Relationship	Source of Income	Last 6 Months

FAMILY STATUS: SINGLE PARENT SINGLE NON-DEPENDENT
PARENT/TWO PARENT FAMILY OTHER FAMILY MEMBER

VETERAN STATUS

VETERAN: YES NO

BRANCH: _____

DISABLED VETERAN: YES NO

RECENTLY SEPARATED: YES NO

DATE OF DISCHARGE: _____ DISCHARGE STATUS: _____

SELECTIVE SERVICE (FOR MALES BORN ON OR AFTER 01/01/60):

ARE YOU REQUIRED TO BE REGISTERED? YES NO

IF SO, SELECTIVE SERVICE NUMBER? _____

OFFENDER STATUS (DOES NOT AFFECT ELIGIBILITY)

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

TYPE OF OFFENSE _____

DISABILITY STATUS:

ARE YOU DISABLED? YES NO

TYPE OF DISABILITY _____

EDUCATION STATUS: (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+

	Schools Attended	City/State	Dates Attended	Graduated Yes/No	Certificate(s) Received
High School					
GED					
Tech/College					
College (4yr)					

WORK HISTORY

LIST PRESENT OR MOST RECENT JOB

**List month/day/year of start and end dates*

COMPANY NAME _____ CITY/STATE _____
 JOB TITLE _____ HOURLY WAGE _____
 HOURS PER WEEK _____ DATE STARTED ___/___/___ DATE ENDED ___/___/___
 JOB DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ CITY/STATE _____
 JOB TITLE _____ HOURLY WAGE _____
 HOURS PER WEEK _____ DATE STARTED ___/___/___ DATE ENDED ___/___/___
 JOB DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ CITY/STATE _____
 JOB TITLE _____ HOURLY WAGE _____
 HOURS PER WEEK _____ DATE STARTED ___/___/___ DATE ENDED ___/___/___
 JOB DUTIES _____

REASON FOR LEAVING _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE A CAR? YES NO

CERTIFICATION

To be signed by applicant after applicant reviews all information.

I, certify the information provided is true to the best of my knowledge. I am also aware the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

SIGNATURE OF APPLICANT

DATE SIGNED

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED

DISPOSITION:

I certify the information source/documents provided by the applicant and data recorded on WIOA program verification forms used to determine participant eligibility are true to the best of my knowledge. All application and verification data are subject to review by one other MAIC/WIA staff person.

ELIGIBLE INELIGIBLE

STATE REASON: _____

INTERVIEWER/INTAKE SIGNATURE

DATE SIGNED

REVIEWER SIGNATURE

DATE SIGNED

RECERTIFICATION:

We certify that since the date of the initial application, none of the information provided/listed has changed.

SIGNATURE OF APPLICANT

DATE SIGNED

INTERVIEWER/INTAKE SIGNATURE

DATE SIGNED



Minneapolis American Indian Center
WORKFORCE INNOVATION & OPPORTUNITY
1530 East Franklin Avenue, Minneapolis, MN 55404
(612) 879-1710 or 1-800-468-8797

Emergency Contacts

While you are a participant of the WIOA Program, it may become necessary to contact a family member in case of an emergency:

PLEASE PRINT CLEARLY

CONTACT PERSON: _____

RELATIONSHIP: _____

TELEPHONE: _____

CONTACT PERSON: _____

RELATIONSHIP: _____

TELEPHONE: _____



Workforce Innovation & Opportunity Act

1530 East Franklin Avenue * Minneapolis, MN 55404

612-879-1710

Fax: 612-879-1795

ASSESSMENT QUESTIONNAIRE

Participant Name: _____ Date: _____

CLASSROOM TRAINING

Course Name:		Total Credits:
Name of School:		
Start Date:	Course Completion Date:	
Have you researched the job outlook in the area?		
Goals upon completion of course of study: Further training or employment?		
Explain:		

EMPLOYMENT/JOB SEEKING

What type of Job are you seeking?	
Skills you will need to attain this position:	
Jobs recently applied for?	
Have you ever interviewed for employment?	
Approximate date of last employment interview:	
Do you have a resume?	Do you need help with a resume?
YES NO	YES NO
Do you have or need a <i>SAMPLE</i> Job Application?	
What type of transportation will you be relying on?	
Tell us of other assistance you may need to attain employment:	



VERIFICATION LIST

Before you can be certified eligible for the WIOA program, you must provide one type of verification from each category listed below (if applicable). Please bring verification items to your intake appointment. Contact WIOA office with any questions.

Services will not be provided without the necessary documentation

DATE OF BIRTH:

- Birth Certificate
- MN Driver's License
- MN Picture ID
- Tribal ID Card

ADDRESS/RESIDENCY:

- MN Driver's License
- Recent Utility Bill
- Recent Rent Receipt
- Voter Registration Card

TRIBAL AFFILIATION:

- Tribal ID
- Birth Certificate
- Letter from Tribe or BIA
- Parental Lineage

INCOME (all household members):

- Pay stubs (past 6 months)
- Income Tax Returns with W2s
- Statement from Employer
- Public Assistance Records
- Unemployment Documents
- Social Security Documents
- Worker's Comp Documents

EMPLOYMENT ELIGIBILITY:

- Social Security Card
- MN Picture ID/Driver's License
- Birth Certificate

SELECTIVE SVC/VETERAN STATUS:

- Selective Service Registration Card
- Selective Service Acknowledgement Letter
- DD214 Discharge Documents

FAMILY SIZE:

- Public Assistance Record
- Income Tax Returns
- Medical Assistance/Health Insurance Cards
- Lease/Rental Agreement

PUBLIC ASSISTANCE:

- MFIP Notice of Determination
- Public Assistance/Medical Assistance Cards
- Statement from Case Worker

UNEMPLOYED STATUS:

- Termination/Lay Off Notice
- Unemployment Documents
- Copy of Unemployment Check
- Workforce Center Registration

STUDENTS APPLYING FOR CLASSROOM TRAINING COMPONENT:

- Acceptance Letter from School or Class Schedule
- ASSET Test Results and Prior Grade Transcripts (if applicable)
- Financial Aid Award Letter and Documentation of Other Funding Sources

**WORKFORCE INNOVATION & OPPORTUNITY ACT
2019 INCOME ELIGIBILITY GUIDELINES**

TABLE 1 LOWER LIVING STANDARD INCOME LEVEL BY REGION (FAMILY SIZE OF FOUR)		
MIDWEST REGION	2018 ADJUSTED LLSIL	70% OF LLSIL
METRO AREA	\$38,320	\$26,824
NON-METRO (RURAL)	\$36,784	\$25,764

TABLE 3 LOWER LIVING STANDARD INCOME LEVEL (FAMILY OF FOUR)		
METROPOLITAN	2018 ADJUSTED LLSIL	70% OF LLSIL
MINNEAPOLIS- ST.PAUL	\$38,359	\$26,851

TABLE 4 70% OF UPDATED 2018 LLSIL, BY FAMILY SIZE			
FAMILY SIZE	MPLS/ST.PAUL	METRO	NON-METRO
1	(\$9,670)	(\$9,658)	(\$9,278)
2	(\$15,846)	\$15,831	(\$15,192)
3	\$21,755	\$21,728	\$20,859
4	\$26,851	\$26,824	\$25,749
5	\$31,653	\$31,691	\$30,392
6	\$37,061	\$37,025	\$35,542
FOR FAMILIES OF MORE THAN SIX ADD:	\$5,408	\$5,334	\$5,150

TABLE 5 FEDERAL POVERTY GUIDELINES (HEALTH HUMAN SERVICES)	
FAMILY SIZE	ANNUAL INCOME
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
FOR FAMILIES OF MORE THAN EIGHT ADD FOR EACH MEMBER:	\$4,420

LLSIL UPDATED 05/18

POVERTY GUIDELINES UPDATED 02/19

**WORKFORCE INVESTMENT ACT PROGRAM
MINNEAPOLIS AMERICAN INDIAN CENTER**

SERVICE AREA BY COUNTY

- | | | | |
|-----|-------------------|-----|-----------------|
| 1. | ANOKA | 35. | MORRISON |
| 2. | BENTON | 36. | MOWER |
| 3. | BIG STONE | 37. | MURRAY |
| 4. | BLUE EARTH | 38. | NICOLLET |
| 5. | BROWN | 39. | NOBLES |
| | | 40. | NORMAN |
| 6. | CARVER | | |
| 7. | CHIPPEWA | 41. | OLMSTEAD |
| 8. | CHISAGO | 42. | OTTERTAIL |
| 9. | CLAY | | |
| 10. | COTTONWOOD | 43. | PENNINGTON |
| 11. | CROW WING | 44. | PIPESTONE |
| | | 45. | POLK |
| 12. | DAKOTA | 46. | POPE |
| 13. | DODGE | | |
| 14. | DOUGLAS | 47. | RAMSEY |
| | | 48. | RED LAKE |
| 15. | FARIBAULT | 49. | REDWOOD |
| 16. | FILLMORE | 50. | RENVILLE |
| 17. | FREEBORN | 51. | RICE |
| | | 52. | ROCK |
| 18. | GOODHUE | 53. | ROSEAU |
| 19. | GRANT | | |
| | | | |
| 20. | HOUSTON | 54. | SCOTT |
| | | 55. | SHERBURNE |
| 21. | ISANTI | 56. | SIBLEY |
| | | 57. | STEELE |
| 22. | JACKSON | 58. | STEARNS |
| | | 59. | STEVENS |
| 23. | KANABEC | 60. | SWIFT |
| 24. | KANDIYOHI | | |
| 25. | KITTSOON | 61. | TODD |
| | | 62. | TRAVERSE |
| 26. | LAC QUI PARLE | | |
| 27. | LAKE OF THE WOODS | 63. | WABASHA |
| 28. | LE SEUER | 64. | WADENA |
| 29. | LINCILON | 65. | WASECA |
| 30. | LYON | 66. | WASHINGTON |
| | | 67. | WATONWAN |
| 31. | MCLEOD | 68. | WILKIN |
| 32. | MARSHALL | 69. | WINONA |
| 33. | MARTIN | 70. | WRIGHT |
| 34. | MEEKER | 71. | YELLOW MEDICINE |

revised 06/2005

Lee