



NATIVE WORKFORCE PROGRAM

Eligibility

1. Must be **American Indian** with **tribal ID, Certificate Degree of Indian Blood**, or must provide documents that link you as a descendent to an enrolled tribal member, i.e., birth certificate, etc.
2. Must be **unemployed** at time of application or **underemployed** seeking permanent full-time employment with **proof of household income** for the past six months (check stubs, W2's, TANF, Food Stamp, etc.).
3. Proof of residence at time of application (Renter's lease, a bill with Client's name and address, Client's voter registration, Self Statement, etc.).
4. Preferred form of **ID**: Driver's License and Social Security Card.
5. **Additional Household ID's** may be requested if married and/or have dependents.
6. Must have an up to date **Resume** and proof of www.connectingcolorado.com **registration**.
7. **MALE ONLY**: Must have **Selective Service number** if you are between the ages of **18 to 25** years.
8. **Upon completion of the application** (all the **highlighted** areas or sections) **and the gathering of all the required documents above**, please contact the receptionist and set an intake appointment with the Native Workforce Program Intake Specialist.



INTAKE APPLICATION

ALL HIGHLIGHTED AREAS TO BE FILLED OUT BY CLIENT

SSN / Unique Identifier: _____		Gender: _____
Birth Date: _____	Email Address: _____	
		Mailing Address (Check if same) <input type="checkbox"/>
First: _____	Address: _____	
Middle: _____	Zip: _____	
Last: _____	City: _____	
Phone: _____	Cell: _____	County: _____
Marital Status: _____	State: _____	
At time of Intake:	Education _____	Last Grade Completed _____
Employment: _____	Tribe: _____	
Emergency Contact Name: _____	Emergency Contact Phone Number(s): _____	
MALES ONLY (18 to 25 years of age)		
Selective Service Registration: _____	Date _____	Registration Number _____

CHARACTERISTICS

VETERAN PREFERENCE

- Transitioning Service Member Campaign Veteran (Campaign: _____) Disabled Veteran

ELIGIBLE VETERAN STATUS

- Yes**, 180 days --- the participant is a person who served in the active U.S. Military, naval or air service
- Yes**, Eligible Veteran --- the participant served on duty for a period of more than 180 days and was discharged
- Yes**, Other Eligible Person --- the participant is a person who is (a) the spouse of any person who died on active duty
- No**, The participant does not meet any of the conditions for the other choices

PUBLIC ASSISTANCE RECIPIENT INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> General Assistance (GA) (State / Local government) | <input type="checkbox"/> Foster Child Payments |
| <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) | <input type="checkbox"/> Tribal Work Experience Program (TWEPE) |
| <input type="checkbox"/> Supplemental Security Income (SSI-SSA Title XVI) | <input type="checkbox"/> USDA Commodity program |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Other Public Assistance Recipient |
| <input type="checkbox"/> Food Stamps (Food Stamps Act of 1977) | |

Other Public Assistance not listed above: _____

BARRIERS

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Basic Skills Deficiency | <input type="checkbox"/> Offender | <input type="checkbox"/> Limited English | <input type="checkbox"/> Lacks Work History | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Single Head of Household with Dependents under under age 18 | <input type="checkbox"/> Disability | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Displaced Homemaker |
| <input type="checkbox"/> Long Term Unemployment | <input type="checkbox"/> Pregnant / Parenting Teen | <input type="checkbox"/> other | | |

Other Barriers not listed above: _____

TO BE FILLED OUT BY INTAKE SPECIALIST

ELIGIBILITY DOCUMENTATION:

Identification / Age (Must check one)	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Drivers License
<input type="checkbox"/>	School Or State ID (State: _____)
<input type="checkbox"/>	Tribal ID
<input type="checkbox"/>	Other ID

Proof of Residence (Must check one)	
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Rent Receipt
<input type="checkbox"/>	Voters Registration
<input type="checkbox"/>	Self Statement
<input type="checkbox"/>	Other Proof

Verification as native American, Alaska Native or Native Hawaiian (Must check one)	
<input type="checkbox"/>	Tribal Enrollment Card
<input type="checkbox"/>	CDIB Card or Letter
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Tribal Documents
<input type="checkbox"/>	Other (i.e., Self-Attestation Form)

Selective Service (required for males where age between 18 & 25)	
<input type="checkbox"/>	Registration Card
<input type="checkbox"/>	Letter from Selective Service
<input type="checkbox"/>	Phone Registration
<input type="checkbox"/>	Online Registration
<input type="checkbox"/>	Other Proof of Registration
<input type="checkbox"/>	Not Registered

Low Income			
<input type="checkbox"/>	Pay Stubs/W-2	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Public Assistance documents	<input type="checkbox"/>	Individual w/ disability
<input type="checkbox"/>	Other Documents	<input type="checkbox"/>	Self Statement
<input type="checkbox"/>	Social Services Emergency Disaster		

or Unemployed (Must check one)	
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Letter from State Unemployment Office
<input type="checkbox"/>	Received Layoff Notice/Dislocated

or Underemployed (Must check one)	
<input type="checkbox"/>	Underemployed
<input type="checkbox"/>	Working less than full time
<input type="checkbox"/>	No Advancement potential with current employer w/o training

APPLICATION STATUS:

CAREER EXPECTATIONS:

Participant Signature: _____ **Date:** _____

Intake Coordinator Signature: _____ **Date:** _____

EDUCATION:

Current educational status: _____ Last complete year of schooling: _____

Name of School(s) Attended and Location of School(s)	Type of Diploma or Certificate Received:	Completion Year:

WORK HISTORY: List Your Present and/or Last Job Held:

1. Name of Employer: _____ Phone No.: _____
Address: _____
Employed from: _____ to _____
Job Title: _____ Hours Worked Per Week: _____
Duties: _____
Hourly Wage: \$ _____ Total Earnings Per Week: \$ _____
Reason for Leaving; _____

2. Name of Employer: _____ Phone No.: _____
Address: _____
Employed from: _____ to _____
Job Title: _____ Hours Worked Per Week: _____
Duties: _____
Hourly Wage: \$ _____ Total Earnings Per Week: \$ _____
Reason for Leaving; _____

3. Name of Employer: _____ Phone No.: _____
Address: _____
Employed from: _____ to _____
Job Title: _____ Hours Worked Per Week: _____
Duties: _____
Hourly Wage: \$ _____ Total Earnings Per Week: \$ _____
Reason for Leaving; _____

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

Applicant Signature: _____ **Date:** _____

Intake Coordinator Signature: _____ Date: _____

TO BE FILLED OUT BY INTAKE SPECIALIST

Family Member	Age	Relationship	Source of Income	Prior 6 months	Annual Basis
If family income totals to zero, explain:	FOR OFFICE USE ONLY	6 Months Total			
		6 months ANNUALIZED (6 months x 2)			
(FOR OFFICE USE ONLY) Number of family members _____					
PROVERTY LEVEL _____ 70% LLSIL _____					

Applicant Signature: _____ **Date:** _____

Eligibility determination for this applicant was made on _____ and will be valid for 45 days until _____.

Eligible: Unemployed Underemployed Economically Disadvantaged

Not Eligible: Reason _____

Intake Coordinator Signature Date: _____

Program Director Date: _____

SELF-STATEMENT

I, _____ am currently:

_____ Unemployed since _____

_____ Underemployed and work only _____ hours. Placement of Employment: _____

_____ Work for a temporary agency (_____)

_____ Receive TANF (Temporary Assistance to Needy Families). My Family Size is _____

_____ Receive Food Stamp. My Family Size is _____

_____ HOMELESS (Shelter: _____)

_____ Live with and rely on Family and/or Friends for food and/or shelter (Complete STATEMENT from ASSISTANCE PROVIDER below)

Name of Family/Friends: _____

Comments: _____

By signing this form, I certify that all information I have given is true to the best of my knowledge including information about all members of my household.

Participant's Signature

Date

ASSISTANCE PROVIDER'S STATEMENT

TO: _____

Date: _____

FROM: _____

STAFF Member, DIC

REGARDING: _____

We are currently working with _____ and enrolling him/her in our Native Workforce Program. We are in the process of completing his/her file. The client has indicated to us that you assisted them as a separate family member dependent on your household. Please fill in the appropriate blanks indicating the type of assistance which you provide and return signed. **His/Her file is active only for forty-five (45) days, so your prompt response and return of this letter is greatly appreciated.** If you have any questions, please call me at the above number. Thank you for your assistance.

DATES WHEN APPLICANT RESIDED OR WAS HELPED BY YOUR HOUSEHOLD:

from: _____ to: _____

Type of Assistance Provided:

_____ Food _____ Room and Board (Shelter) _____ Income _____ Other (Clothing, Mail Pick-up, etc.)

Applicant resides or was helped by my household at: _____

I verify that the information I have provided is true and correct.

SIGNATURE _____ DATE _____

PARTICIPANT CONDITIONAL AGREEMENT

If I, as a participant of the Native Workforce Program, leave my assigned component under the following circumstances, I agree to abide by all penalties and/or conditions levied against me:

1. Leaving without properly notifying my assigned counselor within two (2) working days. If I am unable to notify the counselor, I will notify the counselor's designated replacement.
2. If I leave an assigned position without proper reason or proper notification to all responsible parties.
3. If I refuse an employment opportunity without reasonable justification to all responsible parties.
4. If I have been terminated from an assigned position for non-performance as defined by my assigned supervisor or counselor.

PENALTIES OR CONDITIONS CAN INCLUDE, BUT NOT LIMITED TO:

1. Exclusion from participation in the Program for one year (12 months) or for an arbitrarily determined length of time.
2. Being assigned a low-priority rating. This will mean that services will be given to any or all participants who have a higher rating.
3. If the situation warrants, I will agree to repay the Denver Indian Center's Native Workforce Program for its costs incurred on my behalf.

I do realize that the severity of the penalties imposed will be dependent on the violation of the conditions mentioned herein.

I further realize that these conditions are voluntarily agreed to and have been thoroughly explained to me as my signature will attest.

As a participant on the Denver Indian Center's Native Workforce Program, I have read and do understand the following stipulations to my participation.

Participant Signature: _____ **Date:** _____

Intake Coordinator: _____ **Date:** _____

CODE OF CONDUCT

The Native Workforce Program is designed to provide assistance in seeking employment. Clients are expected to observe the rights of others. This is a professional work and employment search resource. Clients are expected to observe professional conduct while using the facilities. In consideration of others, clients are asked to keep conversation levels down at all times, and maintain a tidy work area. A healthy working environment is appreciated and sick clients are asked to revisit at another time.

Food and Beverage

Consumption of food and beverages is prohibited, including in the public computer areas and classrooms.

Noise/Disorderly Behavior

Disorderly behavior, excessive noise, or harassing other clients or staff is prohibited.

Weapons/Drugs

No weapons, fireworks, or explosives are permitted on the premises. Clients are prohibited from consuming or being under the influence of or impaired by alcohol or drugs.

Telephone Use

Telephone calls (including cell phones) are permitted to prospective employers or related services only. Phone calls should be no longer than 10 minutes in length and are permitted in designated areas only. Incoming or outgoing faxes are permitted if they are related to job searches, or to/from a perspective employer.

Computer Use

Computer use is limited to 2 hours (1 hour during high-demand times at the discretion of staff) and is restricted to employment and job search and other related services. There shall be no chat rooms, pornographic sites, or other personal web searches. Customers are prohibited from installing or downloading software, or from making changes to any settings on the computers. All computer usage is subject to staff monitoring.

Personal Equipment Usage

Personal laptop usage is allowed for employment, job search, or other related services only. No network access is denied. The DIC/NWP program is not responsible for any personal equipment damage related to the use of power or other connected sources.

Equipment and Materials

Tampering with the computers, printers, or any other equipment is forbidden. Please ask for assistance if you are having trouble or need access to adaptive equipment or other ADA accommodations. Newspapers, books, magazines, pamphlets or periodicals are provided as a resource for all customers. Please do not remove items or tear pages from these resources. If you have a print job over 12 pages, please ask for assistance before printing.

Soliciting

No soliciting or selling of any kind is allowed in the NWP area.

Attire/Cleanliness

Suitable clothing and shoes are required. Personal cleanliness is expected.

Children

The NWP Center is intended to assist clients with employment, job-search, and other services, therefore it is not appropriate to bring children.

Closing process for NWP Center

The closing process begins 15 minutes prior to the DIC closing time M-F 8AM to 5 PM.

Customers who do not abide by the Code of Conduct can be asked to leave at any time or risk becoming permanently banned. All activities are subject to staff monitoring.

Client Signature

Date

DENVER INDIAN CENTER INC.

PARTICIPANT GRIEVANCE / COMPLAINT PROCEDURE

The U.S. Department of Labor requires that the Denver Indian Center has a process for dealing with grievances and complaints from participants and other interested parties. The process for filing a grievance with the Denver Indian Center Workforce Investment Act (WIA) program is provided below.

All grievances shall be discussed and remedied, if possible where they originate. If an informal resolution of the grievances proves impossible, the following procedures shall be followed: **Note:** Steps 1 through 5 shall be completed within 60 days of the formal filing (step 3) of the grievance or complaint.

1. The aggrieved participant(s) or other interested party shall informally file with the Denver Indian Center WIA Director, Eileen Masquat, a short statement of the grievance. If the grievance is related to - or against - the WIA Director then a short statement of the grievance shall be informally filed with the WIA Director's direct supervisor.
2. The WIA Director shall meet informally with the aggrieved individual(s) to resolve the grievance. If the grievance is related to - or against - the WIA Director, then the WIA Director's direct supervisor shall meet informally with the aggrieved individual to resolve the grievance.
3. If the grievance cannot be resolved informally to the aggrieved individuals satisfaction, the individual may file a formal grievance to the Denver Indian Center's grievance committee. The grievance committee shall investigate the grievance and determine its validity and make appropriate recommendations to the Executive Director within five (5) working days.
4. If the aggrieved individual is dissatisfied with the decision of the grievance committee, an appeal may be made in writing, requesting a hearing with full Denver Indian Center board of directors within (10) working days.
5. The board of directors shall review the written grievance, the previous steps taken, and render its written decision within THIRTY (30) days of the receipt of the notice of appeal. If either party is dissatisfied with the board of director's decision, a written request may be made within (10) days of receipt of the decision for a hearing before the full Board of Directors to be considered on the agenda of the regular Board Meeting.
6. If the aggrieved individual is dissatisfied with the decision of the board of directors, an appeal may be made in writing to U.S. Department of Labor at the following address: Indian and Native American Programs (INAP) 200 Constitution Avenue, N.W., Room S-4206, Washington, DC 20210.
ATTN: INAP Program Manager.

I FULLY UNDERSTAND THE GRIEVANCE PROCEDURE AS EXPLAINED AND STATED ABOVE.

Employment & Training Customer

2015-2016

NATIVE WORKFORCE INCENTIVE PROGRAM

Effective January 1, 2016

I. INTAKE (program registration)

- A. Meet with **INTAKE SPECIALIST**
 - 1. All paperwork completed
 - 2. All documentation turned in
 - 3. The eligible client will be placed in **JOB SEARCH** or in **JOB RETENTION**, if underemployed.

- B. Meet with **WORKFORCE SPECIALIST**
 - 1. Complete Individual Employment Plan (IEP), **turn in resume** **\$10.00**
 - 2. Register at Colorado Work Force Center www.connectingcolorado.com **\$10.00**
 - 3. Complete SCALE ASSESSMENT **\$10.00**

II. JOB SEARCH (Pre-employment)

- A. Classes offered to develop skills needed for employment
 - 1. Acing the interview Part 1 **\$10.00**
 - 2. Acing the interview Part 2 **\$10.00**
 - 3. The Hidden Job Market **\$10.00**
 - 4. The Power of Networking **\$10.00**
 - 5. Targeted Resume Part 1 **\$10.00**
 - 6. Targeted Resume Part 2 **\$10.00**
 - 7. Computer Basics **\$10.00**
 - 8. Beginning Microsoft Word 2007 **\$10.00**
 - 9. Internet / Email **\$10.00**
 - 10. Online Applications and Connecting Colorado **\$10.00**
 - 11. All classes that are an equivalent to those listed above and approved by the NWP for Adams, Arapahoe, Douglas and Jefferson Counties **\$10.00**
 - 12. Kenexa / TABE Test for Adult Basic Education **\$5.00 per class**

III. JOB RETENTION (Employment)

- A. Complete Exit Form (employment verification)

- B. Job retention incentives
(PT. = less than 32 hrs./wk., 128 hrs/month)

	<u>Part Time</u>	<u>Full Time</u>
1. Employment start incentive for all new jobs	\$10.00	\$20.00
2. Monthly transportation assistance (first 4 months only) gas cards (must have car registration on file) or 10-Ride Bus Ticket Booklets or a Bus Pass	\$20.00 2 Books (\$18) Does not Apply	\$40.00 4 Books (\$36) \$47.40
3. 90 days on the job incentives <ul style="list-style-type: none"> a. 90 day employed incentive (must have 3 monthly pay stubs on file) \$30.00 b. Monthly job retention incentive \$10.00 		
4. 180 days on the job incentive Must have 6 monthly pay stubs on file	\$30.00	\$50.00
5. Additional incentives after 3 completed quarters of employment Rent assistance, Work clothes, Tools, Utilities	\$150.00	\$300.00

IV. EDUCATION (licensing, certifying)

- A. Educational incentives will only be given for license and/or certification testing.

V. PROGRAM ALERTS:

- A. **LOSS OF EMPLOYMENT** – the client may use the NWP facilities to job search, but there will be **NO** incentives given.
- B. **The client must set up a meeting with the Workforce Specialist the last month of every quarter for an IEP update. Any days during the months of March, June, September and in December.**