

Employment Development & Training



Workforce Innovation Opportunity Act (WIOA) Adult Pre-Application

13370 1st Avenue Parker, AZ 85344 Phone: (928)669-8555 Fax: (928)669-6085

C.R.I.T. and Employment Development & Training Program is an equal opportunity employer/program Auxiliary aids and services are available upon request to individuals with disabilities TTY/TTD, 711



Colorado River Indian Tribes
 Employment Development & Training Office
 26600 Mohave Rd. Parker, AZ 85344
 Phone: (928)669-8555 Fax: (928)669-6085

Adult Eligibility Documents

The following documents are required for eligibility purposes under the Workforce Innovation Opportunity Act (WIOA) all documents must be submitted. If you are missing any documents, eligibility cannot be determined. Only one document is required for each category. *As per CRIT policy all WIOA customers will be required to complete a drug test for the Work Experience Program*

Category	Document type
Social Security Number	<input type="checkbox"/> Social Security Card <input type="checkbox"/> SS letter when applying for card <input type="checkbox"/> Driver's License (if SS# is on license) <input type="checkbox"/> Pay Stub
Residential Address	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Tribal ID <input type="checkbox"/> AZ State or Driver's License
Date of Birth	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Tribal ID <input type="checkbox"/> State/Arizona Driver's License
Selective Service (Males 18 yrs. And older)	<input type="checkbox"/> SS Verification Form <input type="checkbox"/> SS Registration Card
Photo ID	<input type="checkbox"/> Tribal ID <input type="checkbox"/> State ID <input type="checkbox"/> Driver's License
Family Size (all family members in the household)	<input type="checkbox"/> Social Security Cards <input type="checkbox"/> Printout from DES <input type="checkbox"/> Letter from HUD <input type="checkbox"/> Tribal IDs <input type="checkbox"/> Most recent tax return
Household Income (for the past 6 months)	<input type="checkbox"/> Check Stubs (last 2) <input type="checkbox"/> Printout from DES/TANF Food Stamp or Letter <input type="checkbox"/> Commodities Letter <input type="checkbox"/> Social Security, SSI, Survivors Benefits, Retirement <input type="checkbox"/> Letter General Assistance <input type="checkbox"/> Written Statement if Self Employed
Citizenship/Right to Work	<input type="checkbox"/> State ID/Driver's License <input type="checkbox"/> Certified Copy of Birth Certificate <input type="checkbox"/> Tribal Certificate of Indian Blood (CIB) <input type="checkbox"/> Hospital Record Indicating Place of Birth

Barriers- Special Categories: Only if they apply to you

Disability	<input type="checkbox"/> Letter from Doctor <input type="checkbox"/> Medical Records
Homeless	<input type="checkbox"/> Written statement from person providing temporary residence <input type="checkbox"/> Statement from shelter or social service agency <input type="checkbox"/> Self-Attestation w/witness signature
Offender	<input type="checkbox"/> Court Records/Documents <input type="checkbox"/> Letter from probation/parole officer <input type="checkbox"/> Self-Attestation w/witness signature
Alcohol/Substance Abuse	<input type="checkbox"/> Self-Attestation w/witness signature <input type="checkbox"/> Statement from Alcohol/Substance Abuse program



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Adult Pre- Application

Name: _____ Social Security Number: XXX-XXX-_____ Today's Date: _____

D.O.B _____ Age: _____ Gender: Female Male

Marital Status: Single Married Separated Divorced Widowed

Mailing Address: _____

Residential Address: _____

Email Address: _____

Phone/Cell Number: _____ Message Name/Number: _____

Citizenship: U.S. Citizen Other: _____ Veteran? Yes No

Males 18 and over born after 1959 are you enrolled in Selective Service? Yes No

Selective Service Number: _____ If no, why? _____

Ethnic Group

- White/Anglo
- American Indian/Alaskan Native Tribe: _____
- Hawaiian Native/Other Pacific Islander
- Asian
- Hispanic/Latino
- Black/African American
- Other: _____

Alternate Contact Information

Please provide 2 contact persons

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

Relationship: _____

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____

Relationship: _____

Education Status

High School Graduate? Yes No If yes, what year did you graduate? _____

GED? Yes No If yes, what year did you receive your GED? _____

School drop out? Yes No What was the last grade you completed? _____

Are you currently enrolled in vocational training, college, university? Yes No

Name of School or training institution: _____ Current Grade: _____



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****Office Use Only****

Orientation Complete: _____ Drug Test Date: _____ Pass Fail
TABE Assessment: _____ Scores: Reading _____ Math _____ Language _____
Income Guidelines Met Number of Barriers _____ In-School _____ Out of School _____ Adult _____
Drop Out HS/GED
Status Approved Denied Pending
Date Received: _____ Staff Initials: _____ Reason: _____



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Follow-up Agreement

You are being considered for enrollment in a training program funded under the Employment Development & Training Program (ED&T). The program is administrated by the Colorado River Indian Tribes. Our goal is to help you obtain the education or training that will lead to your future employment.

In order to measure how well we are meeting this goal; we need your help. For a period of one year after you exit the program you will be contacted by our Case Manager or one of our WOA staff to see how you are doing and you will be asked a few questions. It will take only a few minutes to answer the questions and the information you provide will be kept strictly confidential. By answering these questions, you will provide us with information that will help us to serve you and others better in the future. We appreciate you help.

List at least two people who do not live in your household and will always know your whereabouts or who might be able to provide the information regarding your status.

Name: _____ Address: _____
Phone: _____ City, State, Zip: _____
Relationship: _____

Name: _____ Address: _____
Phone: _____ City, State, Zip: _____
Relationship: _____

I agree to provide information in the follow-up interview. I understand that my participation is voluntary and that the information I will provide will be kept strictly confidential.

I also hereby give my permission to my past/present employer to release information to the follow-up interview regarding my employment and earnings.

I also agree to notify the Case Manager or ED&T staff of any changes to my address and/or phone number.

Participant Signature

Date

ED&T Staff Signature

Date



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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the CRIT WOA Program to release relevant information contained in my file pertaining to my continued training/participation. Such information may concern my status with the CRIT WOA Program and other public and private employment programs.

I also authorize release relevant information to CRIT WOA Program from potential employers for purposes of acquiring subsidized or un-subsidized employment. This may include my past/present employment, wages, skill level, and/or other information pertinent to the job function abilities. This also includes vocational and/or higher education information pertaining to grades/progress certificates/diplomas and any other significant information.

In the event that this release shall be effective for the duration of my enrollment in the CRIT WOA Program and will remain valid to allow for employment follow-ups to 1 year from the date of entered employment or higher education and will end upon final closure on my file.

I also understand that all information I provide will be kept strictly confidential.

Participant Signature

Date

ED&T Staff Signature

Date



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Grievance Procedures

All problems and criticisms are to be brought to the attention of the supervisor. All complaints will be handled on an individual basis with consideration given to the work assignment, age, experience, and proficiency of the customer. In cases where the supervisor is personally involved with the complaint, the matter will be handled by the ED&T Director. The ED&T Program will intervene only when the complaint cannot be solved on the local level.

Objectives- The objective of the grievance procedures are four fold:

1. To require the provision of a notice setting forth the grounds for any adverse action proposed to be taken by the ED&T and giving the customers an opportunity to respond
2. To provide an opportunity for an informal hearing
3. To provide for a prompt determination of any issue which has not been resolved
4. To require the final determinations resulting from this grievance procedure shall be in writing and shall include the procedures by which the complainant may appeal the final determination

Informal Resolution

Upon receipt of a grievance, the ED&T Director will meet with the complainant and discuss the issue. After the initial interview, the Director will then attempt to gather facts through interviews with persons who are directly concerned with the matter in question and through examination of pertinent records.

1. When the Director believes information has been developed, but no later than ten working days from the date of receipt of the grievance, the Director will schedule a conference for resolution
2. Although the participant should be encouraged to attend this conference, failure to do so shall not preclude any rights to request a hearing
3. If a mutually satisfactory resolution results, the ED&T Director will write a brief report stating the issue and resolutions. This report should be countersigned by the customer. Copies of this report will be delivered to all parties concerned. The matter is then considered closed
4. If a resolution does not result, the ED&T Director will:
 - a. Immediately notify the customer of their appeal rights, including notification of the due date for filing an appeal
 - b. Provide the customer with the necessary information and assistance to request a hearing
 - c. Within two working days write a brief report which will clearly identify the issues, summarize the information gathered in interviews and inquires and note the proposed resolutions offered both the customers and respondent
5. Provide copies of the report to the customer, the respondent and the customer's files

Request for a Hearing

A request for a hearing must be made in writing and submitted to:

Colorado River Indian Tribes
ED&T Department
26600 Mohave Rd.
Parker, Az 85344
Phone number: (928)669-8555

1. There is no specific form for a request for a hearing, but it should include a description of the original problem. A description of the steps taken so far to resolve the problem and the desire to remedy the problem.
2. Requests for a hearing must be made within ten working days of the informal conference with the customer or the scheduled date of the conference if the complainant fails to attend.
3. If a request for a hearing is not made within the time specified, the ED&T Director will notify the complainant in writing, stating that the matter in consideration is closed.
4. Copies of the written notification will be forwarded to the respondent.
5. Upon receipt and acceptance of the request for hearing, the ED&T Director will initiate an investigation and within five days schedule a hearing. The hearing shall be held in the ED&T Director's office.
6. The ED&T Director's decision will be final and will be written within two working days. Copies will be made available to all parties concerned.

I certify that I have read and understand the Grievance procedures.

Participant Signature

Date

ED&T Staff Signature

Date



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Notice of Eligibility

Applicant Name

Social Security #

On _____, you applied for enrollment in the Workforce Innovation and Opportunity Act (WIOA) Program

- Dislocated Worker
- Adult
- Youth

You have been determined:

- Eligible for WIOA Program on _____
- Ineligible for WIOA Program for the following reasons:
 - Not a U.S. Citizen or eligible Non-Citizen
 - Does not have a valid Social Security Number
 - Not Registered with the Selected Service
 - Not Low Income
 - Not Experiencing a Barrier to Employment
 - Not a Dislocated Worker
 - Other: _____

Comments:

*****This Notice of Eligibility IS NOT a Notice of Enrollment into Training. Enrollment is subject to funding and availability of services.**

Participant Signature

Date

ED&T Staff Signature

Date



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Photo Release Form

As part of the CRIT Employment Development & Training, you will be involved in various activities, such as trainings, workshops and/or group events. During the period, the CRIT ED&T Office will be taking photos of the participants and used for a variety of purposes such as, posting on office achievement board, used in CRIT Social Media Sites, Newsletters, Newspapers and/or other forms of media.

By signing below, you give the CRIT Employment Development and Training Department permission to publish in print, electronic or video format the likeness of image.

I release all claims against the CRIT Employment Development and Training with respect to copyright ownership and publication. I acknowledge that since participation in the Workforce Development program activities is voluntary, I will not receive any financial compensation. I authorize the CRIT Employment Development and Training to publish the photos of the individual named below and to use their name in printed publications.

I, _____

Participant Name (Please Print)

Do

Do Not

Grant permission for the CRIT Employment Development and Training to take my photo for the purpose mentioned above.

Participant Signature

Date

ED&T Staff Signature

Date



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Attendance Agreement

I, _____ agree to adhere to the following conditions in order to demonstrate my
commitment to attending _____
to achieve success in the _____
training program and to the CRIT Employment Development and Training.

- a) I will attend my classes with good attendance from _____
through _____.
- b) I will participate in all classroom activities as required by my instructor.

Failure to comply with this Attendance Agreement may result in termination from the Workforce Innovation and Opportunity Act Program

Participant Signature

Date

ED&T Staff Signature

Date



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Dress Code

Participants are expected to adhere to standards of dress and appearance that are compatible with an effective learning environment. Presenting a bodily appearance or wearing clothing which is disruptive, provocative, revealing, profane, vulgar, offensive or obscene, or which endangers the health and safety of the participant or others is prohibited.

Examples of prohibited dress or appearance include, but are not limited to the following:

- ◆ Exposed undergarments or see-through clothing
- ◆ Sagging pants
- ◆ Excessively short or tight garments
- ◆ Attire that exposes cleavage, bare midriff, halters or strapless shirts
- ◆ Attire with messages or illustrations that are lewd, indecent or vulgar or that advertise any product or service not permitted by law to minors
- ◆ Clothing, accessories and/or head coverings which identify or have been altered to identify with illegal organizations
- ◆ Any adornment (items used to decorate items) such as chains/ spikes that reasonably could be perceived as or used as a weapon, and
- ◆ Any symbols, styles, or attire frequently associated with intimidation, violence or violent groups

If a participant's dress or appearance is such that it constitutes a threat to the health or safety of others, distracts the attention of other co-workers or staff from their work or otherwise violates this dress code; supervisors, instructors and/or case managers may require the client to change his/her dress or appearance. A second or repeated violation of this policy will result in disciplinary action.

Participant Signature

Date

ED&T Staff Signature

Date



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Workforce Innovation and Opportunity Act (WIOA) Criminal Fraud & Abuse Procedure

Complaints of a non-criminal nature are handled under the procedures set for in §667.505 or through the Department of Labor Incident Reporting System

Information and complaints involving criminal fraud, waste, abuse or other criminal activity must be reported immediately through the Department's Incident Reporting System to the Department of Labor Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, DC 20210 or to the corresponding Regional Inspector General for Investigations, with a copy simultaneously provided to the Workforce Development. If you see any criminal activities, please call 1-800-347-3756.

A copy of the publication is placed on the Bulletin Board at the Workforce Development Office and in each file of the participants for reference purposes.

Participant Signature

Date

ED&T Staff Signature

Date