



Rhode Island Indian Council, Inc.

WIOA Program Description & FAQs

Our agency has been servicing the American Indian Community for 43 years. We are happy to assist you with your goals and guide you on your way to a successful career.

THE PURPOSE

WIOA (Workforce Innovation Opportunity Act) is legislation that is designed to strengthen and improve our nation's public workforce system and help get Americans, including those with significant barriers to employment, into quality jobs and careers, creating a skilled workforce.

The program is designed to support employment and training activities to develop academic, occupational and literacy skills, making individuals more competitive in the workforce. The ultimate goal of WIOA is to help individuals obtain employment. We are an extension of the U.S. Department of Labor.

THE OPPORTUNITY

Rhode Island Indian Council, Inc. offers guidance and assistance in areas of employment. Skills training and some tuition assistance is available to eligible individuals, such as paying for partial college or certification training costs. You have access to a support system, and a network of information, to achieve your goals. After services from our agency, our goal is for you to obtain a credential and enter you into the workforce. At this time, you will be exited from the program and not eligible to reapply for approximately one year.

LIMITATION

THIS IS NOT A SCHOLARSHIP. YOU ARE NOT ENTITLED TO MONEY.

If individuals are eligible for assistance with tuition, they must meet the HHS POVERTY/LOW INCOME GUIDELINES FOR 2018 or be unemployed. Only individuals who are Native American, Alaska Native or Native Hawaiian are eligible to apply, and must have documentation or tribal identification. Our agency must adhere to federal requirements for funding qualifications.

FREQUENTLY ASKED QUESTIONS

I think I am Native, but I am not sure. How do I find out?

Tribal enrollment is independently managed by Tribal Councils. You must contact the tribe you are believed to be affiliated with and speak with them about their enrollment credentials and process. If your parent or grandparent is enrolled, you are eligible for our programs with use of their documentation.

Why would I be denied services? I'm Native!

Eligibility is determined by income, employment status, and Native identification. You are ineligible if: 1) you are employed and your income falls outside of the low-income bracket; 2) You are active military duty (veterans and reserves are eligible); 3) You are seeking a career/training that is not a sustainable career path; 4) You were enrolled in the program previously and violated your responsibilities.

What is expected of me?

Be respectful of our agency and its representatives. If you are enrolled in any academic program, send your grades as school must send their grades and keep their Individual Employment Plan (IEP) up to date. Most importantly, keep in contact with your caseworker! We are here to help you obtain a positive outcome at the closing of your enrollment in WIOA. If you withdraw from training/school you must contact us ASAP.



A REGIONAL URBAN INDIAN CENTER

Work Readiness Curriculum

Division of Indian and Native American Programs (DINAP) and the Department of Labor share a vision of providing employment and training services to tribes, tribal organizations, Indian controlled organizations and Native Hawaiian organizations serving unemployed and low income Native Americans, Alaska Natives and Native Hawaiians.

Included in this plan is the National Work Readiness Credential Program. More than 20 years of prevailing career readiness skills research consistently identifies mastery of core communication, reasoning and problem-solving skills as required or highly recommended for most jobs across occupations and industries. **The research further defines the standards for those core skills as applied workplace math, workplace reading, and soft/hard skills.**

In study after study, employers identified a lack of skilled workers as their biggest challenge.

The Ready to Work Credential is a workforce education and development tool, comprised of three proctored assessments: Applied Mathematics, Reading for Information and Locating Information. It brings employers, learners and job seekers, and education/workforce partners together in building a skilled workforce while keeping and attracting businesses with high-wage jobs.

The Work Readiness Programs is a mandatory course for any individuals/students enrolled in post secondary education seeking tuition funding. It is to the discretion of the Directors for schedule or circumstances surrounding any flexibility to the course.

It is understood, should a client refuse to participate in any Employment and Career related work readiness training in its entirety, that choice can affect his/her/their eligibility for any allowed funding from our agency.

Client _____ Date _____

Case Manager _____ Date _____



Rhode Island Indian Council, Inc.

Workforce Innovation and Opportunity Act (WIOA) Enrollment Form

Fill out completely and initial at bottom of every page or form is invalid.

1) SSN: _____ 2) DOB: ____ / ____ / ____ Age: _____

3) Last Name: _____ 4) First Name: _____

5) Address: _____
House/Building # Street Unit/Apartment #
City/Town State Zip Code

6) Primary Phone # _____ Secondary Phone # _____

7) Family Status: [] Married [] Single [] Divorced [] Widowed [] Separated [] Common Law

8) Indian Status

[] American Indian Tribal Affiliation: _____
[] Native Alaskan Enrolled? [] Yes [] No - see your counselor
[] Native Hawaiian If yes, Enrollment #: _____

9) Gender: [] Male [] Female [] Two Spirit [] Nonbinary [] Prefer not to answer

10) Selective Service Registration Status: All males ages 18-25 must be registered.

Copy of Selective Service Card? [] Yes [] No Verification Attached? [] Yes [] No

11) Employment Status

Unemployed last seven (7) days? [] Yes [] No If yes, last day worked: ____ / ____ / ____
Underemployed: currently working part-time? [] Yes [] No

12) Education Status: Highest Degree (check one below)

[] High School Diploma [] GED [] College Degree If none, highest grade completed: _____

Are you a full-time student? [] Yes [] No Name of School: _____



WIOA Enrollment Form

Fill out completely and initial at bottom of every page or form is invalid

Type of Program: High School GED Postsecondary Education / Training College

Do you have any special licenses or certificates? Yes No

If yes, please describe: _____

13) If you have children, do you have childcare available? Yes No N/A (not applicable)

14) Do you have reliable transportation? Yes No

15) Veteran Status: Are you a veteran? Yes No If yes, date of entry: ____ / ____ / ____

Date of discharge: ____ / ____ / ____ Type of discharge: _____

Do you have a disability? Yes No

16) Are you handicapped? Yes No If yes, please explain: _____

17) Do you have any substance abuse concerns? Yes No

If yes, please explain: _____

18) Are you currently under prescription medication? Yes No

If yes, please state medication and reason: _____

19) Are you currently under a doctor's care? Yes No

If yes, please explain: _____

20) Are you a Vocational Rehabilitation referral? Yes No

If yes, please state contact name: _____

If no, would you like to be referred to a Vocational Rehabilitation program? Yes No

21) Criminal History: Have you ever been incarcerated, paroled, or on probation? Yes No

If yes, please explain: _____

Client Initials

Date

Counselor Initials

Date



Rhode Island Indian Council, Inc.

WIOA Enrollment Form

Fill out completely and initial at bottom of every page or form is invalid

Are you currently incarcerated? Yes No If yes, date of release: _____

Are you currently in any phase of an adjudication process? Yes No

22) State of legal residence: _____ How long? _____

23) Do you have a valid driver's license? Yes No If yes, state: _____ License # _____

24) Have you ever been, or are you currently, institutionalized? Yes No

If yes, please name institution: _____

25) Is any member of your family employed by the WIOA program in any administrative or supervisory capacity? Yes No

If yes, state name and position: _____

26) Are you currently economically disadvantaged? Yes No

AFDC? Yes No If yes, date payments began: _____ / _____ / _____

SNAP? Yes No

SSI? Yes No

General Assistance? Yes No

27) Prior WIOA status: Have you ever participated in WIOA before? Yes No

If yes, please complete the following: _____

Sponsoring Organization

City / State

Dates of participation: _____ to _____

28) Have you ever worked a full-time job for two (2) weeks or more? Yes No

29) How many weeks in the past 52 weeks were you employed? _____

Client Initials

Date

Counselor Initials

Date



WIOA Enrollment Form

Fill out completely and initial at bottom of every page or form is invalid

30) List all the jobs you have worked during the past 12 months, beginning with the most recent:

Employer	Position	Hrs / Wk	Hrly Wage	Start Date	End Date	Reason for Leaving

Certification Statement

I understand that the information provided in this application is used for program eligibility and that it will not be released without my permission. I am also aware that documentation to support my statements may be required and that refusal to provide such documentation will result in ineligibility for program services.

I certify that the information provided is true to the best of my knowledge. I also certify that I understand providing false or misleading statements will result in immediate termination from program services and may be cause for civil and/or criminal prosecution.

Applicant's Signature

Date

This is to acknowledge that I have received a Notice of Rights to Grievances Procedures.

Applicant's Signature

Date

Counselor Signature

Date

Client Initials

Date

Counselor Initials

Date



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Employment Status Statement of Self-Certification

I understand that one of the eligibility requirements for the participation in Federal programs and activities is to meet the employment status guidelines prescribed by a funding source.

Therefore, I hereby state that I have been unemployed or underemployed for at least seven (7) days prior to the date of my application. Eligibility is subject to the provisions of the certification amount.

Client's Signature

Date

- CLIENT IS: Unemployed
 Underemployed (25 hrs/week or less)

Client Initials

Date

Counselor Initials

Date



Rhode Island Indian Council, Inc.

807 Broad Street
Providence, RI 02907

Tel: (401) 781-1098

Fax: (401) 781-2394

www.rhodeislandindiancouncil.org

Permission Slip

Company / Agency Name

Company / Agency Representative

Street Address, City, State, Zip Code

I, _____, SS# _____,
agree and grant permission to the Rhode Island Indian Council, Inc.(RIIC) to
obtain and review any documentation from your company/agency which the RIIC
deems necessary and relevant to my participation in their Workforce Investment
and Opportunity Act (WIOA) program.

Client Signature

Date

Counselor Signature

Date



Rhode Island Indian Council, Inc. WIOA Grievances Procedures

Sign and initial and date at bottom of all pages or form is invalid

You are applying to participate in the Workforce Innovation and Opportunity Act (WIOA), a federally-funded program. You are guaranteed the right to file a complaint regarding any aspect of the WIOA program. This Grievance Procedure is established and maintained for resolving any complaint or grievance alleging a violation of the roles/regulations, grants, or other agreements under which Rhode Island Indian Council, Inc. operates. All program participants and staff members shall be provided with a written description of the Grievance Procedures, including notification of the right to file a complaint and instructions on how to do so. Program participants and staff members of the corporation may bring grievances forward. Should any individual have a complaint, an earnest effort shall be made to resolves such differences promptly in the following manner:

Step 1: The grievance is to be written and presented to the office operating the program in which the grieved is participating or employed within **one year** of the alleged violation. Notice that the grievance has been filed shall promptly be forwarded to the appropriate supervisor. An informal conference shall be conducted between the grievant and the representative(s) of the office. The employing office shall, within **thirty (30) working days** after the receipt of the complaint, issue a written decision. The determination shall include a synopsis of the facts and a statement for the decision. It shall also provide the grievant notification of an opportunity to appeal the matter to Step 2.

Step 2: If the dispute is not resolved in Step 1, the grieved may, within **ten (10) days** of the issuance of the Step 1 decision, submit said grievance to the Executive Director of Rhode Island Indian Council, Inc. at the following address:

Rhode Island Indian Council, Inc.
Darrell Waldron, Executive Director
807 Broad Street
Providence, RI 02907

The grieved must submit to the Executive Director, in writing, the following information:

- a) Grievant name; address; home telephone number and, if applicable, business telephone number
- b) A clear and concise statement of facts, including pertinent dates, setting forth the alleged violation
- c) The name(s) and address(es) of the party or parties against whom the grievance/complaint is made
- d) The provisions of the act(s), regulation(s), or rule(s) to have been violated, if known
- e) A statement disclosing whether proceedings involving the dispute have been conducted before another authority
- f) A statement indicating, if applicable, that the administrative procedures established by the grantee have been exhausted

A formal or administrative hearing will be held between the Executive Director, the grievant, and all other necessary parties not more than **thirty (30) working days** from the date of the filing of the complaint. The grieved shall have the opportunity at the Step 2 Hearing to:

- a) Bring witnesses and documented evidence
- b) Have records or documents relevant to the issues produced by the custodian of such records or documents
- c) Question any witnesses or involved parties

The grievant shall receive prior written notice of the Step 2 hearing, including the date, time, and place of hearing; the manner in which it will be conducted; and the issues to be decided.

Client Initials

Date

Counselor Initials

Date



Rhode Island Indian Council, Inc. WIOA Grievances Procedures

Sign and initial and date at bottom of all pages or form is invalid

The Executive Director, acting as the hearing officer, shall within **ten (10) working days** of the close of the hearing, submit his/her written decision to the grievant. The response shall include a synopsis of the facts, a statement of the reasons for the decision, and a statement of the opportunity to appeal the matter to Step 3 of the Grievance Procedure.

Step 3: If the dispute is not resolved at Step 2, then either party may, within **ten (10) working days** of the issuance of the Executive Director’s decision, submit said grievance to the Rhode Island Indian Council, Inc. Board of Directors at the following address:

Rhode Island Indian Council, Inc.
Board of Directors
807 Broad Street
Providence, RI 02907

The grievance will be considered at the next regularly scheduled Board of Directors meeting. At said meeting, the Board shall consider the positions of each party and the decision rendered by the Executive Director. Within **sixty (60) working days** of said meeting and no longer than **one hundred and twenty (120) working days** from the initial filing of the grievance, Rhode Island Indian Council, Inc. shall submit its written decision to the grievant, which shall include:

- a) A synopsis of the facts
- b) A statement of the reasons for the decision
- c) A statement of the remedies to be applied
- d) A statement that local remedies have been exhausted and notice of the rights to file an appeal to the federal government as provided in Step 4

Step 4: If the grievant is not satisfied with the response of Rhode Island Indian Council, Inc., he/she may appeal the decision to the United States Department of Labor, per Part 636 – Complaints, Investigations and Hearings set forth in the Federal Register. The grievant must initiate his/her appeal within **thirty (30) working days** following receipt of the decision of Rhode Island Indian Council, Inc. Said grievance must be submitted to:

Division Chief, Indian and Native American Programs
Employment and Training Administration
200 Constitution Avenue, N.W.
Room S-4209
Washington, D.C. 20210

The Division Chief will render a decision within **one hundred and twenty (120) days** of receiving the appeal.

I fully understand this Grievance Procedure as given.

Applicant Signature

Date

RIIC Staff Signature

Date

Client Initials

Date

Counselor Initials

Date



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR		Form I-94 Admission Number	OR	
					Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification on Page 3.**

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete **Supplement B, Reverification and Rehire on Page 4.**



Rhode Island Indian Council, Inc.
Previous Work & Training Experience

Fill out completely and initial at bottom of every page

1) List your last three work and/or training experiences, beginning with the most recent.

● Employer's Name: _____

Address: _____
Building # Street Unit # City State Zip Code

Starting Date: _____ Ending Date: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

● Employer's Name: _____

Address: _____
Building # Street Unit # City State Zip Code

Starting Date: _____ Ending Date: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

● Employer's Name: _____

Address: _____
Building # Street Unit # City State Zip Code

Starting Date: _____ Ending Date: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Client Initials

Date

Counselor Initials

Date



Rhode Island Indian Council, Inc.
Previous Work & Training Experience

Fill out completely and initial at bottom of every page

2) What are your educational needs? Remedial Education Basic Education
 Reading or Math Other (specify): _____

3) Describe your hobbies: _____

4) Knowledge of special skills, tools, or equipment - check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Typing / Typewriter (_____ WPM) | <input type="checkbox"/> Machine Shop |
| <input type="checkbox"/> Stenography / Dictation (_____ WPM) | <input type="checkbox"/> Blueprint Reading |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Metal Trades |
| <input type="checkbox"/> Computer Skills - list any programs (such as Microsoft Word, Excel, Powerpoint, etc.):

_____ | <input type="checkbox"/> Other (specify): _____

_____ |

5) Give specific descriptions of knowledge areas: _____

6) Which of your past jobs did you enjoy the most? Why? _____

Client Initials

Date

Counselor Initials

Date



Fill out completely and initial at bottom of every page

7) Which of your past jobs did you enjoy the least? Why? _____

8) Are you a member of a union? Yes No If yes, name of union: _____
Current status: _____

9) Please describe the education or training that prepared you for...

- Your most recent job: _____

- In the job you've held the longest (if different from above): _____

10) What type of job training are you interested in now? _____

11) Think about what kind of job, career, or vocation you'd like to pursue right now. What kind of education or training do you think you'll need to prepare you? _____

12) Why did you choose this type of job (from the previous question)? _____

13) What are you prepared to do to achieve this type of job (example: work days and go to school at night)? _____



Fill out completely and initial at bottom of every page

14) What in your background experience do you think would convince an employer to hire you for the type of employment you're seeking? _____

15) Are you willing to take an entry-level job at a relatively low wage in order to gain experience? Yes No

16) How long are you willing to wait for a training opportunity? Check one:

Less than a month 1-3 months 4-6 months As long as it takes

17) In the job search process, how often would you be willing to go on interviews every week? Check one:

Once a week 2-3 times a week 3-4 times a week Every day

18) Please detail any areas of knowledge from life experience relevant to your job search (e.g., growing up on a farm, caring for animals, gardening, taking care of equipment): _____

19) Please list any foreign languages and your level of proficiency.

Language: _____ Fluent Intermediate Beginner

Language: _____ Fluent Intermediate Beginner

Language: _____ Fluent Intermediate Beginner

20) List any travel experiences (where, when, and why): _____



Vocational & Employment Goals

1) What field(s) of employment are you interested in? _____

2) What field(s) of employment are you NOT interested in? Why? _____

3) What are your current career or employment goals? Why? _____

4) What is a job or vocation you are interested in pursuing? How much money do you think you will earn (per hour, week, or yearly salary)? _____

5) What type of job would work for you right now, even if it's just a starting point? _____

6) How much do you need to earn at the present time? In other words, what is your minimum acceptable wage? Think about your real needs before answering. \$ _____ per Hour Week Month Year

7) What do you expect to accomplish by participating in WIOA? _____

8) List any talents or special skills not previously mentioned: _____

Client Signature

Counselor Signature

Client Initials

Date

Counselor Initials

Date



POSSIBLE BARRIERS TO EMPLOYMENT

Please check all the statements about working that you feel apply to yourself and your situation.

Participant Name (Printed): _____

Date: _____

- I have health problems
- I don't have much work history
- My appearance keeps me from getting a job
- I don't want to lose my Social Security benefits
- I have transportation issues
- I don't like having a boss
- I can't work because of my illness
- I take too much of my medication
- I don't think much of myself right now
- I don't have a driver's license
- I have family problems
- I don't write well
- I don't have the right clothes
- I need to resolve financial issues first
- I need more training
- I don't feel confident enough
- I have problems relating to people
- I've never worked before
- I don't speak and/or read English very well
- I don't know how to start
- I don't know how to dress for an interview
- _____ tells me I should not work
- I need a lot of emotional support
- I don't know what to do in a job interview
- I need my GED
- I don't know how to look for a job
- I don't know how to fill out an application
- I can't seem to keep a job
- I have substance abuse problems
- I have or have had problems with the law
- Job interviews scare me
- I don't have a vocational goal
- I'm not sure I really want to work
- I have trouble getting up in the morning
- I'm not motivated
- I can't take care of myself very well
- I don't know much about working
- I can't handle too much stress
- I don't think I have the skills to succeed in a job
- I don't have child care
- I'm not sure I'll be paid enough money
- Other: _____