



ELIGIBILITY REQUIREMENTS

PLEASE NOTE: Without the following documentation your application cannot be processed. This will cause your services to be delayed. Please return the following:

- Intake Form**
 - Original Intake form completed and signed
- Indian documentation.** Please provide **ONE** of the following to document your Indian heritage:
 - Certificate Degree of Indian Blood (CDIB) Card **OR**
 - Tribal Enrollment Letter from a federal/state recognized tribe **OR**
 - Other tribal document
- Proof of Residency.** Please provide a copy of **ONE** of the following:
 - Driver's License **OR**
 - State ID Card **OR**
 - Utility Bill with your name and address **OR**
 - Voter Registration Card
- Proof of being registered with Selective Service.** (Only applies to males born after 1960)
 - Selective Service Card or Letter (can be obtained online if needed)
- Unemployed/Underemployed Status.** Please provide **ONE** of the following:
 - Unemployed (lay-off notice **OR** print out from the Unemployment office **OR** a copy of unemployment benefits letter) **OR**
 - Completed and signed Unemployment Verification Form **OR**
 - Underemployed (recent paystub showing you worked fewer than 30 hours a week or statement from employer stating average hours worked) **OR**
 - Employed in need of retraining or upgrading of skills (letter from employer)
- Low Income.** If this applies to you, please provide **ONE** of the following:
 - Public Assistance Recipient (ID card or notice of benefits for any public assistance program (SSI, Welfare, Food Stamps, TennCare, etc.) **OR**
 - Wage statement from employer on company letterhead **OR**
 - Social Security Records **OR**
 - Check stubs/W2s **OR** Workers Compensation/Unemployment Insurance Documents

This program uses the Lower Living Standard Income Level (LLSIL) Guidelines to determine income eligibility for the Workforce Innovation and Opportunity Act (WIOA) adult services.

Native American Indian Association of Tennessee
230 Spence Lane, Nashville TN 37210-3623 ♦ Phone: (615) 232-9179 ♦ Fax: (615) 232-9180
Employment Program: 661 Fitzhugh Blvd., Ste. 110, Smyrna, TN 37167-2072
Ph: (615) 984-4166 ♦ Fax: (615) 984-4160 ♦ Toll free: (877) 437-0756



INTAKE FORM

Name		Email		Phone #	
Home Address			City	State	Zip
Mailing Address (If different)					
Social Security #	Driver's License #	Birthdate	Age	U.S. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Non-Eligible, Non-Citizen	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law
Tribal Affiliation:			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Enrollment Number (if known):					
If you are male are you registered with Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you a Veteran or the Spouse of a Veteran? (see screening form) <input type="checkbox"/> YES <input type="checkbox"/> NO					
How did you hear about us?					
How many members are in your household? _____					
Total household income for the last 6 months: \$ _____					
Do you currently receive public assistance? (Check all that apply)					
<input type="checkbox"/> TANF <input type="checkbox"/> Food Assistance <input type="checkbox"/> Other(list) _____					
Nepotism: Is a member of your family on the Board of NAIA or employed in any capacity with NAIA?					
<input type="checkbox"/> No <input type="checkbox"/> Yes (please list names):					
WIOA Program Participation					
Are you currently receiving assistance from an American Job Center? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, in what city? _____ & what type of assistance? _____					
Have you ever been, or are you currently participating in another WIOA Program? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, where:			Dates of Participation:		

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Employment Status Never in the workforce Unemployed Employed part-time Employed full-time
 Received a lay-off notice

Recent Employment History

Employer Name & Address	From	To	Job Title
	Hourly Wage	Hours/week	Reason for leaving
Employer Name & Address	From	To	Job Title
	Hourly Wage	Hours/week	Reason for leaving

Certification

I certify that the information provided is true to the best of my knowledge. I understand that all information provided is subject to review and verification. 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. I also understand that if more than 45 days elapse from the date of application that a new application will be needed.

Name: _____ **Date:** _____
Signature of Applicant

Name: _____ **Date:** _____
Signature of Case Manager

Name: _____ **Date:** _____
Signature of Director

Office Use Only:

Eligibility Determination

- Proof of Native American Heritage
- Proof of Residency
- Unemployed, underemployed, or low income
- Registered with Selective Service or N/A

Request for WIOA Services by Out-of-State Resident

I am requesting services from NAIA even though I currently reside outside of Tennessee. I have been informed that WIOA services are available in every state and I was offered a referral but declined it. _____
 (initial)



Unemployment Verification/Self-Attestation

(Please, fill out & sign in ink)

I, _____, do attest that I am currently:
(print full name)

Employed at _____ and working an average of ____ hours/week.
(print employer's name)

- Attach a copy of a recent paystub showing hours worked.

Unemployed. My last date of employment was ___/___/___.

- Attach a copy of your layoff or separation notice, a printout from the unemployment office (American Job Center), or enter a contact name and phone number for us to get verbal confirmation. Contact Name: _____ Phone: _____

Unable to provide proof of unemployment through documentation from my previous employer or through the Employment Security Division.

New to the workforce.

Signature: _____ Date: _____

.....
WIOA Program Use only

_____ has confirmed that the above named individual was/is employed with
(HR Personnel/Representative)
_____ and their employment ended on ___/___/___ or they work under 30 hr/wk
(company) (date)
phone number for rep: (____) _____ - _____ ext. _____.

Case Manager's Signature: _____ (Date)

Program Director's Signature: _____ (Date)

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Secondary Contact Information

Name: _____ Relationship to Participant: _____

Address: _____

Zip: _____ City: _____ State: _____

Primary Phone: _____

Alternative Phone: _____



RELEASE OF INFORMATION

Professional ethics and the WORKFORCE INNOVATION AND OPPORTUNITY ACT regulations prohibit the exchange of information concerning an individual without their written permission.

I am applying for services from the Native American Indian Association of Tennessee, Inc. (NAIA) Employment and Training Program. I am fully aware that verification of information is required to determine my eligibility for participation in this program and to track my progress.

I hereby authorize and direct the organizations listed below to release information to the NAIA Employment and Training Program regarding my education, employment, tribal affiliation, and any other information necessary to facilitate my participation in the program. This authorization will be effective as of this date and will end eighteen months after the date of my exit from the WIA program.

I further authorize the NAIA Employment and Training Program to share information with the organizations listed below in order to facilitate my participation in the program.

Signature of Applicant

Date

The following organizations may be contacted to share information:

- Training Providers
- Public/Private Education Institutions
- Selective Service System
- Social Security Administration
- Veterans Administration
- Counseling Agencies
- Tribal Offices
- Past, Present and Potential Employers
- Department of Labor
- Public Assistance Programs (food stamps, WIC, Families First, etc.)
- Other: _____

The NAIA Employment and Training Program will only solicit information that is necessary and relevant to program operations and will treat such information as confidential. Information will not be released to any unauthorized person, organization or agency.

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MEDIA RELEASE FORM

I, _____, grant permission to the Native American Indian Association's Employment and Training Program to use my image (photographs and/or video) for use in media publications including:

(Check all that apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines
 - General Publications - Website and/or Affiliates - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to any use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____

(if under 20 years of age)



Native American Indian Association
WIOA COMPLIANCE POLICY

Participants must agree and comply that they are responsible to reply to their Case Manager within a two-week period of the time he/she has contacted you. It is the participants responsibility to notify the NAIA WIOA program of any changes in employment or training while participating in the NAIA WIOA program. Please remember participation does not end with the completion of training or job search services. Participants agree to follow up for a year after completion of training or successful participation in job search. Failing to comply could result in exit of the program, in which case you would need to reapply after 90 days of exit. Responding to the Case Manager helps keep your eligibility active in the program and affects your eligibility for follow-up services.

Your cooperation helps the program better serve your needs and helps keep the program here Tennessee.

In signing this form, you agree that your rights and responsibilities have been reviewed with you and that you agree to these rights and responsibilities.

SIGNATURE: _____

DATE: _____

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Orientation to Services

- Complete Eligibility Process- Complete Intake Application and provide supporting documentation
- Complete Individual Employment Plan-Employment goals discussed and career plan developed, including addressing any barriers and discussing services needed. Within the Individual Employment Plan is a Plan of Services. Once this process is completed it is reviewed for adherence to Federal Regulations and Policy Guidelines.
- Upon approval of the Individual Career Plan the Plan of Services will begin to be implemented.

Some of the services available under this program include (but are not limited to):

- ❖ Job Search and Job Search Services
- ❖ Career counseling
- ❖ Supportive services
- ❖ Short term pre-vocational services
- ❖ Occupational skills training
- ❖ Training programs operated by the private sector
- ❖ Skill upgrading and retraining
- ❖ Job readiness training
- ❖ Adult basic education, GED attainment, literacy training
- ❖ Educational and tuition assistance
- ❖ Other Services identified in the approved Four Year Plan

Please be advised of the importance of staying in contact with your case manager and advising them immediately regarding any changes in your circumstances such as:

- Changing or dropping a class
- Withdrawing from a program/major and/or a school
- Any financial issues that will keep you from completing your training
- Starting or ending a job
- Any other change that relates to your ability to participate in the program

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PRIVACY POLICY

No information shall be released regarding a client's program participation without their express written consent regardless of relationship to the inquiring party. Nor shall the employees of the WIOA program be discussed with anyone outside of the Board of Directors.



**RIGHTS AND BENEFITS STATEMENT
FOR PERSON HIRED UNDER THE
WORKFORCE INNOVATION AND OPPORTUNITY ACT OF 2014**

In accordance with Workforce Innovation and Opportunity Act regulations, you are advised that you are entitled to the following rights and benefits as a client under the Act.

1. You are entitled to receive a wage or salary at a rate which is not lower than the federal minimum wage (except for CRT clients).
2. In addition, you are entitled to receive the same fringe benefits provided regular employees of the employing agency for whom you work. You will receive the same workmen's compensation, health insurance, annual leave, sick leave and other benefits as other employees of the agency working a similar length of time, doing the same type of work, and at same level and similarly classified with respect to employment status. (Except for CRT clients).
3. You cannot be permitted or required to work in buildings or surroundings under working conditions which are unsanitary or hazardous or dangerous to your health or safety. If applicable to your job, your employment is subject to the provisions of the Occupational Safety and Health Act of 1970.
4. The purpose and goal of the Act is to place unemployed and underemployed persons in "transitional" jobs, providing needed jobs which will enable individuals to move into permanent employment either in the public or in the private sector. Although your wages and benefits will be paid from Federal Funds proved by a Grant under Workforce Innovation and Opportunity Act, you are entitled to wages and benefits as outlined above. You should realize that the duration of your employment will depend on several factors, including: your performance on your job, your suitability for continued employment; the number and kinds of vacancies which may occur in regularly funded positions for which you may qualify, and the continued funding of our grants under the Act beyond the expirations date of this Act. There is no guarantee that you will be retained in your present position beyond the expiration of our present grant. Should your job be abolished for any reason, we will attempt to assist you in locating suitable employment. You are advised to be continually seeking employment not funded under the Act.
5. Family Planning Services are voluntary and are not a condition of employment.

Please read the above statement carefully and be sure you understand its contents before you sign off on your Individual Employment Plan.

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Grievance Procedure

Nothing herein shall prohibit a complainant from filing a grievance with state, or federal agencies or bargaining units.

Informal Resolution

The complainant and program will resolve the matter informally whenever possible.

1. The aggrieved should present his/her grievance, orally or in writing, to the Case Manager.
2. Within five working days of notification of the grievance, the Case Manager shall arrange to meet with the complainant and his/her representative (if so desired) to discuss the grievance. A decision regarding the disposition of the grievance should be conveyed in writing to the complainant within two working days following the meeting.
3. If the matter is resolved, and a written agreement is reached, the complainant will agree to forgo filing a grievance in the matter under consideration.
4. If the matter is not resolved within 30 days of initiation, the aggrieved must again be informed in writing of their right to file a formal grievance.

Filing a Formal Grievance

Any person wishing to file a complaint or grievance regarding the program must use the procedure explained below.

1. Complaints must be filed within one year of the date of the alleged occurrence. A decision on any such filed grievance will be made no later than 60 days after the filing.
2. Complaints must be in writing and filed with the Program Director.
3. Complaints should include, to the best extent possible, the following information:
 - a. The full name, telephone number, and address of the person making the complaint;
 - b. The full name and address of the party against whom the complaint is made, or other information sufficient to identify the party against whom the complaint is made;
 - c. A clear and concise statement of the facts, as alleged, including pertinent dates, constituting the alleged violations;
 - d. The provision of the act, regulations, grant, contract or other agreements under the act believed to have been violated; and
 - e. The relief requested.
4. Upon receiving notice of the grievance, the Program Director will arrange to meet with the complainant and his/her representative (if so desired) within five business days. The Program Director's decision regarding the grievance should be conveyed in writing to the complainant within five working days following the meeting.
5. If the grievance is resolved at this point, no further action is taken. A copy of the Program Director's decision is retained in the individual's file.
6. If the complainant is not satisfied with the Program Director's decision, they may request a hearing before the NAIA Board of Directors.
7. The hearing should occur within 15 days after the request.
8. A decision must be made no later than 30 days after the hearing and will be given in writing to the complainant and the Program Director.

Filing an Appeal

If after following these procedures, the complainant has not obtained satisfaction, or if a decision has not been reached within 60 days of filing the grievance, He/She may file an official appeal with the Department of Labor.

All appeals must be submitted by certified mail, return receipt requested, to the Secretary:

U.S. Department of Labor
200 Constitution Ave., NW
Washington, D.C. 20210
Attention: ASET

A copy of the appeal must be simultaneously provided to the appropriate ETA Regional Administrator and the opposing party.

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Classroom Training Policy

- Individuals must meet the program eligibility requirements and have on file:
 1. an approved **Intake Form**
 2. an approved **Individual Employment Plan**
 3. an approved **Training Request Form** that includes:
 - ◆ The Course Curriculum (**with initial request only**)
 - ◆ The Student's Financial Aid Award Letter (**showing Pell Grant**)
 - ◆ The Student's Class Schedule
 - ◆ The Student's current Transcript

*****This information must be provided at the beginning of each term*****
REQUESTS ARE DUE 3 WEEKS BEFORE THE SEMESTER BEGINS
- Each approved client will have an Individual Training Account and will receive funding based on the number of credit/clock hours they complete each term. The goal of our program is to help our clients complete training and enter employment as soon as possible. All clients will be expected to attend full-time unless there is sufficient reason given for why they cannot.
- **Full-time** (12 credit hours or more/ 432 clock hours) will receive \$2500. **Part-time** awards will be assessed at \$200 per credit hour /36 clock hours.
- As an **incentive** to work hard and excel in their training, clients will be given the following **bonus** for their academic achievement (in addition to their Individual Training Account Funds). Those who achieve:
 - a B average, will receive an additional \$100 for the term.
 - an A average, will receive an additional \$200 for the term.
- Payment amounts for short-term training programs will be determined on a case-by-case basis.
- Funds in the Individual Training Account are paid in the following manner: Upfront costs (tuition, fees, books and supplies) billed to the student after financial aid has been applied. Up to the full amount of the client's Individual Training Account. Any funds remaining in the client's account will be issued, as a training allowance, directly to the client at the end of the term **once we have received a copy of their final grades. Grades are due no more than three weeks after the semester ends to receive your Training Allowance.**
- Clients are required to submit a copy of their final grades at the end of each term. **They must maintain a GPA of 2.0 or higher in order to receive funding.** If a client's GPA falls below 2.0, they will be placed on academic probation until their GPA returns to 2.0 or higher.

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- If a client fails or withdraws from a class, their funding award will be adjusted. If funding for those class hours has already been received, the class will have to be taken over at the client's own expense.

IMPORTANT

If a client wishes to change their course of study, they must immediately contact their Case Manager. All **course changes must be approved** by the Program Director in order to be eligible for payment.

Funds that are paid as a training allowance are meant to cover certain expenses, not covered by financial aid, that help make it possible for a client to attend training. These include transportation, child care, parking, school meals, and non-covered school supplies. We strongly advise clients not to rely on these funds for essential monthly living expenses, such as rent or utilities, because receipt of these funds is contingent upon program compliance and not guaranteed by any specific date. Our program does not assume responsibility for the payment of such expenses or any late fees incurred. If you are struggling with your monthly living expenses, please let your case manager know so they can help you find additional assistance that may be available to address your needs.

Upon completion of training, clients are expected to enter employment within 90 days and update their Case Manager with employment information quarterly for a period of 1 year afterward.

It is important that you stay in contact with your case manager and inform them immediately of any changes in your circumstances such as:

- Changing or dropping a class
- Changing your degree/major or dropping out of school
- Any financial issues that will keep you from completing your training
- Change in career preference
- Starting or ending a job
- Any other change that relates to your ability to participate in the program
- Failure to maintain contact may affect future funding.

Native American Indian Association of Tennessee, Inc.
Workforce Innovation and Opportunities Act (WIOA)
Employment and Training Program

SUPPORTIVE SERVICES POLICY

Supportive services are designed to provide a participant with the resources necessary to enable their participation in career and training services as authorized under WIOA sec. 134(c)(2) and (3). They are discussed in the WIOA Final Rule at 20 CFR 680.900 through 970 and 681.570 These services may include, but are not limited to, the following:

- Linkages to community services;
- Assistance with transportation;
- Assistance with child care and dependent care;
- Assistance with housing;
- Emergency assistance;
- Assistance with educational testing;
- Assistance with uniforms or other appropriate work attire and work-related tools/equipment, including such items as eyeglasses and protective eye gear;
- Payments and fees for employment and training-related applications, tests, and certifications.
- Reasonable accommodations for individuals with disabilities;
- Needs-related payments;
- Legal aid services;
- Referrals to healthcare

FUNDING

Supportive services may be made available to any adult or dislocated worker participating in title I career services or training activities that is unable to obtain supportive services through other programs providing such services. The Case Manager will document the need and efforts made to access community resources to insure no services are duplicated. They will then submit a funding request to the Program Director who will make a final determination based on the availability of funds.

Note: Eligibility or enrollment in WIOA does not constitute entitlement to Supportive Services.

SUPPORTIVE SERVICES AND PAYMENT PROCEDURES

Community Services

- Direct referrals will be made to food pantries, shelters, substance abuse programs, domestic violence shelters, childcare programs, clothing assistance, free and low-cost medical clinics, legal aid providers, etc.

SUPPORTIVE SERVICES AND PAYMENT PROCEDURES (Continued)

Transportation Assistance

- Bus passes – Purchased in advance and paid directly to the transportation provider.
- Mileage reimbursement – Paid by the following schedule:
 - 10-30 miles = \$6.00
 - 30-50 miles = \$8.00
 - 50-70 miles = \$10.00
- Driver's License Fee – Paid directly to the DMV
- Vehicle registration Fee – Participant must provide a title listing them as the owner. Payment will be made out to the county clerk.
- Minor vehicle repair – One-time assistance. Must show proof of ownership. Limit \$500. Vehicle must be the primary transportation for participant. Service vendor will be paid directly.

Child care and dependent care assistance

- Must use a state licensed facility. Payment will be made directly to the facility.
- Limited to a reasonable cost as determined by regional market rates.

Housing Assistance

- Help in locating low-income housing or transitional housing.
- Temporary assistance to maintain or obtain adequate or temporary shelter while participating in WIOA Title 1 services. Paid directly to company. Deposits and mortgage payments are not allowable.

Emergency Assistance

- Utility Bill – Paid directly to the utility provider (water, gas, electric, etc.)
- Rental Assistance – Limited to one time per participant per year. Not to exceed one month. Required documentation for payment: A copy of the lease signed by the participant or a letter from the Housing Authority/Landlord to the participant stating amount due and upcoming due date. Late fees, interest charges and deposits are not allowable.

Educational Testing Assistance

- Tutoring for GED – Paid to provider
- Payment for test preparation workbooks and other study aids – Paid to Provider
- Payment of testing-related fees – Paid directly to testing provider.

Uniforms, Work Attire, and Work-related tools/equipment

- Uniforms or other clothing suitable for work or job interviews. May include footwear if required as a condition of employment or training. No undergarments, makeup, hair accessories or personal hygiene items are allowed. Cost reimbursed up to \$250.
- Tools and equipment – Participant must provide written proof that the employer or training provider requires them to have specific tools or equipment to perform job duties or complete training
- Eyeglasses, protective eye gear, steel-toed boots and other safety equipment as required by the employer or training provider.

Payments and fees for employment and training-related applications, tests, and certifications.

- Fees for drug testing, medical exams, vision exams, fingerprinting and background checks, etc. required by employers or training providers.

- License issuance and renewal fees
- License and certification exam fees, including retake fees

Reasonable Accommodations

- Assessments for learning disabilities
- Funding of assistive technology/equipment and ASL interpreters
- Helping a participant to secure accommodations from a training provider or employer

Needs-related payments

Needs-related payments can help individuals meet their non-training expenses and help them to complete training successfully.

- Must be Unemployed, not eligible for unemployment compensation, and enrolled in an approved training program.
- The maximum level of needs-related payments will be determined on a case-by-case basis by the Program Director.
- Can be paid during a delay in training if the participant has been accepted into a training program that will begin within 30 calendar days.

Service provided by Legal Aid organizations (include)

- Reinstatement of an individual's driver's license
- Expungement (deletion) or sealing of (must have court order to review) an individual's criminal records
- Help with accommodation requests
- Help resolving credit, debt, and housing issues
- Civil matters related to domestic abuse, sexual abuse, restraining orders or injunctions for individuals at risk.
- Civil matters related to child support and child custody

Laptop Assistance

Due to the ever-increasing need for our clients to be able to access training programs online, including the current global pandemic of Coronavirus (COVID-19), our program is increasing the availability of assistance in procuring laptops for those clients who meet the following criteria:

- Must have an approved Intake form
- Must have an approved Training Request form
- Must not currently own a laptop (unless it is determined to be too outdated to meet class requirements)

Laptops will be purchased by the program for use by clients and will remain the property of the program unless and until the client completes their training course and receives a credential (certification/degree). If a client does not complete their training, they must surrender the laptop to their case manager or other program staff. Failure to do so may result in a deduction from the clients remaining training funds to cover the cost of the laptop.



DATE: _____

I, _____, acknowledge that the following documents have been discussed with me during the course of meeting with my Case Manager. My Case Manager has provided the following documents for my records should I have questions or concerns at a later time.

- _____ Orientation to Services

- _____ Privacy Policy

- _____ Rights and Benefits

- _____ Grievance Procedure

- _____ Classroom Training Policy

- _____ Supportive Services Policy

Client Signature _____

Date _____

Case Manager _____

Date _____