



**AMERICAN INDIAN CENTER OF ARKANSAS**

1100 N. University, Ste 143

Little Rock, AR 72207-6344

Office: (501)666-9032 or (800)-441-4513, Fax: (501)666-5875

Website: [aicago.org](http://aicago.org)

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**CLIENT ELIGIBILITY REQUIREMENTS TO RECEIVE SERVICES**

1. **AICA Application<sup>1</sup>** with a copies of the following:
  - a. **Documentation<sup>2</sup> from a Federally Recognized Tribe, Alaska Native, or Native Hawaiian**
  - b. **Proof of Residency:** Either a driver's license, state identification card, or other form of residency<sup>3</sup>. (Arkansas residency takes precedence over other states)
  - c. **Documentation for the situation(s) that applies to you:**
    - 1) Unemployed<sup>4</sup>
    - 2) Low-income (in accordance with WIOA, Section 3(36))<sup>5</sup>
    - 3) Underemployed (in accordance with WIOA 684.130)<sup>6</sup>
    - 4) Recipient of a bona fide lay-off notice which has taken effect in the last 6 months or will take effect in the next 6-month period
    - 5) Employed – in need of employment and training services to obtain or retain employment that allows for self-sufficiency<sup>7</sup>.
2. **Registered with Selective Service** if you are a male born after 1960.

Please call if you have questions.

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1. You can acquire an application by calling the office or going to the website and printing one.
2. Either a Certificate Degree of Indian Blood Card (CDIB) or a Tribal Enrollment Letter. If you do not have a CDIB card or a Tribal Enrollment Letter from a Federally Recognized Tribe contact your affiliated tribe for the forms necessary to obtain said documentation. Links to tribes can be found on our website: [aicago.org](http://aicago.org).
3. Utility bills (electric, gas, telephone etc.); tribal card; statement from shelter
4. Unemployment Verification form, ESD card or printout.
5. Receives or has received or is a member of a family receiving or in the past 6 months has received assistance through SNAP, TANF, SSI, or is in a family with total family income that does not exceed the higher of the poverty line; or 70% of the LLSI level; homeless.
6. One who is working part-time but desires full-time employment, or who is working in employment not commensurate with the individual's demonstrated level or educational and/or skill achievement. (Paystubs showing hours worked during a week; certificates or diplomas showing demonstrated level of education and/or skill achievement.)
7. Statement or letter from employer



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## ATTENTION

The American Indian Center of Arkansas (AICA) is providing a new program called Workforce Innovation Fund (WIF). AICA is a member of the Southcentral Region Consortium (WIOA, Section 166 Grantees located in Louisiana, Mississippi, Texas, and Arkansas).

It is the goal of this program to provide opportunities for Native Americans to transfer or relocate to another state or area within their state to find employment based on the skills already possessed or develop a plan to obtain skill in in-demand occupations through career pathways training.

If you are interested in this program, please mark yes on the second page of the enclosed application. If you need more information about the WIF program please contact our office and ask to speak to the Employment Development Specialist.

# WIOA/WIF APPLICATION

## American Indian Center of Arkansas

Indian & Native American Programs

Workforce Innovations and Opportunity Act, Section 166 • Workforce Innovation Fund • DOL/ETA/DINAP

Please print in ink. Where answer boxes are used, place an "x" in only one box.

### IDENTIFICATION

Name (Last, first, middle, & maiden)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (m/d/y)	Social Security Number - - -
Residential Address (Number, street, apt. #, City, 6c. State & Zip Code)				County
Mailing Address (Street, City, State & Zip Code)				
Home/Cell Phone Number:	Message phone number:	E-Mail address:		

### ELIGIBILITY

U.S. Citizen?  Yes  No Tribal Affiliation: \_\_\_\_\_ Agency: \_\_\_\_\_

If you are male and born on or after January 1, 1960, and/or 18 or older, have you registered for the Selective Service?  Yes  No

AIC OFFICE USE ONLY (1-847-688-6888) Selective Service Number: \_\_\_\_\_ Verified by: \_\_\_\_\_

Have you or your spouse served in the military?  Yes  No

Are you currently employed?  Yes  No If yes, are you in need of upgrading or training?  Yes  No

Have you been unemployed for the past seven (7) consecutive days prior to this application?  Yes  No

Have you been available for work during the seven (7) consecutive days prior to this application?  Yes  No

Are you a Dislocated Worker?  Yes  No

Do you receive Public Assistance?  Yes  No If yes, which one? \_\_\_\_\_

Have you received a bona fide lay-off notice in the last six (6) months or will you be receiving one in the next six (6) months?  Yes  No

### WORK HISTORY

19. Describe the last three (3) jobs held starting with the most recent position. Include military service and any volunteer work.

JOB 1	Start date (m/d/y)	End date(m/d/y)	Employer (Name and Address)
Hourly wage:	Hours per week:	Job Title:	Reason for leaving:
JOB 2	Start date (m/d/y)	End date(m/d/y)	Employer (Name and Address)
Hourly wage:	Hours per week:	Job Title:	Reason for leaving:
JOB 3	Start date (m/d/y)	End date(m/d/y)	Employer (Name and Address)
Hourly wage:	Hours per week:	Job Title:	Reason for leaving:

### EDUCATION

Did you graduate from high school?  Yes  No If NO, did you receive a GED?  Yes  No

Last Grade completed? (Circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Are you in school/Vo-tech/college now?  Yes  No If yes, which one? \_\_\_\_\_

Are you scheduled to return to school?  Yes  No If yes, which one: \_\_\_\_\_

Schools attended or currently attending.

Type of School	School (Name and Location)	Dates Attended		Specify degree, diploma, license, or certificate received
		From (M/Y)	To (M/Y)	
General High School				
Technical/Vocational				
College/University				
Other				

American Indian Center  
 Indian and Native American Programs  
 Workforce Innovations and Opportunities Act, Section 166 • Workforce Innovation Fund • DOL/ETA/DINAP

Name: \_\_\_\_\_

MARITAL STATUS: (circle one)

Single      Married      Divorced      Widowed      Common Law      Separated

List the name(s) of all family members **including yourself**, residing with you, and their income for past 3 and 6 months.

a. Family Member	b. Age	c. Relationship	d. All sources of income	e. Income past 3 mos.	f. Income past 6 mos.
SELF		SELF			

**AIC USE ONLY:**

Family Size Last Six months	Total	\$	\$
	Total Annualized	\$	\$

Have you been or currently in a Workforce Center program?  Yes  No If yes, complete (a) through (e).

(a) Sponsoring Organization	(b) City	(c) State	(d) Contact person / Phone Number	(e) Date of Participation (M/D/Y)	
				From	To

**BARRIERS TO EMPLOYMENT**

Are you female/male age 22 or less with dependent children?  Yes  No  
 Have you been arrested or convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_  
 Have you ever been or are currently being treated for substance abuse?  Yes  No If yes, please explain: \_\_\_\_\_  
 Are you residing in a prison, hospital or other institution or facility providing 24 hour support?  Yes  No  
 If yes, Type of facility: \_\_\_\_\_ Location: \_\_\_\_\_  
 Are you a regular out patient of a mental hospital, rehabilitation facility or similar institution?  Yes  No  
 If yes, type of facility: \_\_\_\_\_ Location: \_\_\_\_\_

**NEPOTISM**

Are any of your immediate relatives employed with AIC (Arkansas)?  Yes  No  
 If yes, indicate name and relationship to you? \_\_\_\_\_

I am interested in employment in either Mississippi, Louisiana, Texas (Dallas or Houston), or Arkansas (other than my current location), and I would relocate: \_\_\_\_\_ Yes \_\_\_\_\_ No

**CERTIFICATION:**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type your name as your signature

**EMPLOYMENT/UNEMPLOYMENT VERIFICATION FORM**

(Complete Part I or II whichever applies to your situation)

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**Part I**

I, \_\_\_\_\_ confirmed that \_\_\_\_\_  
Employment HR/Personnel Representative Client Name

( ) is **currently employed** with \_\_\_\_\_ working \_\_\_\_\_ hours per  
week and has been since \_\_\_\_\_.  
Date

**OR**

( ) **was employed** with \_\_\_\_\_ and ended employment  
Company  
with company on \_\_\_\_\_.  
Date

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Type your name as your signature

Title: \_\_\_\_\_

\*\*\*\*\*

**Part II**

Date \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

( ) I certify that my last date of employment was \_\_\_\_\_ at \_\_\_\_\_  
Date Company  
and I am unable to provide proof of unemployment either with a signed statement above or  
through the Employment Security Division.

( ) I certify that I have never been in the workforce.

**Signature** \_\_\_\_\_ Date: \_\_\_\_\_  
Type your name as your signature

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**Official Use Only:**

**Notes:**

# Veteran's Priority of Service Screening Form

Name \_\_\_\_\_

If you think you may qualify to receive Veteran's Priority of Service please complete this form and place it in the designated collection point at the reception desk so we can determine how best to serve you.

## Veterans' Priority of Service Definitions – You must meet at least one definition below to qualify:

**Veteran:** A person who served in the active military, naval or air service, and who was discharged or released there from under conditions other than dishonorable. Active service includes full-time duty in the National Guard or a Reserve component, other than full-time duty for training programs.

**Spouse:** A spouse of any one of the following individuals:

1. Any veteran who died of a service-connected disability;
2. Any member of the armed forces serving on active duty who, at the time of application for the priority, is listed in one or more of the following categories and has been listed for a total of more than 90 days:
  - A. Missing in action;
  - B. Captured in line of duty by a hostile force; or
  - C. Forcibly detained or interned in the line of duty by a foreign government or power;
3. Any veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veterans Affairs; or
4. Any veteran who died and a total disability (service connected), as evaluated by the Department of Veteran Affairs was in existence.

<b>Are you a Veteran?</b>	YES	NO
<b>Are you married to a Veteran?</b>	YES	NO
<b>Are you the surviving spouse of a Veteran?</b>	YES	NO

**Note: If you answered "yes" to any of the questions above, you may qualify to receive Veterans' Priority of Service. Please provide a copy of your DD 214 for Veteran preference.**

**PLEASE PROVIDE OFFICIAL NOTICE ISSUED BY A STATE VETERANS' AGENCY THAT DOCUMENTS VETERAN STATUS OR SPOUSAL RIGHTS.**

This form should be filled out and emailed to [wanda@icigo.org](mailto:wanda@icigo.org)

Equal Opportunity Employer/Program.  Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager TTY/TDD Services: 7-1-1



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## RELEASE OF INFORMATION

*Professional ethics and the WORKFORCE INNOVATIONS and OPPORTUNITIES ACT (WIOA) and WORKFORCE INNOVATION FUND (WIF) regulations prohibit the exchange of information concerning an individual without the written permission of the individual involved.*

I, \_\_\_\_\_, am applying for services from the American Indian Center of Arkansas through the WIOA/WIF programs. 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 American Indian Center of Arkansas starting with the date of application and ending eighteen months after the date of exit from WIOA/WIF programs.

I further authorize the American Indian Center of Arkansas to share information with the organizations listed below to facilitate my participation in WIOA/WIF programs.

Type your name as your signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The organizations that may be asked to release information include:

- Training Providers
- Public/Private Education Institutions
- Selective Services
- Social Security Administration
- Counseling Agencies
- Tribal Offices
- Past, Present and Potential Employers
- Department of Labor
- Other: \_\_\_\_\_

The American Indian Center of Arkansas 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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**CLIENT QUESTIONNAIRE**

Name: \_\_\_\_\_ E-MAIL \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_

How did you hear about AICA? Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Other \_\_\_\_\_

Are you currently unemployed? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason why unemployed:

- Fired\*                       Maternity leave                       Laid off                       Re-entry into Labor Force\*
- Never worked                       other\*                       Resigned\*                       Enrolled in school

\*Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are employed, how many hours do you work per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

List your current <b>Degrees, Certificates, License, or Job Skills</b> and rate them individually.	<b>HIGH</b>	<b>AVER</b>	<b>LOW</b>

What type of employment are you currently seeking?  
\_\_\_\_\_  
\_\_\_\_\_

Does it require any kind of training? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in relocating to Louisiana, Mississippi, Texas (Dallas or Houston), or another area within Arkansas to find employment?

\_\_\_ YES, where: \_\_\_\_\_;

\_\_\_ NO, why: \_\_\_\_\_

**If approved for either AICA WIOA, Section 166 or WIF program this questionnaire will help the case manager or employment development specialist in evaluating what steps are needed in helping you obtain full time employment.**