

WORKFORCE TRAINING



LICENSED



Skilled



Certified



The Shoshone-Bannock Human Services Department supports Workforce Training. Short-Term Workforce Training is intended to help eligible applicants gain job skills needed to qualify for employment. This service is also available to help those in the workforce upgrade their current skills or abilities to remain in a current job or to qualify for other employment. We are only able to fund training that offers a certificate of completion. The training provider must be State licensed and provided by a certified instructor and/or journeyman authorized to teach in the industry.

An example of the types of training the Program funds, includes, but is not limited to:

Farm Business Management
Certified Nurses Assistant (C N A)
Computer Skills (for the workplace)
Culinary Arts
Electricity
Electronics
Flagging
Dental Assisting
EMT (Emergency Medical Technician)
Small Business Development
Building Inspection
Medical Terminology

Real Estate Classes
OSHA Safety Courses
Security Training
Welding
Housekeeping/Janitorial
Customer Service
Hazardous Materials (HAZ-MAT) Training
CDL (Commercial Drivers License)
Bookkeeping
Computer Applications
& Others . . .

******* The program DOES NOT fund community education courses or courses such as arts and crafts (painting, sculpting, stain glass, ceramics, etc.), martial arts, music, special interests, or non-job or non-occupational related trainings.

HOW TO APPLY FOR FUNDING:

- 1) **Please read through this entire packet and complete the attached forms.**
- 2) **Complete the Application for Services and Training Request. Attachment documents to verify the school information, course outlines, duration of the training and the cost.**
- 2) **Turn the Application and Training Request in to the 477 Human Services Department several weeks before the program starts**

DEADLINE: Your application and training request must be submitted to the 477 Human Services Department at least four (4) weeks before the course starts. It takes the program at least 8-14 days to get an official authorization and payment for training. Your attention to this is important. Your cooperation is appreciated!

Shoshone-Bannock Tribe 477 HUMAN SERVICES DEPARTMENT PO Box 306 Telephone: (208) 478-3898 Fort Hall, ID 83203 FAX: (208) 478-3845	SHORT-TERM TRAINING REQUEST Applicant Name _____
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APPLICATION AND TRAINING REQUEST PROCESS. Applicants must complete the following steps:

- 1) Complete the Application for Services. It will take up to 14 days to complete our review of your request.
- 2) Complete the Short-Term Request packet. Instructions are provide below.
- 3) After your application is complete and your are determined eligible for 477 services, the program will contacted you to schedule an appointment to meet with a case manager. The case manager, will review your request, you will work with them to develop a plan of services (Personal Responsibility Contract). If no other paperwork is needed and your request is approved and you will sign a training agreement. After your request is approved, your case manager will process authorization for payment(s).

INSTRUCTIONS: Below is a list of allowable training costs the program may cover. Identify the items you need help with below. Attach your course description, book and tool list, proof of registration or invoice or bill, and itemized costs or quotes for the items you need help with. If you applied with another program or entity, please let us know as we may need to negotiate some cost sharing with them and to verify there is no duplication in funding. **Please submit your application and request four (4) weeks prior to the first day of class.**

My Training Request Information:

The training I am requesting to attend: _____

Type of license or certificate offered: _____

School Name or Training Facility: _____

School/Training Facility City and State: _____

Date Classes Begin: _____ Date Classes End: _____

Allowable Training Costs Explain what you are requesting below	Amount or Cost	Vendor Who to pay or where to purchase:
Registration/Training Cost		
Books & Supplies		
Equipment/Tools		
Related Clothing		
Related Shoes		
Related Safety Items		
Testing Fees		
Other:		

AGREEMENT OF UNDERSTANDING. I understand this is only a request and this paperwork in no way implies a commitment by the Shoshone-Bannock Tribes to pay for my training. I understand, after I complete the application and determined eligible for 477 services, I will meet with a case manager to review my request. I understand the intent of Short Term Training is to help me pursue job training and to attain a certificate and/or license in the program identified above. Further, I understand Short-Term Training may not exceed the number of weeks the school projects for completion or 12 months whichever is less.

I understand I may ask questions at any time, and a case manager will provide explanation of the program and allowable services as it relates to my request. I agree to submit a copy of my certificate of completion and/or license to the 477 Program to verify completion of the program. I understand the Short-Term Training activity has a repayment clause for not completing the course and for not turning in my certificate upon completion; this will be explained to me by my case manager verbally and in writing.

Applicant
Signature _____

Date: _____

Please READ the two statements below thoroughly.

APPLICANT NAME

PHONE NUMBER

REQUESTS AND AGREEMENT OF UNDERSTANDING. The 477 Human Services Department (477 HSD) provides assistance to eligible applicants or participants in education, employment, training and related activities. All requests must be in writing and submitted on this form. Please attach any support documents to verify the cost and where to purchase goods or services. If you are not attending class or meeting any objective of your service plan your request may not be approved. If your request is denied, you have the right to appeal the denial. Your appeal must be in writing and you will be afforded the opportunity to meet with a Program Manager and the 477 HSD Director. Your signature below verifies that you understand the terms of this request.

PURCHASE OF GOODS OR SERVICE ACKNOWLEDGEMENT - All services authorized, must be used for the sole purpose of meeting the goals and objectives of your approved activity. Services authorized are processed through the Tribe's purchasing system. If you receive a purchase order or check, you are responsible for the purchase. If you are required to turn in the receipts please turn them in to your case manager in 10 days. If receipts are not turned in or if you purchase things that are not authorized on the PO or for check issued; the Department will deduct the amount of the purchase from your next regular stipend, incentive, and/or cash assistance payment until the amount is recovered in full. Your signature on this request acknowledges these the terms of this request.

Request Date	Services Requested	Reason for Request	Store or Vendor	Estimated Cost

Comments:

X

Applicant Signature & Date

CASE MANAGEMENT ACTION:

☐ APPROVED -- Justification:

☐ PENDING -- Reason:

☐ DISAPPROVED -- Reason:

CM Signature: _____

A. EDUCATION / TRAINING / APPRENTICESHIP / SELF-SUFFICIENCY SERVICE AUTHORIZATION

ALLOWABLE SERVICES	TOTAL AUTHORIZED	VENDOR	CR / PR#	DATE	INITIALS
Registration / Training Fees					
Books & Supplies					
Equipment / Tools					
Clothing / Shoes / Safety Items					
Test/License Fees, Other					
TOTAL COSTS:		Lineitem No. - Classroom Training 30305 00 900 Apprenticeship 903			

B. SUPPORTIVE SERVICES

DESCRIPTION OF SERVICE	TOTAL AUTHORIZED	VENDOR	CR / PR#	DATE	INITIALS
TOTAL COSTS:		Lineitem No. - Supportive Service 30305 00 902			

SELF ASSESSMENT FORM

Name: _____

Please answer the questions to the best of your ability

1. Last grade completed? _____ Do you have a high school diploma or GED? _____
If you did not complete high school, why? _____
2. Transportation - Please explain if you own your own car, friends/relatives, other: _____

3. Do you have a valid Idaho drivers license? _____ If no, can you get a driver's license? _____
4. Are you currently employed? _____ Where do you work? _____
If no, why do you think you are unemployed? _____
5. Did you serve in the military? _____ Branch of Service: _____ Dates of Service: _____
What skills do you have? _____
6. Are you, or anyone living with you, involved with any of the following programs? Or do want to know more about these services or need assistance from any of these programs?

Program / Service	Who in Family receives:	Type of Assistance received:	Who do you work with?
Child Support			
Child Protection			
Alcohol & Drug			
Mental Health			
Probation/Parole			
Day Treatment Program			
Juvenile Court System			
Family Violence			
Education/Training			
School Programs (for children's academics or disciplinary reasons)			

9. What type of support do you receive from your family? (For example: Do they provide housing, are they willing to watch your children while you work? Transportation? Other support?): _____

8. Do you receive money or other support from your child/children's other parent? _____
If no, give reason: _____
10. Do you have a physical or mental disability? _____ If yes, please describe: _____
Does your disability prevent you from working? _____ If yes, please explain: _____
11. Is it difficult for you to learn a given task or an assignment? _____ If yes, what causes you difficulty? (For example, do you have difficulty with reading, writing, understanding verbal or written instruction, or math). Please explain: _____
12. Are you currently, or have you in the past seen a doctor for medical reasons? _____
Please explain: _____

Self-Assessment

Name: _____

13. Do you have any type of criminal history?

What charges	City & State	Convicted? Yes/No	On Probation/Parole? How Long?

Were you recently released from jail or prison? _____ Release Date: _____

14. It is important that we know what issues your child or children are having in school. If any of your children are in special programs that require your attention. Please explain below.

Child's First Name	School	Grade	Explain Issues / Special Programs / How Often

15. What are your hobbies or what do you do in your spare time? _____

16. I AM: _____ Happy _____ Shy _____ Early Riser _____ Always on Time
_____ Friendly _____ Quiet _____ Late Riser _____ Usually on Time
_____ Talkative _____ Neat _____ High Energy _____ Always Late
_____ Easily distracted _____ Messy _____ Low energy _____ Usually Late

17. I PREFER TO: _____ Work Inside _____ Work with Tools _____ Work with Paper/Books
_____ Work Outside _____ Work with People _____ Work Where Things are Neat/Tidy
_____ Work with Tools _____ Work with Machines _____ Work Where I can be Messy & Dirty

18. I DO BETTER WHEN: _____ You give me a job to perform and then go away and let me do it.
_____ You give me a job to perform but stay close by in case I need help.

19. List 5 words that best describe me:

1) _____
2) _____
3) _____
4) _____
5) _____

21. Five jobs I would like to have (or try):

1) _____
2) _____
3) _____
4) _____
5) _____

20. My 5 best job skills:

1) _____
2) _____
3) _____
4) _____
5) _____

22. Five jobs I think I could do right now:

1) _____
2) _____
3) _____
4) _____
5) _____

EMPLOYMENT HISTORY

Please begin with your most recently employment first.

Job Title	Job Title	Job Title
Start Date	Start Date	Start Date
End Date	End Date	End Date
Rate of Pay	Rate of Pay	Rate of Pay
Employer	Employer	Employer
Address	Address	Address
Telephone Number	Telephone Number	Telephone Number
Supervisor	Supervisor	Supervisor
Job Duties	Job Duties	Job Duties
Reason for Leaving	Reason for Leaving	Reason for Leaving

Have you completed any type of job training program? ☐ YES ☐ NO If yes, list your training below:

Type of Training	School and Address	Dates

Certificates / Degrees / Licenses

Type	Issuing Agency / State	Expiration Date

Other Skills and Work Experience

Explain:

This sheet is provided as guide to help you to organize your immediate, short-term, and long-range goals in a simple format and to aid you when you meet with a case manager to develop your individual service plan.

As you begin to write your goal statements, keep these tips in mind. The dictionary defines a 'goal' as a purpose or an objective. For the purposes of employment, education, or training, a goal is further defined by setting a deadline. There are different types of goals. You can have immediate goals like daily or weekly goals. You can set short-term goals such as getting good grades this semester or turning in a job application by the deadline, paying bills on-time, or other personal goals. Long-term goals require more time, more effort, and resources to map out or plan. Using this information, you can now practice writing some goals of your own.

Immediate Goals		Short-Term Goals		Long-Term Goals	
Your goals in the next 3 months		Your goals in the next 4-12 months		Your goals in the next 1-4 years	
Education/School:	Deadline:	Education/School:	Deadline:	Education/School:	Deadline:
Employment	Deadline:	Employment	Deadline:	Employment	Deadline:
Personal Achievements	Deadline:	Personal Achievements	Deadline:	Personal Achievements	Deadline:

Barriers to Employment Questionnaire

Applicant Name: _____ Age _____

Services provided under the Shoshone-Bannock 477 Human Services Department or 477 HSD include education, workforce training, employment, and related services. One of the responsibilities of the 477 HSD is to assist participants gain access to and complete their education or training; and/or to seek, secure and/or maintain employment. Part of the process includes identifying barriers or obstacles that hinder ones ability to pursue their goals. This questionnaire will aid in helping you design a plan of service and identify resources that may benefit to you. Some of the questions may not apply to you. Just write NA to the side of the question if it does not apply to you. Below, identify any barriers or circumstances that hinder your ability to go to school / training, stay in school / training or to enter or maintain employment. Your cooperation is appreciated. Thank you.

Information for Applicants under 18 years of age -- You may have concerns regarding the content of this document. Young people face many different challenges today. The department continues to receive a federal grant for services to young people, and the rules and regulations changed. Questions 1-12 below are mandatory questions for young people 14-24. Each year we ask questions about barriers, the questions are a little different due to changes in the regulations. It is just a part of the process in the delivery of services. Your cooperation is appreciated.

- 1) Are you currently attending school? _____ Last day attended: _____
- 2) My current school status -- as of today, I am currently...
☐ in Middle School ☐ in Alternate School ☐ in College
☐ in High School ☐ in Training School ☐ Not in School
- 3) HS Graduation Date: _____ If you already graduated, did you receive a diploma or GED? _____
- 4) If you dropped out of school, what was the last year you attended school? _____ Where? _____
Reason(s) for dropping out: _____
- 5) Do you have difficulty with these subjects: ☐ Reading ☐ Writing ☐ Math
- 6) If you had to deal with the justice system in the past six (6) months, please check all that apply to you:
_____ I was arrested
_____ I was convicted of a crime
_____ I am currently in jail or a detention facility
_____ I am on: ☐ Probation ☐ Parole -- Where? _____ Date Ends: _____
- 7) If you are or were in foster care, please check all that apply:
_____ I am currently in Foster Care _____ I was in foster care before turning 18 and aged out of the system
_____ I was in foster care before turning 18 and left for other reasons before turning 18
- 8) Do you have a disability? ☐ Yes ☐ No If yes, please explain: _____
- 9) Did you run away from home in the past 6 months? ☐ Yes ☐ No Have you returned home? _____
- 10) Do you have stable permanent housing? ☐ Yes ☐ No Where do you currently live? _____
Are you safe where you currently live? ☐ Yes ☐ No Other housing issues: _____
- 11) Are you currently expecting a baby? ☐ Yes ☐ No What is your due date? _____
- 12) Are you a parenting teen? ☐ Yes ☐ No If yes, how many kids? _____ Boy(s) age(s): _____
Girl(s) age(s): _____
- 13) Other Barriers or circumstances affecting your education, training, employment or related goals (check all that apply):

<input type="radio"/> Unskilled	<input type="radio"/> Work Related Injury	<input type="radio"/> Victim of Domestic Violence
<input type="radio"/> No Previous Employment	<input type="radio"/> Serious Family Health Issue	<input type="radio"/> Welfare Recipient
<input type="radio"/> Lacking Marketable Skills	<input type="radio"/> Childcare	<input type="radio"/> In need of basic needs: Food, Shelter, and Clothing
<input type="radio"/> Needs Computer Skills	<input type="radio"/> Transportation - explain: _____	
<input type="radio"/> Needs Job Search Assistance	<input type="radio"/> No Drivers License - Reason: _____	
<input type="radio"/> Employed part-time, seeking full-time	<input type="radio"/> High Risk Driver - Reason(s): _____	
<input type="radio"/> Unemployed, looking for work	<input type="radio"/> Other - explain: _____	