

WIOA Youth Program

(Workforce Innovation & Opportunity Act)

What is WIOA?

Help youth increase employability skills and overcome barriers to gain independence and become successful.

Available Services

Job Search Assistance
Paid Work Experience
Career Exploration
Resume Building
Interview Preparation
Hi-Set Training
Build Employment Skills
Application tips
Workshops
Referrals to Community
Driver's License Prep
Supportive Services

Who is Eligible?

Youth Ages 16-24
Low income
Not attending school
Dropout
Attending College
Graduated and Unemployed
Involved with Juvenile Justice
Homeless
Involved in Foster Care
Pregnant or Parenting
Disability

Contact District 4 HRDC
Call (406) 265-6743
Stop by 2229 5th AVE
Ask for Greg or Kiera



Human Resources Development Council

PRELIMINARY ASSESSMENT FOR PROGRAM ASSISTANCE

Job Service • 160 1st Avenue • Havre, MT • (406) 265-5847
Vocational Rehabilitation • 48 2nd Ave. Ste. 213 • Havre, MT • (406) 265-6933
District 4 HRDC • 2229 5th Ave. • Havre, MT • (406) 265-6743

These are **Employment and Training Programs** as opposed to a grant or scholarship.
Eligibility requirements to receive assistance vary according to specific program guidelines.

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Cell: _____
Birthdate: _____
E-mail address: _____

Selective Service Registration? Yes No

Are you a veteran? Yes No

Dates of Service: _____

Spouse of a veteran? Yes No

Are you a U.S. Citizen? Yes No

SS# (last 4): xxx-xx _____

Offender: Yes No

EDUCATIONAL STATUS:

Highest Grade completed: _____

Degree or Certificate? _____

Currently attending any school? Yes No

Grade or Course of Study: _____

Name and Address of current or most recent school attended: _____

CURRENT EMPLOYMENT STATUS: Are you Employed Unemployed

Were you laid off from your job due to a business closure or business downsizing? Yes No

WORK HISTORY - LIST MOST RECENT JOB FIRST:

Employer: _____

Job Title: _____

Address: _____

Job Duties: _____

Employed From: ____ / ____ / ____ To: ____ / ____ / ____

Wage or Salary: _____

Reason for leaving: _____

Employer: _____

Job Title: _____

Address: _____

Job Duties: _____

Employed From: ____ / ____ / ____ To: ____ / ____ / ____

Wage or Salary: _____

Reason for leaving: _____

ADDITIONAL INFORMATION:

Does your family receive: **TANF** Yes No **SNAP** Yes No

Do you receive Medicaid? Yes No

Do you receive Social Security payments of any type? Yes No

Do you have a disability? Yes No

_____ # of adults related by blood or marriage living in the household

_____ # of children included in the household

Your monthly income: _____ SNAP: _____ TANF: _____

Other Income: _____ Spouses monthly Income: _____

What type of training are you seeking? _____

What do you need to do to attain this goal (training, college, financial assistance)? _____

What resources are you lacking in reaching your goal? _____

What will or can you contribute to attainment of your goal? _____

Please bring in the following applicable items:

- Birth Certificate
- Social Security Card
- Driver's License or Identification Card
- Copy of DD214 (Veterans only)
- Pay Stubs or proof of income for previous six months for self & spouse – (if applicable)
- TANF or SNAP Verification – "Filing Unit Summary" (if applicable)
- Medicaid Verification (if applicable)
- Training information
 - Type of training interested in
 - Financial Aid Award Letter (Pell Grant, etc.)
 - Class Schedule for Semester
 - Estimated cost of tuition, fees, books for Semester
- Results from researching the occupation and training you are interested in at:
<https://mtcis.intocareers.org>
 - Complete at least 2 assessments which will help you to determine:
 - Which occupation matches your interests, abilities, work values, employment goals?
 - Where can you obtain the training needed to become employed in this occupation?
 - What sources of funding (scholarships and grants) are available to you?

If you are found eligible and are enrolled in one of our Employment and Training programs, you (with assistance as needed from your Case Manager) will be responsible for:

1. Contacting your Case Manager at least monthly.
2. Reporting any changes in your training/employment plan immediately to your Case Manager.
3. Submitting a copy of your grades at the end of each semester to your Case Manager.