AMERICAN INDIAN CENTER OF ARKANSAS
400 West Capitol Ave, Ste. 1391 Little Rock, Arkansas 72201
Phone (501) 666-9032 Fax (501)666-5875
www.AICAgo.org

What Is the Workforce Innovation and Opportunity Act (WIOA)?

WIOA is landmark 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 high-quality jobs and careers and help employers hire and retain skilled workers.

WIOA was signed into law on July 22, 2014. WIOA is designed to help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy. Congress passed the Act with a wide bipartisan majority; it is the first legislative reform of the public workforce system since 1998.

What Counties are Serviced by WIOA at the American Indian Center of Arkansas?

All Arkansas counties are serviced by WIOA at the American Indian Center of Arkansas.

What are the eligibility requirements for participation in WIOA at the American Indian Center of Arkansas? Must be 18 or older

- Participants must be a member of a Native American Tribe with proof of membership, Native Alaskan, or Native Hawaiian or provide documentation to direct lineage tracing them back to a family member who is a member of a federally recognized Native American Tribe.
- Resident of Arkansas.
- Be unemployed, under-employed, low income, the recipient of a lay-off notice, or need employment training services to obtain or retain employment leading to self-sufficiency.
- If applicant is male and born after 1960, he must be registered with the Selective Service.

What documentation is required for participation in WIOA at the American Indian Center of Arkansas?

- Certificate of Degree of Indian Blood letter or Card, tribal enrollment letter, or tribal membership card.
- Documentation that notes proof of residency: Personal Property Assessment, utility bill, or statement from college/university or shelter noting residence.

If you have any questions, please contact:

Blake Breshears

WIOA & WORC Director

bbreshears@aicago.org

501-666-9032

AMERICAN INDIAN CENTER OF ARKANSAS

400 West Capitol Ave, Ste. 1391 Little Rock, Arkansas 72201
Phone (501) 666-9032 Fax (501)666-5875
www.AICAgo.org

What is the Workforce Opportunity of Rural Communities (WORC) Initiative?

The purpose of the WORC Initiative is to fund grats that support economic mobility, address historic inequities for marginalized communtiues of colot and other underserved and underrepresented communities, and produce high-quality employment outcomes for workers who live or work in the Delta communities in Arkansas, enabling them to remain and thrive in these communities. The WORC Initiative is designed to address persistent economic distress by aligning community-led economic and workforce development strategies and activities to ensure long-term economic resilience and enable workers in the regions to succeed in current and future job opportunities.

What Counties are serviced by the WORC Initiative at the American Indian Center of Arkansas?

The project service area for the AICA WORC Grant program will include the population center for active tribal members, which include:
Ashley County, Baxter County, Bradley County, Calhoun County, Chico County, Clay County, Cleveland County, Craighead County, Crittenden County, Cross County, Dallas County, Desha County, Drew County, Fulton County, Grant County, Green County, Independence County, Izard County, Jackson County, Jefferson County, Lawrence County, Lee County, Lonoke County, Marion County, Mississippi County, Monroe County, Ouachita County, Phillips County, Poinsette County, Prairie County, Pulaski County, Randolph County, St. Francis County, Searcy County, Sharp County, Stone County, Union County, Van Buren County, White County and, Woodruff County.

What are the eligibility requirements for participation in the WORC Initiative at the American Indian Center of Arkansas?

- Participants must be a member of a Native American, Alaskan Native or Hawaiian Native Tribe with proof of membership or documentation to direct lineage tracing them back to a family member who is a member of a federally recognized Tribe.
- Participant must be a resident of Arkansas and reside or work in one of the above-mentioned Delta Counties.
- Participant must be unemployed, under-employed, low-income, the recipient of a lay-off notice, or need employment training services to obtain or retain employment leading to self-sufficiency.
- If participant/applicant is male and born after 1960, he must be registered with the Selective Service.

What documentation is required for participation in the WORC initiative at the American Indian Center of Arkansas?

- Certificate of Degree of Indian blood letter or card, tribal enrollment letter, tribal membership card, or documentation to direct lineage tracking the individual back to a family member who is a member of a federally recognized Tribe.
- Documentation that notes proof of residency: personal property assessment, utility bill, or statement from college/university or shelter noting residence.
- *If participant does not live in a Delta County, proof of employment within a Delta County is also required.

If you have any questions, please contact:

Blake Breshears
WIOA & WORC Director
bbreshears@aicago.org
501-666-9032

AMERICAN INDIAN CENTER OF ARKANSAS
400 West Capitol Ave, Ste. 1391 Little Rock, Arkansas 72201
(501) 666-9032 Fax (501)666-5875
www.AICAgo.org

WIOA/WORC ELIGIBILITY APPLICATION

Last name_____ First Name_____

Middle initial_____ Social Security#_____

Phone#_____ Date of birth_____

Physical Address Number & street, Apt#_____

City_____ State_____Zip Code_____ County_____

Mailing Address if different Number & street,Apt#_____

City_____ State_____Zip Code_____ County_____

Applicant's email address_____

Emergency contact:

Name_____Phone#_____ Relationship_____

Is the applicant homeless or at risk of homelessness? Yes_____ No_____

Number of people in household?_____

Receiving public assistance? (Check all that apply)

None_____ TANF_____ Suppl. Nutrition Assistance(SNAP) _____ State or local welfare_____

Social Security Disability(SSDI)_____ Supplemental Security Income_____

Subsidized housing_____ Other_____

Is the applicant a member of a Federally recognized Tribe? Yes_____ No_____

Tribal Affiliation/Nation_____

What assistance are you seeking?_____

Is the applicant currently (mark one): Employed _ Employed with notice of termination___ Not employed__
If unemployed what is the last day of employment? _____

Total annual income: $_____

Does the applicant currently have an open unemployment claim? Yes_ No_

Is the applicant unlikely to return to a previous industry/occupation and in need of retraining for future employment? Yes_ No_

Is the applicant a veteran or the spouse of a veteran? Yes__ No_

Is the applicant a displaced homemaker? Yes__ No__

Does the applicant receive Disablility assistance? Yes__ No__

Does applicant have low employment prospects? Yes__ No__

Has the applicant formerly been incarcerated? Yes__ No__

Has the applicant ever been convicted of a felony?Yes__No_

If yes, please explain _____

Gender: Male__ Female__ Other__ Prefer not to answer__

*If applicant ismale and born before 1960, Is he registered for the Selective Service? Yes__ No__

https://www.sss.gov/register/ to register for Selective Services If not you will need to do this before your intake interview.

Ethnicity: Hispanic, Latino, or Spanish origin? Yes_ No_

Race (check all that apply):

___American Indian or Alaskan Native

__African American

__Caucasian

__Asian

__Native Hawaiian/Pacificislander

__Other

___Prefer not to answer

Education: What is the last grade applicant completed? _____
Limited English Proficiency (LEP) Yes__ No__

if yes,

provide primary language_____

Low Literary Skills? Yes__No__

Optional:
Has applicant ever been/currently being treated for Substance Use Disorder (SUD)? Yes_ No Does applicant have any other barriers to employment? Please specify _ _ _ _ _ _ _ _ _ _

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. I understand that if I intentionally provide inaccurate information, I may be terminated from the WORCIWIOA program and may be subject to legal penalties.

Applicants signature _____ Date _____

AMERICAN INDIAN CENTER OF ARKANSAS
400 West Capitol Ave, Ste. 1391 Little Rock, Arkansas 72201
(501) 666-9032 Fax (501)666-5875 (800) 441-4513
www.AICAgo.org

RELEASE OF INFORMATION

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

I, _____, am applying for services through the American Indian Center of Arkansas (AICA) from the WIOA/WORC 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 American Indian Center of Arkansas starting with the date of application and ending eighteen months after the date of exit from WIOA/WORC program.

I further authorize the American Indian Center of Arkansas to share information with the organizations listed below and other programs employees of AICA to facilitate my participation in WIOA/WORC programs and other programs I may qualify for.

_____ _____

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.

Photo Release Form

I hereby grant The American Indian Center of Arkansas permission to use my likeness in photograph(s)Video(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by The American Indian Center of Arkansas. I will make no monetary or other claim against The American Indian Center of Arkansas for the use of the photograph(s)Video(s).

Name (print full name) _____

*Signature*_____

Address _____

City _____

*State*_____

*ZIP*_____

*Phone Number*_____