



OMAHA TRIBE
Job Placement & Vocational Training Program

Name (Last, First, Middle Initial) _____ DOB _____ SS # _____

Mailing Address _____ City _____ State _____ Zip Code _____ Phone # _____

_____ Program Notifications will be emailed for quicker delivery
Email Address _____

Veteran? ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated
Number of Dependents: _____

Tribal Affiliation: _____ Enrollment #: _____

Applying For: ☐ Vocational Training Request: ☐ First ☐ Second List Month and YR
☐ Job Placement/Direct Employment _____

Education History

School Attended and Dates of Attendance _____ Highest Grade Completed _____

Do you have any physical limitations that would interfere with your training/employment? ☐ Yes ☐ No

If yes, please explain: _____

Have you had previous training? ☐ Yes ☐ No

If yes, please explain: _____

Training/Employment location desired: _____

If Training, Course # and Title: _____

Name of School & Address: _____

Do you have income from another funding source? ☐ Yes ☐ No

If yes, please explain: _____

Employment Record: (Please start with most recent)

From _____ to _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From _____ to _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From _____ to _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. THE AUTHORITY FOR SOLICITATION ON THIS FORM IS 25 USC 13(42 STAT. 208) P.L. 84-959 (70) STAT. 986) AS AMAENDED BY P.L. 88-230 (STAT 471.25 USC 309).
2. DISCLOSURE OF THE REQUESTED INFORMATION BY THE APPLICANT IS VOLUNTARY, BUT REQUIRED TO OBTAIN BENEFITS.
3. THE PURPOSE OF THIS INFORMATION COLLECTION IS TO DETERMINE YOUR ELIGIBILITY FOR SERVICES.
4. THE ROUTINE USE OF THIS INFORMATION IS BY BIA AND SCHOOL COUNSELORS TO EVALUATE YOUR REQUEST AND TO ASSIST YOU BEFORE AND DURING TRAINING. AFTER COMPLETION OF TRAINING, OR IF THIS APPLICATION IS FOR DIRECT EMPLOYMENT, PARTS OR ALL OF THE INFORMATION IN YOUR APPLICATION WILL BE PROVIDED TO EMPLOYERS WHO ARE CONSIDERING YOU FOR EMPLOYMENT. THE APPLICATION WILL BE USED IN A ROUTINE MANNER BY COUNSELORS WORKING WITH YOU WHO NEED BACKGROUND INFORMATION CONTAINED IN THE APPLICATION.
5. FAILURE TO PROVIDE REQUESTED INFORMATION MAY RESULT IN A DELAY OR DENIAL IN RECEIVING TRAINING OR JOB PLACEMENT ASSISTANCE YOU ARE SEEKING.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent or the uses specified in the statement. Please attach copy of Tribal ID or other proof of enrollment.

Return to:
OMAHA TRIBE EDUCATION DEPT
PO BOX 645
MACY, NE 68039

Phone: 402-837-5357
Fax: 402-837-5027
Email: Mary.mitchell@theomahatribe.com

Applicant Signature

Date

Interviewer Signature

Date

OMAHA TRIBE OF NEBRASKA
JOB PLACEMENT & VOCATIONAL TRAINING PROGRAM
DIRECT EMPLOYMENT

_____ is participating in the Omaha Tribe Job Placement & Vocational Training Program. Please complete and return the following employment verification within the next 3 days or as soon as possible.

Position: _____

Is Position Permanent? ☒ Yes ☐ No

Beginning Wage: _____

Date Employment Begins: _____

Date of First Paycheck: _____

Date of First Full Paycheck: _____

.....

COMPANY/AGENCY

DATE

CITY

STATE

ZIP CODE

PERSONNEL SIGNATURE

YOUR JOB TITLE

PRINTED NAME OF PERSONNEL

YOUR PHONE NUMBER

Thank you for your cooperation and assistance. If you have any questions, please contact me at:

Sincerely,
Mary Lou Mitchell
Mary Lou Mitchell McCauley
Job Placement & Vocational Training Program

Phone: 402-837-5357
Fax: 402-837-4027
PO Box 645, Macy, NE 68039
mary.mitchell@theomahatribe.com

Please release the above information pertaining to my employment.

Employee Signature

Social Security #

Date

OMAHA TRIBE OF NEBRASKA JOB PLACEMENT & VOCATIONAL TRAINING PROGRAM

Review Dates (3/6/9/12/15/18/21/24 months: ISP)/ (12/24 months: Case Plan) Date Recipient met ALL goals
(mm/dd/yyyy)/ Initials: ____/____/____ / ____ (mm/dd/yyyy)/ Initials: ____/____/____ / ____

INDIVIDUAL SELF-SUFFICIENCY (ISP)/ CASE PLAN (25 CFR Part 20)

☐ ISP / ☐ Case Plan [Check all that Apply]

Name of Client (Last, First, Middle): _____ Date of Plan: ____/____/____

What is/are your goals to achieve self-sufficiency?

Short-Term Goals:

Long-Term Goals:

BARRIERS TO CLIENT		STRENGTHS OF CLIENT
<input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Dependency <input type="checkbox"/> Age Factors <input type="checkbox"/> Disabilities	<input type="checkbox"/> Lack of/ Limited Transportation <input type="checkbox"/> Lack of/ Limited Education <input type="checkbox"/> Criminal History <input type="checkbox"/> Limited/ No Work History <input type="checkbox"/> No Job Skills	<input type="checkbox"/> No Driver's License <input type="checkbox"/> Social Isolation <input type="checkbox"/> Limited/No Jobs Available <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____
<p style="text-align: center;"><i>Identify strengths the client possesses:</i></p>		

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY			
WORK ACTIVITIES <input type="checkbox"/> Job Search <input type="checkbox"/> Volunteer Work Experience <input type="checkbox"/> Job Sampling or Job Shadow <input type="checkbox"/> On-the-Job Training <input type="checkbox"/> Employment Counseling <input type="checkbox"/> Registration with Local Job Service <input type="checkbox"/> Job Readiness <input type="checkbox"/> Other: _____	EDUCATION/ TRAINING <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> ESL (English as 2 nd Language) <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Literacy Improvement <input type="checkbox"/> Higher Education <input type="checkbox"/> Other: _____	OTHER ACTIVITIES <input type="checkbox"/> Life Skills Activities <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Counseling <input type="checkbox"/> Driver's License Reinstatement <input type="checkbox"/> Dental/Health Care <input type="checkbox"/> Other: _____	CASE PLAN <input type="checkbox"/> SSA Application <input type="checkbox"/> Medical Report <input type="checkbox"/> Decision Letters <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Care for Child Under Age 6 <input type="checkbox"/> Other: _____

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1

Goal #1 Revised

ACTION STEPS FOR GOAL #1	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		

GOAL #2

Goal #2 Revised

ACTION STEPS FOR GOAL #2	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		

SOCIAL SERVICES WORKER'S ACTIVITY WITH TIMEFRAME (25 CFR 20.318)

DATE TO BE ACHIEVED	DATE COMPLETED
1.	
2.	



OMAHA TRIBE

Job Placement & Vocational Training Program Checklist

Jobs Placement Application Checklist

- ☐ Completed Application
- ☐ Tribal ID or Enrollment Verification
- ☐ Completed ISP
- ☐ Letter of Intent
- ☐ Employment Verification

Vocational Training Application Checklist

- ☐ Completed Application
- ☐ Tribal ID or Enrollment Verification
- ☐ Completed ISP
- ☐ Letter of Intent
- ☐ Acceptance Letter or Proof of Current Vocational Training Enrollment

**OMAHA TRIBE OF NEBRASKA
JOB PLACEMENT & VOCATIONAL TRAINING PROGRAM**

____ By initialing you understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the General Assistance Program for a period of at least 60 days but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the General Assistance Program.

____ By initialing you understand that the purpose of the Case Plan is to follow through with goals listed: (i.e.) Accessing other resource programs, keeping medical appt., etc. Failure to follow through with the steps identified in the Case Plan may constitute suspension from the General Assistance Program.

Date

Signature of Client

Date

Signature of Program Staff

Privacy Act Statement

25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services from the Bureau of Indian Affairs (BIA) Child Welfare, Burial, and Disaster programs. Additional disclosures of the information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of the Inspector General or the General Accounting Office when conducting an audit of BIA programs, or local law enforcement agency when the Agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA, Social Services system of records which can be obtained upon request from Chief, Division of Social Services, 1849 C Street, NW, MS-3647-MIB, Washington, DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Paperwork Reduction Act Statement

The information is being collected to determine applicant eligibility for financial assistance and services and to provide Bureau of Indian Affairs (BIA) managers with information for program planning, reporting and utilization. Response to this collection is required to obtain a benefit(s) required in 25 CFR 20. A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Office of Regulatory Affairs & Collaborative Action - Indian Affairs, Information Collection Clearance Officer, 1849 C Street, NW, MS-3071, Washington, DC 20240.

Program Info

The purpose of the Job Placement and Training Program is to assist eligible applicants to obtain job skills and to find and retain a job leading to self-sufficiency. The CTGP Job Placement and Vocational Training Program provides services that may include funding for employment, training or supplemental assistance that supports job placement or training activities. The two types of assistance provided by this program are:

1. Vocational Training means technical training that leads to permanent and gainful employment. Vocational careers are fields of work in which employees apply hands on trade school experience in a professional setting. Vocational training prepares learners for jobs that are based in manual or practical activities, traditionally non-academic and totally related to a specific trade, occupation or vocation. Helps clients to obtain job skills and to find and retain a job leading to self-sufficiency.
 - o Does not last longer than 24 months
 - o Nurses training that does not last longer than 36 months
2. Direct Employment provides services to clients who have found "permanent employment" off the reservation boundaries and need to relocate. Permanent employment means a year round job or one that re-occurs seasonally, lasting at least 90 days per work season. Direct employment cost is divided into (4) Four quarters for the full fiscal year. Direct employment provides funds for subsistence and transportation until their first full check is received.

ELIGIBILITY:

To be eligible for services an application packet must be completed and submitted, with all required documentation, to the Education office located at the Social Services Building on Main St in Macy, Nebraska.

Additional Eligibility requirements:

- Applicant meets the definition of Indian in § 26.1; and
- Applicant resides within the exterior boundaries of the Omaha Reservation
- Applicant is unemployed or underemployed or can benefit from employment assistance as determined by the Omaha Tribe Job Placement and Training Program.
- Applicant completes an ISP
- Applicant is between the ages of eighteen and thirty-five years of age
- Verification of Selective Service Registration for those required to register

The Jobs Placement and Vocational Training Application Packet includes the following forms:

- ✓ Applicant Checklist
- ✓ Application
- ✓ Employment Verification Form

Other forms that will be used are the following:

- ✓ An ISP Form
- ✓ Award Document

The completed application for each program is outlined below:

An Adult Vocational Training Assistance Completed Application will include:

- A Job Placement & Training Program Application
- A Letter of Acceptance from the Vocational Training Program
- Financial Assistance Verification
 - a. Client may sign a release of information form to be faxed to financial aid office.
- Certification of Indian Blood (Any Federally recognized Tribe)

A Direct Employment Assistance Completed Application will include:

- A Job Placement & Training Program Application
- Job Offer Verification Form – To be completed by employer
 - a. Client may sign a release of information form to be faxed to the employer.
- Certification of Indian Blood (Any Federally recognized Tribe)

Upon completion of the initial application, an ISP will be developed at an appointment with the Education staff and is required before any assistance is given. *An Individual Self-Sufficiency Plan (ISP)* means a written plan designed to meet the goal of employment through specific actions that meet the needs of the individual. The plan is jointly developed and is signed by both the applicant and the Program Director. The ISP addresses the client's barriers to employment and a plan of action to address barriers.

The clients ISP will outline the goals of each participant and will outline the types of services the participant will be eligible to receive. Staff will determine the eligibility of clients for services by reviewing the application, the ISP document and accompanying verification documents. The applicant will be notified by phone, email or mail, if any additional documentation is needed.

Notice of Award

The Education office shall notify all applicants in writing, as to the approval or disapproval of their completed application after the ISP has been completed as follows:

- Within 5 business days once it has received a *completed* application and written verification of job offer
- Within 30 calendar days, once it receives a *completed* job training application request

Assistance will be awarded based on unmet need or the difference between available resources and the cost associated with finding gainful employment as noted on their ISP and award document. Types of assistance that are available to clients based on their unmet need and ISP recommendations:

Subsistence assistance consists of the following:

- Subsistence en route to training location including related costs and supportive costs.
- Subsistence at the destination
- Adult @ \$20 per day
- Children @ \$10 per day
- Clothing

Transportation assistance includes:

- Bus ticket
- Bus passes
- Mileage

Rent & Deposit

- Rent
- Deposit

Tuition/Fees

- Tuition
- Other training or school fees

Tools

- For new employment off the Reservation
- For training

Students will be funded for no longer than 24 months, academic scheduling shall plan for completion within those 24 months for AVT. Clients will receive subsistence once per year. Assistance Payments shall be made as follows:

- Subsistence – to the client
- Transportation – to the vendor – unless for mileage
- Rent & Deposit – to the landlord – May limit the amount of other funding that is available.
- Tuition/Fees – to the school in care of the student
- Tools – to the vendor

Financial assistance is only available to persons: