

## COMMUNITY ACTION PARTNERSHIP of NORTHWEST MONTANA

Main Office  
214 Main Street  
PO Box 8300  
Kalispell, MT 59904  
T: 758-5454 F: 752-6582

Libby Outreach Office  
933 Farm to Market Rd., Suite B  
Libby, MT 59923  
T: 293-2712 F: 293-2979

Polson Outreach Office  
110 Main Street, PO Box 132  
Polson, MT 59860  
T: 883-3470 F: 883-3481

### COMMUNITY ACTION PARTNERSHIP of NORTHWEST MONTANA WORKFORCE INVESTMENT ACT YOUTH PROGRAM

Community Action Partnership of Northwest Montana (CAPNM) Workforce Investment Act (WIA) Youth Program provides services to youth ages 14-21. The main thrust of the WIA Youth Program is to increase the focus on longer-term academic and occupational learning opportunities and provide long-term comprehensive service strategies. The WIA Youth Program is designed to prepare Montana's youth to either enter post-secondary (education beyond high-school), training, or employment upon completion of their secondary (high school). Employment activities are designed to help a youth stay in school, get back in school, develop positive work habits and assume the responsibilities of maintaining a job. Training services may include but are not limited to a paid work-experience or occupational skills training. We concentrate on finding employment and training opportunities in areas that will allow youth to improve our environment and promote the health and well being of our communities. Priority of service will be given to Veterans and Eligible spouses and Recipients of Public Assistance. CAPNM WIA Youth Program is an Equal Opportunity Provider and Employer. **However, this program is NOT an entitlement program. Due to program and funding limitations, not everyone who is deemed eligible will receive employment or training services.**

## List of Documents Required for Eligibility

The following information and documents are required in order to determine eligibility:

• **Copies of documents must be sent in or brought to the CAPNM Agency with the application. Any required documents not sent in with the completed application will be required before a youth can be determined eligible. This program is NOT an entitlement program. Due to funding limitations, not everyone who is deemed eligible will receive employment or training services.**

If under 18, a parent or legal guardian must sign the pre-application. Questions? Call 752-6565

✓ **Application with Release Forms, signed with all appropriate signatures**

- ☐ **Medical Information Release Form**
- ☐ **Emergency Contact Release Form**

✓ **Income**

☐ **Categorically Income Eligible if receiving TANF cash assistance or SNAP (food stamps/Commodities) benefits - Social Services award letter/Benefit Summary**

✓ **Proof of ALL Family Income for the past 26 Weeks (6 Months) - One of the following**

- ☐ Most recent paycheck stub(s)
- ☐ Employer Statement
- ☐ Copy of Social Security check or award letter
- ☐ Farm/business records
- ☐ Retirement income statement, check, or bank statement
- ☐ Public Assistance records
- ☐ Statement of Self-Employment income showing income and expenses
- ☐ Applicant Statement (available at CAP offices)

✓ **Proof of Age - One of the following**

- Birth Certificate
- DD-214
- Baptismal Certificate
- Public Assistance Record
- School/State ID card
- Current US Passport
- Native American Tribal Document
- Driver's License or Learner's Permit
- Hospital Record of Birth
- Work Permits

✓ **Proof of United States Citizenship - One of the following**

- Birth Certificate
- Current US Passport
- Certification of Naturalization
- DD-214(if place of birth is listed)
- Alien Registration Card
- Hospital Record of Birth
- Public Assistance/Food Stamp records
- Baptismal Certificate (if place of birth is listed)
- Native American Tribal Document
- Foreign Passport (marked eligible to work)

✓ **Social Security Number Verification - One of the following**

- Social Security Card
- DD-214
- Social Security Administration confirmation letter (must have participant's name and SSN)

# Eligibility Guidelines for the Community Action Partnership Youth Program

CAPNM WIA YOUTH PROGRAM services are open to Flathead, Lake, Lincoln and Sanders County residents, age **14-21**, who are determined to be **low income** and **have one of the barriers to employment listed below.**

## 1. Youth Program Income Guidelines

FAMILY is defined as two or more persons related by blood, marriage or decree of court, who are living in single residence. **A youth with a disability** may be considered a **Family of One** for the purposes of family income. Documentation of the “disability” may be a letter signed by a doctor, school psychologist, etc. Youth are categorically income eligible if receiving TANF Cash assistance, Food Stamps/Commodities.

Income Table for Adults and Youth Family Size	Annual Non-Metro Area	6 Months Non-Metro Area
1	\$10,890*	\$5,445*
2	\$15,036	\$7,518
3	\$20,644	\$10,322
4	\$25,481	\$12,740
5	\$30,073	\$15,036
6	\$35,172	\$17,586

**\*Explanation of Income Table**

The table is a combined listing of seventy percent of Lower Living Standard Income Levels (LLSIL) and OMB Poverty Guidelines. The figures are annualized (12-month) incomes. The figure marked with an asterisk (\*) is from the poverty guidelines published by Health and Human Services; the remainder is from LLSIL figures for non-metro areas.

## 2. WIA EMPLOYMENT BARRIERS

Youth eligible under WIA must be income eligible **and present at least one of the following documented barriers to employment:**

- Basic Skills Deficient. (Functioning at or below an 8th grade reading comprehension and/or math computation level, or functioning 2 grade levels below age appropriate level).( i.e., report card, school records, IEP)
- School drop-out. i.e. (attendance/school records, letter from school or Applicant Statement)
- Homeless or Runaway (letter from shelter/agency, letter from individual providing temporary shelter, or Applicant Statement)
- Pregnant or Parenting youth. i.e., (Birth Certificate/Hospital Record, Physician’s note confirming pregnancy, Baptismal Record for Child, or Applicant Statement)
- Offender (court documents, letter from probation officer, Applicant Statement)
- Foster Child or Aged out of Foster Care at 18 (Letter from State or Local Agency or Foster home/parent)
- Disadvantaged Youth, including those with a disability and/or poor work history (disability documentation, report card, school records, Applicant Statement).

# CAPNM WIA YOUTH SERVICES PROGRAM PRE-APPLICATION

## GENERAL INFORMATION:

DATE: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Message Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Additional Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_ No \_\_\_ If not, are you authorized to work in the United States Yes \_\_\_ No \_\_\_

Explain, please  
\_\_\_\_\_

**ETHNICITY**  White (not Hispanic)  Black or African American  Hispanic or Latino  
 Alaskan/American Indian  Asian (not Hispanic)  Hawaiian/Pacific Islander  Other

*Note: Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements.*

## EDUCATION:

Are you currently enrolled in school (high school or college)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please circle the highest grade completed 7 8 9 10 11 12 13 14 15 16

What school are you (or were you) attending?  
\_\_\_\_\_

If you are not presently in school, did you:

Did you drop out of High School? Yes \_\_\_\_\_ No \_\_\_\_\_ In what grade? \_\_\_\_\_ In what year? \_\_\_\_\_

Did you receive a High School Diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_ In what year? \_\_\_\_\_

Did you attend Vocational School? Yes \_\_\_\_\_ No \_\_\_\_\_ In what year? \_\_\_\_\_

Did you attend College? Yes \_\_\_\_\_ No \_\_\_\_\_ In what year? \_\_\_\_\_ Credential Attained? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL INFORMATION (please complete as this information assists in the eligibility process):**

Do any of the following pertain to you?

Are you pregnant? Yes \_\_\_ No \_\_\_ Are you a parent? Yes \_\_\_ No \_\_\_ If yes, how many Children? \_\_\_

Ages of Children \_\_\_\_\_ Are you in foster care? Yes \_\_\_ No \_\_\_

Are you currently involved/or have you been involved with the Juvenile Justice System, on Probation, Parole or convicted of any crime except for minor traffic violations? Yes \_\_\_ No \_\_\_ If yes, who is your probation officer? \_\_\_\_\_

Name

Telephone #

Do you have a driver's license? Yes \_\_\_ No \_\_\_ If No, do you have a Learner's Permit? Yes \_\_\_ No \_\_\_

What is your mode of transportation to a job or appointment? Bicycle \_\_\_\_\_ Parents \_\_\_\_\_

Own Car \_\_\_\_\_ Public Transportation \_\_\_\_\_ Walk \_\_\_\_\_ Other \_\_\_\_\_

**Are you registered at your local Job Service? Yes \_\_\_ No \_\_\_**

**Were you referred to the WIA program through Unemployment Insurance? Yes \_\_\_ No \_\_\_**

**If male over 18 years of age, are you registered for the Selective Service? Yes \_\_\_ No \_\_\_\*\***

**\*\*If No, you MUST be registered for the Selective Service in order to participate.**

Please list all people living in your immediate household, their age, relationship to you, Social Security number and list their gross earnings/if any, from the previous 6 months.

**PLEASE INCLUDE YOURSELF ON THE FIRST LINE!**

**Documentation of the income may be sent with this application or must be provided at the eligibility interview.**

1. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_ SELF

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

2. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

3. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

4. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

5. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

6. Name \_\_\_\_\_ Age \_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Earnings \$ \_\_\_\_\_ per wk/mo

Household size including yourself \_\_\_\_\_

Additional listed on back (if necessary)

Are you or any family member presently receiving any of the income listed below (Check all that apply and indicate the monthly amount received)?

- Cash Welfare Assistance \$ \_\_\_\_\_ per month
- Food Stamps or other income support \$ \_\_\_\_\_ per month
- Unemployment Insurance \$ \_\_\_\_\_ per month
- Social Security Retirement Benefits \$ \_\_\_\_\_ per month
- Social Security or Private Disability \$ \_\_\_\_\_ per month
- Supplemental Security Income (SSI) \$ \_\_\_\_\_ per month
- Workman's Compensation \$ \_\_\_\_\_ per month
- Alimony \$ \_\_\_\_\_ per month
- Rental Income \$ \_\_\_\_\_ per month
- Educational Grants \$ \_\_\_\_\_ per month
- Self-Employment \$ \_\_\_\_\_ per month
- Regular Insurance or Annuity payments \$ \_\_\_\_\_ per month

### CERTIFICATION

I certify that the information provided in this application is true to the best of my knowledge. I understand this information is used to determine eligibility and I may be required to document the accuracy of this information. This information is subject to external verification and may be released for such purposes. If found ineligible after enrollment; I understand I will be terminated from the program. If I am terminated as a result of falsifying information on this application, I understand I may also be prosecuted for fraud. My signature serves as permission to verify any and all information contained in this application and all attached forms. I acknowledge that I may be asked to provide follow-up information to assist in evaluation of this program.

Applicant Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

\*\*Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

*\*\*Required if applicant is under the age of 18*

## WORK HISTORY:

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list employer, employment start date and wage.

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Current Wage

### LIST ALL FORMER EMPLOYERS AND WORK HISTORY BELOW:

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Wage \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Wage \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Wage \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

### REFERENCES

#### Work or School Related

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

#### Work or School Related

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**REFERENCES continued:**

**Personal Reference**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Personal Reference**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**GOALS:**

What steps do you think you need to take to increase your opportunities of getting a job?

\_\_\_\_\_  
\_\_\_\_\_

If you could have any job right now, what job would you want?

\_\_\_\_\_  
\_\_\_\_\_

What job do you want 5 years from now?

\_\_\_\_\_  
\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

**SKILLS, INTERESTS & ABILITIES:**

• List skills and abilities that you have used in school or employment. For example; construction skills, ability to type, fix motors, etc. Please list any/all computer and technology skills.

\_\_\_\_\_  
\_\_\_\_\_

• Do you speak any languages other than English? YES \_\_\_\_\_ NO \_\_\_\_\_

What languages? \_\_\_\_\_

• List any honors you have received:

\_\_\_\_\_

• List any volunteer work, social memberships or organizations you have been involved with.

\_\_\_\_\_

• What hobbies do you have?

\_\_\_\_\_  
\_\_\_\_\_

**• What do you do in your spare time?**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Walk/jog           | <input type="checkbox"/> Talk with friends | <input type="checkbox"/> Baby-sit         | <input type="checkbox"/> Make craft projects         |
| <input type="checkbox"/> Play video games   | <input type="checkbox"/> Play Sports       | <input type="checkbox"/> Read             | <input type="checkbox"/> Participate in youth groups |
| <input type="checkbox"/> Work on cars/bikes | <input type="checkbox"/> Cook/bake         | <input type="checkbox"/> Care for animals | <input type="checkbox"/> Construct models, projects  |
| <input type="checkbox"/> Other _____        |  |   |  |

**• Would you like to work in any of these settings?**

- |   |   |                                       |                                   |
|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Office             | <input type="checkbox"/> School                           | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Park     |
| <input type="checkbox"/> Recreation Program | <input type="checkbox"/> Day Care Center                  | <input type="checkbox"/> Maintenance  | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Cafeteria          | <input type="checkbox"/> Center for Disabled Adults/Youth | <input type="checkbox"/> Other _____  |                                   |

**• Do you prefer?**

- |   |   |
|---|---|
| <input type="checkbox"/> I prefer to work with people.                        | <input type="checkbox"/> I prefer to work by myself     |
| <input type="checkbox"/> I prefer to work with the elderly.                   | <input type="checkbox"/> I prefer to work with a group. |
| <input type="checkbox"/> I prefer to work with children.                      | <input type="checkbox"/> I prefer to work indoors.      |
| <input type="checkbox"/> I prefer to work with individuals with disabilities. | <input type="checkbox"/> I prefer to work outdoors.     |

### Photo and or Publication Release

I give permission for my photo to be taken at my work experience site, field trips, workshops or in any other activities sponsored by CAPNM as part of the WIA Youth Employment Program. These photos may be published in the newspaper, posted or used in reports and publications of CAPNM. I give permission for my name to be used in publications highlighting activities sponsored by CAPNM as part of the WIA Youth Employment Program.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If youth is under 18)

\_\_\_\_\_  
Date



**COMMUNITY ACTION PARTNERSHIP of NORTHWEST MONTANA  
EQUAL OPPORTUNITY IS THE LAW**

It is against the law for this recipient of Federal financial assistance to discriminate on the following basis:

Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and

Against any beneficiary of programs financially assisted under Title IB of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title IB-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA Title IB-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

**WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION**

If you think you have been subjected to discrimination under a WIA Title IB-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

The State WIA Title I Equal Opportunity Officer  
Suzanne Ferguson, Montana Department of Labor and Industry  
P. O. Box 1728, Helena, Montana 59624  
e-mail address: [sferguson@mt.gov](mailto:sferguson@mt.gov)  
(406) 438-3552 / TDD/TTY (406) 444-0532  
Fax: (406) 444-3037

**OR YOU MAY CONTACT THE CIVIL RIGHTS CENTER BY WRITING**

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210.

If you file your complaint with the state, you must wait either until a written Notice of Final Action is issued, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If you do not receive a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If you receive a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your complaint with CRC within 30 days of the date on which you received the Notice of Final Action.

I have read and understand the above policy

\_\_\_\_\_  
**Print Name** of participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
**Signature** of participant

\_\_\_\_\_  
Date

Alternate Format for Visual Impairment? Yes\_\_\_ No\_\_\_ N/A \_\_\_

DOLI is an Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities



**PARENT/GUARDIAN PROGRAM PARTICIPATION CONSENT FORM**

This form is to be completed by all parent(s)/guardian(s) of youth applicants under the age of eighteen prior to enrollment and participation in the WIA Youth Employment & Training Program.

Below is a listing of all activities that may be provided by the Youth Program to which your child seeks enrollment. Your child may be eligible to receive one or more of these services.

1. Tutoring, study skills training and instruction leading to secondary school completion, including dropout prevention strategies;
2. Alternative secondary school offerings;
3. Summer employment opportunities directly linked to academic and occupational learning;
4. Paid and unpaid work experiences, including internships and job shadowing;
5. Occupational skill training;
6. Leadership development opportunities, which may include such activities as positive social behavior and soft skills, decision making, team work and other activities;
7. Supportive services;
8. Adult mentoring for the duration of at least twelve (12) months, which may occur both during and after program participation;
9. Follow-up services;
10. Comprehensive guidance and counseling, including drug and alcohol abuse counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
Please Print Parent/Guardian's name Please Print Youth's name

give my consent to have my child be enrolled in and participate in one or more of the above activities of the WIA Youth Employment & Training Program. I understand that my child will be subject to all federal child labor laws while participating under this program. I further understand that my child may not be enrolled in the youth program if I do not give my consent for my child to participate.

\_\_\_\_\_  
 Parent/Guardian's Signature                      Date

\_\_\_\_\_  
 Youth's Signature    Date